

# **Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Rules, 2007**

ANDHRA PRADESH

India

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### **Rule**

### **ANDHRA-PRADESH-ALLOPATHIC-PRIVATE-MEDICAL-CARE-ESTABLISHMENTS (Registration and Regulation) Rules, 2007**

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Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Rules, 2007Published vide Notification No. G.O. Ms. No. 135, Health, Medical and Family Welfare (K2), dated 28.04.2007Last Updated 19th September, 2019No. G.O. Ms. No. 135. - In exercise of the powers conferred under Section 18 of Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act 2002 (Act 13 of 2002) the Governor of Andhra Pradesh hereby makes the following rules for the registration and regulation of the Allopathic private medical care establishments: -

### **1. Short Title, extent and commencement.**

(1)These rules may be called the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Rules, 2007.(2)These rules extend to the whole of the State of Andhra Pradesh and are applicable to all the Allopathic Private Medical Care Establishments in the State of Andhra Pradesh(3)These rules shall come into force on the date of their publication in the Andhra Pradesh Gazette.

### **2. Definitions.**

- In these Rules, unless the context otherwise requires: -(a)'Act' means the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act, 2002.(b)Rules'

means the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Rules, 2007(c)'State Level Advisory Committee' means the Committee constituted under Section 5A of the Act.(d)'District Level Advisory Committee' means the Committee constituted under Section 5C of the Act.(e)'Establishment' means Allopathic Private Medical Care Establishment(f)The words and expressions used herein and not defined but defined in the Act, shall have the same meanings respectively assigned to them in the Act.

### 3. Authorities.

(1)The composition of following Authorities shall be notified by Government from time to time for a period of 3 (three) years: -(a)A.P. Allopathic Private Medical Care Establishment Registering Authority (APMCERA)(b)State Level Advisory Committees (SLAC)(c)District Level Advisory Committees (DLAC)(d)State Level Appellate Board (SLAB)(e)District Registering Authority (DRA)(2)The Committees shall meet at least twice in a year and the gap between the two meetings shall not exceed 6 (six) months.(3)The Member - Convener shall send notice of the proposed meeting to the members of the Committees concerned at least 15 days in advance, indicating time, dated and place of the meeting.(4)The Member Convener shall attend such functions and duties as may be assigned to him/her by the Chairman from time to time.(5)The Chairman of the District Registering Authority i.e. DM and HO shall receive the application in the prescribed Form-I annexed to these rules from - the Establishments for registration along with the fees prescribed in Rule 15.

### 4. Registration.

(a)The Allopathic Private Medical Care Establishment shall submit the application in the prescribed in Form-I (in duplicate) to District Registering Authority i.e. DM and HO of the District concerned for registration of Private Medical Care Establishments along with the fees prescribed in Rule 14.(b)If a private medical care establishment is offering services in more than one category as specified in the table given below, the establishment shall apply for separate registration for each type of category: -

Category No. Description of Establishment

1. Clinics/consultation rooms (Solo Practitioners)
2. Poly Clinics (Group Practitioners)
3. Hospitals/Nursing Homes less than 20 beds
4. Hospitals/Nursing Homes with 21 to 50 beds
5. Hospitals/Nursing Homes with 51 to 100 beds
6. Hospitals/Nursing Homes with 101 to 200 beds
7. Hospitals/Nursing Homes with more than 200 beds
8. Diagnostic Centers (Basic Lab facilities)
9. Diagnostic Centres with Hi-end equipment (CT etc.)
10. Physiotherapy Units

## 11. Dental Clinics/Hospitals

(c) If a diagnostic center is a part of a hospital, no separate registration is required... (d) The Chairman of the District Registration Authority or any person in his office authorized in this behalf, shall acknowledge the receipt of the application for registration immediately in the acknowledgement slip prescribed in Form II annexed to these rules if delivered at the office of the Authority, or not later than the next working day if received by post. (e) The fee shall be paid by a demand draft from any Nationalised Bank drawn in favour of the District Registering Authority of the District concerned. (f) As soon as an application is filed, a temporary registration certificate in Form-III annexed to these rules shall be issued for a period of ninety days from the date of issue to the Applicant-Establishment. (g) On receipt of an application for registration, the Registering Authority shall conduct an inspection of the establishment within ten days by a team of two doctors, one of whom shall be a Member of either the District Registration Authority or the District Level Advisory Committee. (h) The inspection Team so, constituted by the Registering Authority shall inspect and submit a report with reference to the availability of minimum standards prescribed in Appendix-I and also detailing the specific deficiencies to be corrected, if any. (i) Copy of the inspection report pointing out the deficiencies, if any, shall be communicated to the Applicant-Establishment within seven days from the date of receipt of inspection report with a direction to rectify the deficiencies pointed out and inform the Registering Authority within a period of two months. (j) The Applicant-Establishment shall cooperate and provide all the relevant information and necessary assistance to the inspection team for satisfactory completion of the inspection formalities. Refusal of entry of inspection teams to the Applicant-Establishment and non-cooperation during inspection is liable for rejection of the application for registration. (k) If the applicant-establishment does not comply with the direction to rectify the deficiencies pointed out in the inspection report within a period of two months, the defaulting applicant - establishment may be given extension of a further period of one month by imposing 50% of the registration fee as penalty. (l) If the defaulting applicant-establishment does not comply with the direction to rectify the deficiencies pointed out in the inspection report, even after the expiry of the extended period of one month, the temporary registration granted to Establishment shall be cancelled, under provisions of Section-9.

## 5. Certificate of Registration.

(a) Based on inspection reports, the Registering Authority shall grant the applicant- establishment a certificate of registration ( in duplicate), in the prescribed Form-IV annexed to these rules, after satisfying itself that the applicant has complied with all the requirements, criteria, facilities, etc prescribed in the Appendix-II (1) Infrastructure including buildings (2) Essential medical equipment. (3) Equipment for protection from radiation. (4) Facility for disposal of bio-medical waste. (5) Effective maintenance of Sanitation and Hygienic Standards (6) Qualified Doctors. (7) Qualified paramedical staff. (8) Other essential staff. (9) Previous audit reports evidencing financial capability. (b) One copy' of the Certificate of Registration shall be displayed prominently at the reception/ entrance of the Establishment. The Authority shall clearly specify in the certificate the category under which the Establishment is registered. (c) If, after detailed enquiry and due opportunity to the applicant the Establishment does not satisfy the standards prescribed for registration, the registering Authority shall, for reasons to be recorded in writing, reject the

application for registration duly cancelling the temporary registration granted earlier. Such rejection shall be communicated to the applicant in Form V annexed to these rules within a period of ninety days from the date of receipt of application for registration.(d)The Certificate of Registration shall be non-transferable.(e)In the event of any change of ownership, management or name of the establishment, the Registering Authority shall be intimated before such change and the Certificate of Registration shall be surrendered to the Registering Authority the so as to issue a revised certificate of Registration after the inspection incorporated the changes.(f)On ceasing to function as a Establishment, or in case there is a change of category or change in address, both copies of the certificate of registration shall be surrendered to the Registering Authority and fresh registration shall be obtained after following the prescribed procedure.(g)The Certificate of Registration shall be valid for a period of five (5) years from the date of issue, subject to the conditions of review.

## **6. Renewal.**

- The Establishment shall apply for renewal in Form VI, annexed to these rules, along with payment of the fees prescribed in the Rule 15(a), three (3) months before expiry of the registration period of five (5) years. The Renewal shall be granted by the Registering Authority within 3 months from the date of receipt of the application failing which it will be deemed to have been renewed. The renewal of the registration of certificate shall be granted in Form VII annexed to these rules

## **7. Suspension or Cancellation of Registration.**

(a)The Registering Authority on receipt of reliable information that the applicant for registration has been convicted or has been censured by any judicial or competent authority in relation to his/her professional character or has been guilty of any misconduct or on a written complaint that a Private medical care establishment has violated any of the terms and conditions of the registration or any of the given directions it was given or has contravened any of the provisions of the Act or these Rules, the Registration Authority after making enquiries there to and after written explanation is called for from Establishment on the allegations levelled against Establishment may order suspension of the certificate of registration for such a period as it may think fit, if the Registering Authority is satisfied that a prima facie case has been made out.(b)The Registering Authority, immediately after suspending the Certificate of Registration shall send a registered notice to Establishment in writing in Form VIII informing the time, date and place at which the case will be heard by the Registering Authority. The registered notice shall be sent to the Establishment at least by giving 15 days time for hearing. The Registering Authority shall also direct the establishment to surrender their Certificate of Registration on or before date of hearing.(c)The establishment shall be entitled to be represented either an authorized person or a legal practitioner.(d)If the establishment does not represent either by authorized person or a legal practitioner, the Registering Authority may proceed with the documentary evidence available with it and determine the case and order cancellation of Certificate of Registration or revoke the suspension of the Certificate of Registration by recording the reasons. The said order has to be communicated to the Establishment within three days from the date of such order in the prescribed Form IX annexed to these rules.

## 8. Appeal.

(a) The Appellate Board constituted by the Government with the following Members shall receive and adjudicate the appeals preferred against the decision of the Registering Authority:

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|--|-------------------|
| (i) Principal Secretary, to Government HM and FW Department                      | - Chairman        |
| (ii) Director of Medical Education, A.P., Hyderabad                              | - Member-Convener |
| (iii) Director of Health, A.P., Hyderabad  | - Member.         |
| (iv) Commissioner, APWP, Hyderabad   | - Member,         |
| (v) One member from IMA nominated by the Government after duly consulting IMA    | - Member,         |
| (vi) One member from APNA nominated by Government after duly consulting the APNA | - Member.         |

(b) Any Establishment, if aggrieved by the order of the Registering Authority, may prefer an appeal in the prescribed form (Form X) annexed to these rules, to the Appellate Board within thirty (30) days from the date of receipt of such order. (c) After receipt of the appeal, the Appellate Board shall fix the time and date for hearing and inform the same to the appellant and others concerned by a registered letter giving at least 15 days time for hearing of the case. (d) The appellant may represent by himself or authorized person or a Legal practitioner and submit the relevant documentary material if any in support of the appeal. (e) The Appellate Board, shall hear all the concerned, receive the relevant oral/ documentary evidence submitted by them, consider the appeal and communicate its decision preferably within 90 days from the date of filing the Appeal in the prescribed Form-XI. (f) If the Appellate Board considers that an interim order is necessary in the matter, it may pass such order, pending final disposal of the appeal. (g) The decision of Appellate Board shall be final and binding. (h) If no appeal is filed against the decision of the Registering Authority in the prescribed period (i.e) within 30 days from the date of receipt of the order, the orders of the Registering Authority stands final.

## 9. Display of rates.

(a) The Establishment shall display the rates charged for each type of service provided by them, for the benefit of the patients at the reception counter in both the local and English language. The list of minimum services for which rates are to be displayed are given in Appendix - III. (b) A copy of such list shall be sent to the Registering Authority by 1st of June every year for record. (c) The details of services and rates shall be explained to the patients or their attendants at the time of admission without any ambiguity.

## 10. Display of Registration number etc.

(a) The establishment shall display the names of the doctors at the reception counter working or associated with it. (b) The establishment shall indicate the name and registration number allotted to Doctors by the State Medical Council/Medical Council of India in all the Prescriptions, Certificates

given to the patients.(c)Every Doctor shall display the registration number allotted to by the State Medical Council/Medical Council of India in clinic and in all prescriptions, certificates, money receipts etc. given to patients.

## 11. Fund of Registering Authority.

(a)The fees payable to Registering Authority/State Appellate Board shall constitute the fund of the Registering Authority.(b)The Chairman of the District Registering Authority i.e. DM and HO shall receive the moneys/fees through Demand Draft. Only. He shall open an account in a nationalized bank in the name of the Registering Authority and remit the same into the account.(c)The amount so collected shall be utilised by the Authority for the activities connected with the implementation of the provisions of the Act and these rules, viz, payments to professionals, legal counsels, honorarium to the Members of the Committees who attend meeting. Members of Inspection Teams etc.(d)The Chairman of the District Registering Authority is the custodian of the fund and he shall operate the fund.(e)The cheques of the Authority shall be signed by the Chairman and another authorized member of Registering Authority.(f)The Chairman shall maintain general cash book and enter therein all the amounts received and spent immediately.(g)The Chairman of the Registering Authority shall keep a sum of Rs. 2000/- (Rupees two thousand only) as office imp rest for the maintenance of day to day expenditure.(h)All the fees shall be paid by a Demand. Draft drawn on a nationalised bank at headquarters of the District concerned in favour of "DRA and DM and HO"(i)The Accounts shall be maintained properly, audited by engaging an approved Chartered Accountant for every financial year.s

## 12. Annual Accounts.

- The annual accounts of the authority shall be audited, and certified by the Approved Chartered Accountants appointed by the Registering Authority and forwarded to the Government along with the annual report, for placing it before the Legislature

## 13. Fees payable to the Authority.

(a)Fees for Registration or Renewal:

SI.No.	Description of Establishment	Annual Fee (Rs.)
1.	Clinics/consultation rooms (Solo Practitioners)	250
2.	Poly Clinics (Group Practitioners)	500
3.	Hospitals/Nursing Homes less than 20 beds	750
4.	Hospitals/Nursing Homes with 21 to 50 beds	1500
5.	Hospitals/Nursing Homes with 51 to 100 beds	2000
6.	Hospitals/Nursing Homes with 101 to 200 beds	3000
7.	Hospitals/Nursing Homes with more than 200 beds	7500
8.	Diagnostic Centers (Basic Lab facilities)	500

9. Diagnostic Centres with Hi-end equipment (CT etc.) 2000

10. Physiotherapy Units 750

(b) For filing an appeal before the State Appellate Board: Rs.500/- (Rupees Five hundred only)

#### **14. Medical Records.**

- The establishments shall maintain medical records of the patients treated by it and health information in respect of national programmes and furnish to authorities as and when they are required. The minimum medical records to be maintained by the Establishments are prescribed in Appendix-IV, V and VI.

#### **15. Medical Audit.**

- All Establishments shall formulate' appropriate mechanism for constant review of hospital procedures to assess the cause of death and to explore better preventive measures and effective treatment.

#### **16. Offences and Penalties.**

- If the Registering Authority comes to a conclusion based on any enquiry report that any offence against any of the provisions under Sections 11, 12, 13 and 15 of this Act or these Rules has been committed by Establishment and there is over whelming evidence that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of any Director, Manager, Doctor or any other Officer of the said Establishment, a case shall be filed either by Registering Authority or by an Officer authorized by it before the First Class Judicial Magistrate or a Metropolitan Magistrate, as the case may be, for trial.

#### **17. Interpretation of the Rules.**

- If there is any doubt or dispute regarding the application or the interpretation of the Rules, the decision of the Government thereon shall be final. Appendix - I (See Rule 4 (h)) Minimum Standards For The Registration of Private Medical Care Facilities Part - I I. Background and Rationale of setting minimum standards. - In terms of the provisions of the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act 2002, and in order to have successful Legislation, these minimum standards are prescribed for the different types of the Private Medical Care Establishments for the effective implementation of the Act. These standards may be modified by the State Authority from time to time and shall be maintained by the Private Medical Care Establishments for getting the necessary registration of the facility as per the Act. These minimum standards have been prepared with discussions held with various health care professionals and also with the active involvement of the representatives of A.P. Private Hospitals and Nursing Homes Association, Indian Medical Association, Indian Medical Council, and various Government Functionaries etc. The minimum standards are set for different types of medical care establishments and comprise of general requirements and specific requirements, and include physical standards of

space requirements and hygiene, equipment requirements for delivering specific services, and the man power requirements and their qualifications. These minimum standards explain about the obligations of the Private Medical Care Establishment to wards the patient, society, and staff engaged (See Part IV). The standards also specify the minimum list of services for which the medical care establishments need to display the charges levied for the benefit of the patient information. (See Part VIII). The minimum standards also specify the medical records and other records to be maintained to be made available to the patients, records that need to be made available to the inspection authorities, and filing of minimum data returns to the appropriate authorities e.g., data on notifiable diseases, detailed births and death records, and patient and treatment data etc. (See Part VIII).

**II. Classification of the Private Medical Care Establishments.** - In the context of working out the minimum standards, the private medical care establishments in the state of Andhra Pradesh, the following classification is made depending up on the services offered by these facilities and also on the physical infrastructure available with them.

**A. Classification Based on the Services offered by the facilities.** - (1) Establishments offering Medical and Surgical Treatment. Clinics and Consultation rooms (Dispensaries)(i)Hospitals or Nursing Homes offering Basic Services and Family Medicine (Primary)(ii)Hospitals or Nursing Homes Offering Basic Speciality Care Services (Secondary)(iii)Hospitals offering Super Speciality Services (Tertiary)(iv)Physiotherapy Centers(v)Dental Services

The services offered by these facilities are described in the following paras:(i)Clinics and Consultation rooms (Dispensaries). - The Clinics and Consultation rooms are facilities run by a Solo qualified allopathic doctor, either with M.B.B.S degree or with higher professional qualifications. These facilities offer "out-patient" treatment and drug prescriptions based on the investigation support sourced either from in-house labs or from out side lab facilities. The range of treatment offered by these clinics depends upon the qualifications of the medical practitioner. There are Poly Clinics which are operated by a group of two or more practitioners. These two types of facilities refer cases requiring hospitalization and for any surgical interventions to a hospital for further treatment. The poly clinics usually have attached medical laboratories (Clinical laboratories and Radiological and Imaging facilities) to cater to the needs of the doctors working in the clinics. The physical requirements of the Clinics are given in the Part II.(ii)Hospitals offering Basic Services and Family Medicine (Primary care). - These facilities are basically manned by one or more qualified medical practitioners (M.B.B.S doctors) and offer basic level services to the patients irrespective of the bed strength, as described in the Part VI. These may also have an attached medical laboratory to cater to the investigation support needed for the clinical interventions. In addition to the wide range of out-patient services these hospital provide in-patient facilities. The physical requirements including space, equipment and man power needed for these facilities depending on the bed strength of the hospital are given in the Part II.(iii)Hospitals or Nursing Homes Offering Basic Speciality Services (Secondary care). - These hospitals provide specialist care needed for the treatment of health conditions through the concerned specialist doctors with higher level qualifications in the following specializations, irrespective of the bed strength.\* General Medicine (Medical care)\* General Surgery (Surgical Care)\* Obstetrics and Gynecology (Maternal Care)\* Pediatrics (Child Care)\* Orthopedics (Accidents and Trauma Care)\* ENT\* Ophthalmology (Eye care)\* Radio-diagnosis and Radiotherapy (Cancer Care)\* Physiotherapy\* Dental Care Services

These hospitals to have functional areas such as Operation theaters, post operative wards, Intensive care units, general wards, and also other treatment areas needed for facilitating the surgical interventions of the concerned Speciality care. These may have attached



medical laboratories including Clinical laboratories and Radiological and Imaging facilities to cater to the investigation needs of the specialists working in these facilities or the services may be taken from outside diagnostic centers. Some of the facilities may have multi-specialty care services. The hospitals offering multi speciality treatment services should have the complete range of equipment and facilities suitable to the area of specialization. The physical requirements including space, equipment and man power needed for these facilities depending on the bed strength of the hospital are given in the Part II.(iv)Hospital offering Super Speciality Services (Tertiary) - These hospitals provide super specialist care needed for the treatment of health conditions through the concerned super specialist doctors in the following specializations, and hospital may have different bed strength based on the range of services offered: \* Cardiology and Cardiothoracic Surgery\* Neurology and Neuro-surgery\* Nephrology and Urology\* Gastroenterology and Surgical Gastroenterology\* Surgical Oncology\* Neonatology and Pediatric Surgery\* Chest Diseases and Respiratory Medicine\* Plastic Surgery To facilitate the above services, the hospitals should have full set of functional areas and special types of equipment suitable to the needs of the Super-speciality services offered through the facility. The hospitals shall have Intensive care units, Ambulatory support, Blood Bank facilities, Communication network etc. equipped to meet the demands of an emergency case. In addition the hospitals need to engage well qualified staff with proper training to handle the specialist care required for the patients admitted to. The physical requirements including space, equipment and man power needed for these facilities depending on the bed strength of the hospital are given in the Part II.(v)Physiotherapy Units. - The Physiotherapy units function as support units to the Orthopedic Care Specialist centers or the facilities may function independently. These units need to be managed by qualified physiotherapists and to be equipped with a whole range of physiotherapy and rehabilitation equipment. The physical requirements including space, equipment and man power needed for these facilities depending on the bed strength of the hospital are given in the Part II.(vi)Dental Care Services. - The Dental Services are offered as outpatient services through Clinics from basic dental services to multispecialty dental treatments. The minimum requirements including space, equipment and man power needed for these facilities is given in the Part II.

## **2. Establishments offering Diagnostic Support. - The diagnostics services are offered by various laboratories**

(i)Clinical Biochemistry Labs and Pathology Labs(ii)Haematology Labs(iii)Microbiology and Serology Labs(iv)Histopathology Labs and Cyto-pathology Labs(v)Cytogenetics Labs(vi)Immunology Labs(vii)Radio Immune Assays Labs(viii)Radiology and Imaging Services(i)Clinical Laboratories. - The laboratories may be comprehensive, performing tests related to several laboratory disciplines such as clinical biochemistry, clinical pathology, microbiology and serology, histopathology (anatomical pathology hematology, cyto-pathology, cy to-genetics, immunology, or may be limited its scope to a few disciplines. The type and extent of laboratory facility to be available for a nursing home would depend on the functional programme of the nursing home. But provisions shall be made for the following minimum procedures to be performed on site or at a nearby facility: Blood counts, urinalysis, blood glucose, blood urea and nitrogen, coagulation profile (bleeding time, clotting time, prothrombin time), Blood grouping, typing and cross matching, serum electrolytes, serum amylase The physical requirements including space, equipment and man power needed for these facilities depending on the bed strength of the hospital are given in the Part

II.(ii)Radiology and Imaging Centers. - The radiology and Imaging centers may be comprehensive, performing tests related X-ray imaging, Ultrasound imaging, Computer Tomography, Magnetic Resonance Imaging etc. or may be limited its scope to a few disciplines. Equipment and space for these centers would have to be planned according to the equipment services planned. In the minimum following X-rays should be possible: X-ray chest, abdomen, and pelvis in the basic X-ray units. In Big centers attached to any hospital providing emergency surgical facilities, the X-ray machine should be installed within the nursing home premises. In smaller facilities, it should be possible to have access to such X-ray facilities within one hour. Portable ECG facilities should be available in all nursing homes round the clock. The Ultra Sound Scanning facilities are also may be comprehensive providing services in Colour Doppler Imaging, Basic Abdominal Scanning facilities, and Obstetrics scanning facilities and in some centers may offer Ultrasound Guided Biopsy of the tumors for Cytology testing.

## Part II – General Requirements

Most of the private medical care establishments located in the state are general hospitals or nursing homes, set up to deal with the full range of medical conditions most people require treatment for. But there are other hospitals specialized in a particular disease or condition (Heart care, Cancer care, Orthopedic care, ENT care, Ophthalmic care etc.) or in one type of patient (woman, children, the elderly, etc.). The specialized hospitals provide latest specialized treatments for every disorder in the concerned specialized area. The service mix of various hospitals is given at Part VI.(A)Functional Program. - The Hospital and Nursing Home should have the following functional areas namely: Out Patient Department with general waiting and reception areas, and clinics for each speciality care services offered with required equipment and furniture, Wards for general inpatients and individual rooms for the patients with necessary ancillaries, fully equipped Operation theatres for the type of speciality service delivered, Central Sterilization and Supply Department, Blood Bank, Accident and Emergency Department (Casualty), Pathology Department, Radiology Department, Laundry Unit, Hospital Store, Medical Records Department, Work shop and engineering Services and Transport Services, Mortuary and Community Services.As per the physical standards, certain basic facilities need to be provided by the hospitals irrespective of the services being offered such as:(1)Emergency First Aid. - Emergency first aid is care provided initially to stabilise a victim's condition and to minimise potential for further injury during transport to an appropriate service. At minimum each nursing home shall have provisions for emergency first aid treatment for staff as well as for persons who may be unaware of or unable to immediately reach services in other facilities. This is not only for minor incidents that may require minimal care but also for persons with severe injuries or in grave condition who must receive immediate first aid and assistance for transport to other facilities. Emergency first aid includes facilities for intubating, veno Part, thorough cleaning/ dressing of wounds, ligation's of bleeding vessels, insertion of inter-costal drainage tube, application of Thomas Traction, starting of nasal O<sub>2</sub>, bladder catheterization, stomach wash, establishing an intravenous line in case of patients in shock, controlling of convulsions, controlling of acute attacks of breathlessness etc.(2)General Medical Care Services. - The medical care services do not require any special infrastructural input. It is mainly a question of medical skill and hence medical patients are normally admitted to hospitals or nursing homes, which provide care in other disciplines. All hospitals or nursing homes providing medical facilities should be able to provide Clinical diagnosis

for infectious diseases, diabetes, hypertension, auto-immune disorders etc. Treatment and follow-up care for a majority of these conditions would also be possible by a physician. Medical personnel manning such a facility should be able to take a decision regarding cases which require higher medical skills or which may eventually need transfer to a better equipped facility (intensive care, surgical facility with ventilators, haemodialysis machine, cardiac monitors etc.) and accordingly transfer such patients at the earliest.(3)General Surgery services - A general surgery care facility should be able to provide elective general surgery services for benign anal conditions, inguinal hernia, hydrocele, varicose veins, testicular tumours and abscesses, vasectomy and splenectomy. Elective surgery for uncomplicated urolithiasis, gall bladder conditions and closed reduction of fractures can be performed, if portable X-ray facility is available. The emergency care for cases of acute abdomen, strangulated hernia, torsion testis, etc. can be provided, subject to condition that the facility have X-ray facilities within the hospital and access to Blood Bank and Ultra-Sonography facilities are available within half an hour.(4)Pathology. - There should be provisions in hospitals or nearby location for minimum pathological tests to be performed on site or at a nearby facility.(5)Power Supply. - For the running of a hospital the availability of power supply is of utmost importance. Those with nonavailability of continuous power supply, a generator should be available.(6)Water. - The hospitals should make arrangements for drinking water for regular usage either from the municipal/ gram panchayat authority and should have storage facility either underground or in an overhead tank.(7)Transportation and Communication facilities. - Communication and transport facilities should be a prerequisite for the functioning of a hospital as the time for providing any intervention is often critical. It should be the responsibility of the hospital to provide proper transportation facilities to the patients especially when they are referred by the hospitals. The hospitals should have the facility of a telephone in case of an emergency and to have a communication between the doctor and the supportive services and with patients.(8)Fire fighting. - Fire fighting equipment should be available as per the requirements of the building spaces.(9)Facilities and Space. - A hospital should have certain basic facilities in terms of various zones for the provision of treatment. These are the waiting room, dispensary/pharmacy counter, bathrooms, consulting room, dispensary/pharmacy counter, toilets, bathrooms, wards among others. Those providing surgical services and maternity services should have a operation theatre, labour room, sterilisation room, changing room etc.(10)Waiting Room. - The waiting and consultant room are the first entry points of a patient visiting the hospital. Certain basic facilities need to be provided for the comfort of a patient during his waiting. The environment of the waiting room should be such that it is pleasing and not congested. Various types of information need to be provided. The doctors qualification, registration in the council and schedule of fees should be displayed in the waiting room prominently. There should be a proper system of entry to the doctors chambers. Enough space should be provided for the patients and their relatives to sit in the waiting room.(11)Consultancy Room. - Adequate with an examination table with mattress a revolving stool. The privacy of the patient is of utmost importance, especially for women. There should be either a screen with curtain or a separate room for examination of women patients. It is imperative that there is a wash basin and sufficient water in the consulting room, as the doctors examine different types of patients.(12)Wards. - The wards should be separate for male and female patients, infectious and non-infectious diseases. There should be a floor area of 50-90 Sq ft per bed, a minimum distance of 2.2sq ft between centres of two beds, and the beds should be laid out in such a way as to make the patient accessible for treatment from either side.(13)Operation Theatre (OT)/Labour

Room. - Hospitals providing surgical services should have a facility of an operation theatre. The hospitals providing Obstetrics and Gynaecology services exclusively and others in addition to medical and surgical services, should have an OT and a labour room.(14)Equipment and instruments. - The equipment and instruments standards are given in the Part VII in detail inclusive of minor and major instruments and their number. The availability of equipment and instrument is of vital concern. They should be available in sufficient numbers and be in a working condition. They should be well maintained.B. Location and Design of the Buildings. - A medical care establishment should be accessible to the patients and the environment and landscape should meet the minimum standards of hygiene.The buildings should have standardised architectural design, Interiors and exteriors are to be so designed to suit the purposes of providing quality medical care services.The materials used for construction shall be of good quality, and in accordance with the available Indian Standards.(a)All Private Medical Care Establishments shall maintain the basic and adequate provisions for Toilets and Clean Drinking water as required for the patients, visitors and as well as their own staff working in the establishment. Efforts shall be made for water conservation and rain water harvesting methods in its premises. (Please see Part V)(b)All the rooms/ward should be properly ventilated and have adequate Lighting facilities.(c)All rooms, wards, operation theaters, labour room, special care areas, outpatient departments and diagnostic departments should be easily approachable by a stretcher and a wheel chair.(d)It should ensure that the required privacy is provided to the patient.(e)The duty staff room should be centrally located in the hospital and there must be a provision for every patient in the hospital to seek the attention of the duty staff immediately.(f)The special care areas of a hospital like the operation theaters, labour room, postoperative wards and intensive care units should be located close to each other for functional and administrative ease.(g)The outpatient and diagnostic services should be located away from the inpatient services.(h)Facilities to isolate an infected case should be available.(i)A telephone is a must for every hospital.C. Essential Equipment. - The list of equipment given below is the minimum requirement for all the Private medical care establishments:(a)Cots-It is essential to have patient cots with a hard base because it facilitates cardiopulmonary resuscitation when the need arises.(b)Adequate linen-linen should be clean and changed at regular intervals.(c)Examination Table(d)Emergency Light(e)Stethoscopes and B.P. apparatus(f)Ophthalmoscope(g)Knee hammer(h)Measuring tape (i) Torch light(j)Weighing machine-adult and paediatric (k) I.V. stands (l) Wheel chair (m) Oxygen cylinders (at least two) with flow meter and mask or nasal prongs (n) Laryngoscope set and Endo-tracheal tubes (o) Suction apparatus (p) Resuscitation bag (Ambu bag)(q)Steriliser(r)Drums to carry sterile dressing and instruments (s) Bed side toilet equipment (urinals, bed pans, etc.)(t)Bed side screens (u) Thermometer (v) Tongue depressorsD. Essential Drugs And Consumables. - The list of essential drugs that should be available at any point of time.(a)Adrenaline(b)Atropine(c)Aminophylline(d)Chlorpheniramine(e)Hydrocortisone and Dexamethasone(f)Furosemide(g)Sodium bicarbonate(h)Dopamine(i)Mephentidine(j)Calcium gluconate (k) Pentazocine/pethidine or any other analgesics (l) Diazepam (m) Hemostyptics like ethamsylate, styptochrome and botropase (n) I.V. Fluids-Dextrose 5%, 10%, 25%, Dextrose saline, Normal saline, Electrolyte solution (Adult and Paediatric) and Plasma expanders (Hemaccel)(o)I.V. Sets and I.V. Cannula - (Adult and Paediatric)(p)Scalp vein sets of different sizes (q) Syringes-2, 5, 10, 20cc, disposable or sterilized (r) I.V. Mannitol 10%, 20%(s)Anti septic solutions - Dettol, savolon, spirit, betadine etc.(t)Plaster and BandagesE. Operation Theatre. - Operation theatre is the nucleus of any hospital and deserves special care and attention. There should be no compromise on the following

aspects in a operation theatre:(a)A clean and spacious room (minimum of 120-200 sq ft) sealed off from the surroundings(b)Complete Asepsis should be maintained(c)Adjustable theatre table for different manipulations either Hydraulic or Manual(d)Over head theatre light or Mobile Shadowless light(e)Electro Surgical Unit(f)Suction apparatus(g)Anaesthesia machine (no surgery including under regional anaesthesia should be performed in the absence of an anaesthesia machine)(h)Adequate supplies of gases specially oxygen(i)Ambu resuscitation bag(j)A high pressure autoclave(k)Linen and instruments depending on the nature of surgery(l)Laryngoscope with adult and paediatric blades(m)Paediatric anaesthesia circuit(n)Endo tracheal tubes of different sizes(o)Spinal anaesthesia sets - it is advocated to use disposable spinal needles and syringes, as they are reasonably cheap now and will go a long way in preventing some of the dreaded complications such as infections.(p)Stretcher with trolley for shifting patients(q)I.V. Stand with I.V administration facilities(r)In hospitals performing caesarean Parts, it is essential to have the neonatal resuscitation kits as mentioned in the maternity services item.(s)Drugs - adrenaline, neostigmine, aminophylline. pentathol sodium, succinylcholine, gallamine, pavulon, pentazocine, diazepam, xylocard, xylocaine 5, 2, 1%, hydrocortisone, chlorphenaramine, dexamethasone, dopamine, mcphentine, frusemide, mannitol, ether, halothane, soda bicarbonate, deriphyllin, metoclopramide, promethazine, I.V. Cannula, I.V. Sets, scalp vein tubes, Xylocaine jelly, antiseptic solutions, I.V. Fluids, hemaccel and airways.(t)Proper facilities should be available for scrubbing.(u)Air conditionedF. Labour Room. - This is one of the most vital areas in a hospital providing maternity services and there should be no compromise on the following aspects of the labour room:(a)A floor area of a minimum of 120 sq. ft(b)All precautions for asepsis must be taken(c)Good illumination with overhead O.T light(d)Electrical Cautery and Suction apparatus(e)Stethoscope, B.P Apparatus and Weighing machines-Adult and Paediatric(f)Resuscitation equipment and Paediatric resuscitation equipment (Paediatric resuscitation bag, endo tracheal tube (2 No.) Laryngoscope with neonatal blade, stomach tube (infant feeding tube etc.(g)Oxygen cylinders with connections and masks(h)Delivery table with basic manipulations(i)Autoclave(j)All emergency drugs (as in para D above)(k)IV stand and intravenous fluid administration facilities(l)Stretcher with trolley for shifting patients.(m)Forceps for deliveryG. Important Zoning requirements of the Different Functional Areas. - (i) Ambulatory ZoneThe ambulatory zone will have the following functional areas:

### **1. Medical clinic (consultation and examination room) with waiting area**

### **2. Surgical Clinic (consultation and examination room) with waiting area**

### **3. Casualty and emergency care (optional)**

### **4. Treatment and dressing and 5. Injection room**

Obstetric and Gynaecological Clinic. - In case of maternity home providing obstetrics and gynaecological services to have the clinic as described below:The clinic should include a separate registration, consulting - cum - examination room and toilet in order to ensure privacy. The clinic should be planned close to inpatients ward units to enable them to make use of the clinics at times

for ante and post natal care. The clinic should also be at a convenient distance from other clinics in the Outpatient Patient Department.(ii)Critical Zone. - This zone is required in surgical and maternity homes. This zone consists of the Operation Theater and Delivery Suite.This is technically a therapeutic aid in which a team of surgeons, anaesthetists, nurses, gynaecologists and sometimes pathologist/s and radiologist/s operate upon or care for the patient. The critical zone shall be located and arranged to prevent non-related traffic through the suites. When delivery and operating rooms in the same suite, access and service arrangements should be such that neither staff nor patients need to travel through one area to reach the other.(iii)Operation Theatre.Protective Zone. - Consisting of Nursing station with storage facility, changing rooms, staff arrive through this Zone and proceed via changing areas dressed for their task.Clean Zone. - This includes the recovery room. It is principally the corridor linking the transfer bay to the theatre suite. Patients are brought from the ward and should not cross this zone in their ward - clothing which is a great source of infection. Changeover of trolley should be affected just before the clean zone.Aseptic or sterile zone. - It consists of operation theatres, sterilisation; theatre pack preparation and sterile storage, scrub up and gowning rooms.Disposal zone. - Also erroneously called the dirty zone. Soiled instruments and dressings are transacted through this area for washing and sterilisation or disposal.(iv)Delivery suite. - (Required for nursing homes providing maternity facilities)All maternity homes and all nursing homes offering maternity services shall make provisions for a delivery suite over and above the aforementioned facilities necessary for an operating suite. In maternity homes an arrangement must be possible to isolate a patient of eclampsia. Two labour rooms should be provided for every 10 maternity beds or part thereof. These rooms may be constructed preferably in the form of cubicles. They should be close by to the delivery room. In case combined with the "Examination and Preparation room," the area standards should be maintained. This room should ideally be suited close to the operation theatre(v)Nursery for New Born. - All nursing homes providing maternity facilities must also provide for a nursery for normal babies.H. Other Facilities. - There are three very important facilities that the patient requires. They are; Pharmacy, laboratory, X-Ray and E.C.G. These are a must for every hospital it would be ideal to have them within the premises of the hospital or in close proximity. Other facilities such as ambulance services, Hitech diagnostic and monitoring facilities are to be considered as optional under the existing condition in our country.I. Special Care Units. - The special care units dealt with are: -\* Post-operative wards\* Intensive care units\* Intensive Care Unit providing speciality care.(1)Post - Operative Wards. - The immediate post-operative period is as the intra-operative period in determining the final outcome of any operative procedure. A number of studies have clearly indicated that this is one of the factors contributing to post-operative morbidity and mortality. The essential requirements are:(a)All facilities and drugs mentioned earlier under General requirements.(b)Monitors. - Monitoring is the basic purpose of post-operative wards. The basic parameters like - pulse rate, blood pressures, respiratory rate and urine output should be monitored and this does not require any additional equipment. However, it is essential for every post-operative ward to have a pulse taximeter and an ECO monitor with a defibrillator. The big centers in addition may have capnography, ventilators, infusion pumps, NABP, temperature monitoring devices and arterial blood pressure monitoring. Oxygen delivery systems. There should be always be a crash cart available with emergency drugs and equipment as described in the Part 3 of General conditions.(c)Staff. - The most vital necessity of a post-operative ward is the presence of specially trained staff. The staff should have adequate knowledge of the possible post-operative complications and should be able to recognize them early

and call for the concerned doctor.(2)Intensive Care Units.(a)Design Considerations. - The beds in an ICU should be laid out in such a way as to permit observation of every patient from the nursing station. The beds should have a firm base to permit cardio-pulmonary resuscitation and should be movable easily. Provision must be there to alter height of the head and foot ends of the patient and the plank at the head end must be detachable to facilitate endo-tracheal intubation when required. There should be adequate moving and working space around the beds. These units should be declared as restricted areas and attenders should be kept away. Adequate attention should be paid towards asepsis.(b)Staff. - A minimum of one Trained/ qualified nursing staff for 5 beds round the clock and a Duty doctor should be available round the clock. The staff nurses posted shall be well versed with the different equipment operation and should be trained to handle critical situations. An anaesthetist by virtue of his training in emergency care and being the best to maintain two vital body functions (Circulation and respiration) is the choice to manage the Intensive Care Units with the help and guidance from the concerned consultants.(c)Materials and Supplies. - All the necessary emergency drugs as detailed in Part-I: General requirements should be made available. In addition to the essential equipment, the additional equipment required are: a Pulse Oximeter, ventilator, infusion pumps, ophthalmoscopes, glucometer and the resuscitation equipment viz i. Laryngoscope, ii. Endo-tracheal tubes of different sizes and connectors, iii. Oxygen cylinders, masks and connections, iv. Ambu bag etc. Preferably a Generator should be installed, as an alternate power supply requirement. Round the clock laboratory support in necessary.(3)Speciality Specific Intensive Care Units. - Intensive care units dealing with a single speciality (neuro-care units, coronary care units, respiratory care units and trauma care units) are the best way to provide the Intensive care services. The basic requirements are the same as general intensive care unit and each speciality care units need to have additional facilities specific to the speciality such as temporary pacing, critical Equipment such as Cardiac monitors and defibrillators for ICCUs, Incubators and warmers for NICUs.J. Hospital Staff. - A hospital or a nursing home is just as good and safe as its staff is. It is desirable that every staff member should be adequately qualified and possess a qualification certificate from a recognized teaching institute. However, it is vital that every staff member is adequately trained and works under the correct supervision of a doctor.(1)The staff of a hospital or a nursing home may be classified in the following categories:\* Specialists or Consultants\* Duty Medical Officers\* Nursing Staff\* Helpers\* Administrative staff\* Maintenance staff\* Other staff(i)Specialists or Consultants. - Consultants are specialists in different fields of medicine who provide expert medical care and services to the patients in a hospital. The number and type of consultants required by a hospital depends on the nature of services provided by each individual institution.(a)Physician. - M.D. degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or equivalent from a local recognised body.(b)Surgeon. - M.S. degree from a university OR Diploma from Diplomate of National Board or equivalent from a local recognized body.(c)Obstetrician and Gynaecologist. - M.D. degree from a university or equivalent from a local recognized body OR diploma from Diplomate of National Board or local recognised bodies (like C.P.S) or university or equivalent from a local recognised body.(d)Anaesthetist. - M.D. degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies (like C.P.S) or university or equivalent from a local recognized body.(e)Paediatrician. - M.D. degree in Pediatrics from university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognised body.Details of other

specialists or consultants are given in Part III.(ii)Duty medical Officers. - It is a must for every hospital to have a doctor within the premises of the hospital round the clock. These doctors should be well oriented to the working of the hospital and should possess adequate skill to handle the emergencies, till the services of a consultant are available. There should be one duty medical officer available for every 20 inpatient beds or part thereof in every eight hour shift. A qualified doctor is a must for proper care to be provided to the patient. The practise of doctors trained in other systems of medicine providing care in Allopathy system of medicine is not permitted.(iii)Nursing Staff. - There should be one trained/qualified nurse on duty round the clock for every 10 beds in the regular wards and for every 3 beds in a special care areas need additional training and care should be taken not to post untrained staff into these critical areas.(iv)Helpers. - The ratio of this category of staff to the number of beds remains the same as for the nursing staff and it is once again emphasised that only specially trained staff should be posted in labour rooms, operation theatres and intensive care areas.(v)Administrative Staff. -This category of staff includes - Managers, receptionists, accountants, supervisors, security personnel etc. The requirement of this category of staff depends solely on the type of a hospital and its size. As the size of a hospital increases the need for this category of staff also increase proportionately.(vi)Maintenance Staff. - The secret behind any successful organization is a foolproof maintenance mechanism, and today the emphasis is on preventive maintenance the maintenance staff include an electrician a plumber and a carpenter, and for the maintenance of medical equipment a smaller hospital could enter in to yearly service contract and a bigger hospital may find it more convenient to have a full fledged bio-medical engineering department in addition to AMC (annual maintenance contract).(vii)Other Staff. - As the size of a hospital increases so do the facilities at the hospital and the requirement of other grades of Staff for example : a pharmacist is required when there is a pharmacy, a laboratory technician is required when there is a pathological laboratory and an X-ray technician is required for each X-ray plant.(2)Availability of Personnel. - As soon as a patient arrives at a nursing home, (in emergencies) he or she should immediately be seen by a Duty Medical Officer. A consultant should see the patient within half an hour.A nursing home providing Medical facilities should have a physician available on call round the clock.A nursing home providing Surgical facilities should have a surgeon and anaesthetist available on call. In case Emergency Surgical Facilities are also provided then a surgeon and anaesthetist should be available on call round the clock.A nursing home providing Maternity facilities should have an Obstetrician and Gynaecologist, and anaesthetist, a surgeon and a neonatologist available on call round the clock(3)Minimum requirement of personnel.(a)Duty Medical Officer. - \* One duty medical officer for every 20 inpatient beds or part thereof in every eight hour shift.\* Two duty medical officers to function as O.T. assistants during routine O.T. hours (8 hours) and one each for the next two shifts in those facilities providing emergency surgical care and obstetrics care (nurses could be trained to perform this function).\* One duty medical officer for the labour ward in every eight hour shift (Optional). This function may be performed by the O.T. assistant or a trained nurse.(b)Nursing staff. - \* One nurse for every 10 beds if on same floor on every eight hour shift and if on different floors then in same proportion on different floors. Here one nurse undergoing training may be posted along with a qualified nurse.\* Two qualified operation theatre nurses for routine surgery. For nursing homes offering maternity facilities and emergency surgical facilities two more operation theatre nurses will be required on shifts. (In practise the number of Nurses posted specifically for this area would depend on the patient load there.)\* Four qualified nurses for labour room. One in each eight hour shift. They may also function as O.T nurses when required.\* One nurse should be



kept available for emergency patients on every eight hour shift.\* During regular OPD hours one more nurse should be kept available for OPD block.(c)Nursing Orderly. - \* One Female Nursing Orderly or one Male Nursing Orderly for every 8 beds for every eight hour shift.\* One Female Nursing Orderly for Obstetrics and Gynaecology OPD.\* One Male Nursing Orderly for Surgical and Medical OPD\* One Female Nursing Orderly for Labour room\* One Female or Male Nursing Orderly for Operation Theater\* One sweeper per eight beds for wards in ever 8 hour shift\* One sweeper for Operation theatre and Labour room.Check List of Appendix - IObstetrics And Gynaecology: Standard Services Recommended For Each Level

SI.No.	Condition/Procedure	Basic Level Services	Specialist Care Services	Super Speciality Services
1	Deliveries	Normal Deliveries	All deliveries including complicated deliveries	
2	Threatened of incomplete abortion	Conservative management D and C	Treatment	
3	Family Planning	Tubectomy IUD	Basic Level services + Laproscopic tubectomy	
4	Lower abdominal pain and ectopic pregnancy	Stabilise and Refer	Exploratory tubectomy	
5	Vaginal disease	Diagnosis and Management	Exam under anaesthesia	
6	High risk pregnancy	Early diagnosis and timely referral	Investigate initiate management	
7	PID	Diagnosis and Therapy	Diagnosis and Therapy	
8	Menstrual irregularities	Refer	Diagnosis and Management	
9	Infertility	Refer	Diagnosis and Management	
10	Cervical erosion	Refer	PAP Smear and Bio spy	Cader Surgery
11	Malignancies	Refer	Diagnosis	Surgery radiotherapy

Inspection Report (Under Rule 4(h))Performa of Inspection Report for Granting Licence to Private Medical Care Establishments under the Act

Name and Address of the Medical Care Establishment (MCE)

Name and Address of the Company/Director

Location of the MCE

(Urban/Municipal/Rural/Tribal)

Is the MCE attached to any Medical College/Research Institution

Name of Medical Director/Superintendent

Is the accommodation owned by the Company? Or is it on lease? If it is on lease what is the period and conditions of lease(Evidence to be enclosed)

State whether the above said accommodation suitable for running Medical Care establishment

One set of Photographs of the MCE with its functional facilities

The names of the Specialists/Consultants working in the MCE

The Equipment and Furniture available in the MCE (List to be enclosed)

Passport size photos of Director/Medical Superintendent to be attached

Application No.:

Application  
date

Application Fee Particulars

Date of Inspection (Enclosed Inspection format to be filled)

Inspection done by

Details of the major specialities offered in the Medical care Establishment with beds allotted

General Emergency Speciality-wise beds, pl. specify Total

Activity

Date of Previous  
Years

Total Out Patients (Old + New)

Total Inpatients

Total No. of Major operations

Total No. of Deaths

Deaths after 48 hours of admission

Bed Occupancy rate

Financial Accounts

Total Hospital Fee Collection. (Audited

Financial Statements to be enclosed)

Total reimbursements claimed from

Government towards the treatment of referred patients, if any

Flow of funds towards their Activities (External Aids/ Public/Private contributions, pl. specify)

Inspection Proforma to be filled by the Inspection Team(Relevant to the Inspection of 100 beds and more Hospitals)Index

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Important Hints For  
Computing Various  
Hospital Activity  
Indicators

1 Bed Occupancy Rate:	$\frac{\text{Total In Patient bed-days}}{\text{Bed Capacity}} \times 100 = \text{Bed Occupancy Rate}$
2 Average Length of Stay	$\frac{\text{Total In Patient bed-days during 12 months}}{\text{Discharge + Deaths during 12 months}} = \text{Average Length of Stay}$
3 Turnover rate (interval)	$\frac{\text{Annual Bed Capacity} - \text{IP Bed} - \text{days}}{\text{Discharge + Deaths during 12 months}} = \text{Turnover rate (interval)}$
4 Case Flow Rate =	$\frac{\text{Total Discharges + Deaths during 12 months}}{\text{Total Beds existing in the Hospital}} = \text{Case Flow Rate}$
5 Gross Death Rate :	Ratio of total deaths to total discharges. In General Hospitals it should be about 3-5 per cent.
6 Net Death Rate (Institutional Deaths):	$\frac{\text{No. of deaths occurring 48 hours or more after admission, should not usually 2.5 percent No. of deaths due to anaesthesia}}{\text{Total Discharges + Deaths during 12 months}} \times 100 = \text{Net Death Rate}$
7 Anaesthetic Death Rate:	No. of patients anaesthetized during the period

8 Post Operative Death rate	Post operative deaths-----XIooTotal operations during a given period
9 Maternal Death Rate:	Total deaths of obstetric clients-----XIoo Total dischargesincluding deaths of Obst....Ward

No.	Facilities	Availability (Yes/No)	Remarks, if not satisfied
(1)	Out Patient Department (OPD)		
(b)	Reception Counter:		
(i)	Posting of knowledgeable staff as a Receptionistwith a board"May i help You?"		
(ii)	All sections of the OPD numbered and depicted onflow chart near reception counter.		
(iii)	Boards indicting days of Special Services andHospital timings near reception counter		
(b)	Registration:		
	Separate registration windows with railingarrangements for		
(i)	Male/Female, Old/New, Freedom Fighters andGovernment Servants:		
(ii)	Board indicating hospital fees for variousservices provided for OPD, IPD and Surgical Procedures		
(c)	OPD Sections:		
	Every OPD section should have : separateregister for diagnosis,		
	Complete examination tray with BPApparatus, torch and hammer,		
(i)	x-ray view box, examination tablewith foot steps, writing table, stool for patients wash basin,adequate sitting arrangement for waiting OPD patients,appropriate Health Education material displayed.		
(ii)	in addition to above.		
	Medical OPD:		
	CNS examination tray, tuning fork, ECG Machine,		
	Surgical OPD:		
	PR examination tray with proctoscope and gloves,Kidney trays, Tongue depresser		
	Gynaec. OPD:		
	PS and Pv examination Tray, iUD tray, Kidneytray, Weighing machine, pap smear tray, exam table with lithotomyfacility, table lamp.		
	Pediatric OPD:		
	Paed. Weighing machine, Measure tape, Height andWeight Scale.		
	Ophthalmic OPD:		

Near and Distant vision charts, Refraction set, Ophthalmoscope, Dark room facilities for Retinoscopy.

Ear, Nose and Throat OPD:

Head light mirror, indirect laryngoscopes, tongue depressor, Nasal and ear speculum, electric steriliser, tuning fork, audiometry, diagnostic ENT set, audiometry, wax syringe etc.,

Dental OPD: Dental unit, Dental motor, Dental x-ray, Continuous water supply, denture preparation (prosthesis), Bio-safety measures adopted etc.

Orthopedic OPD: Examination table, footstools, x-ray view box, patella hammer etc.

- (d) Dressing Room.
  - (i) Separate dressing rooms for male and female patients.
  - (ii) Autoclaved/Disposable material used.
  - (iii) Dressing table, sink for hand washing available.
  - (iv) Dresser wears Plastic apron, Face mask, gloves etc. while doing dressing.
  - (v) Antiseptic lotions and dressing materials and foot operated dustbins or adequately available
- (e) injection room
  - (i) Separate rooms for male and female available.
  - (ii) Staff nurse is trained in management of injection reactions
    - Updated emergency drug tray and Availability of Oxygen Cylinder with accessories, Suction Machine (Electric and foot operated), Cot and mattresses with arrangements for head low position, venesection tray, chart of management of Anaphylactic reaction, Availability of Wash basin, Bio-safety measures adopted, inventory maintained.
  - (iv) Sufficient No. of Disposable/Sterile syringes and needles depending upon OPD load.
- (f) Pharmacy
  - (i) Availability of male and female windows separately with railing arrangements
  - (ii) Daily accounting of drugs kept? (Any proof of checking of inventory)
  - (iii) Surprise check by inspector for actual dispensing against prescription
  - (iv) Drugs are dispensed in paper packets
  - (v) Morbidity statistics kept up to date (verify the record)
- (g) Physiotherapy
  - (i) Availability of short wave diathermy, infrared facilities etc. for Myalgia
  - (ii) Availability of Lumbar/Cervical traction for Spondylitis.

- (iii) Shoulder mobilization wheels, walking bars available
- (iv) Wax bath and Muscle stimulator available
- (h) Minor Operation Theatre and Plaster Room
  - Availability of Anaesthetic apparatus, shadowless lamp, operation table suction apparatus (electric and foot operated), fumigation apparatus,
  - (ii) Availability for wash basin, cap, mask, gown, sleepers, etc.
  - Availability of autoclaved/sterile linen material, dressing drums,
  - (iii) minor surgery instruments, life saving drugs and anaesthetic agents etc.
  - (iv) Availability of plaster room, plaster material and plaster cutting saw etc.,
  - (v) i) Maintenance of records and registers of minor OT etc.,
- (i) Safe Drinking Water Facilities:
  - (i) Water coolers available with adequate number of taps for OPD
  - (ii) Water samples are tested for potability. verify the register and actions taken on unsatisfactory reports.
- (j) Sanitary Unit
  - (i) Separate well-maintained arrangements of toilet for male and female patients and their attendants
  - (ii) Separate toilets and wash basins for staff members?
- (k) vehicle parking
  - (i) Separate stand for staff/public vehicles
- (l) R.M.O. Office
  - (i) Availability of telephone for RMO and public
  - (ii) Film show arrangements made for OPD patients, verify the register.
  - (iii) Suggestion book in OPD. Action taken, if any, for valid suggestions made.
  - (iv) Availability of RMO during entire OPD period and musters of interns, class iii and para medicals are available in RMO's chamber
  - (v) Availability of wheel chairs and stretchers for shifting Pts. From OPD to Ward.
- (m) verifications of adequacy of treatment (Minimum 5 case sheets/prescription notes should be checked)
  - (i) Clinical notes, Diagnosis, investigations and Legible hand writing
  - (ii) Proper prescription of drugs with dose schedule
  - (iii) views of the patients regarding treatment and their satisfaction
- (2) Emergency Service Department (Casualty)
  - (i) Separate Medical Officer (CMO) available round the clock

- (ii) Continuous availability of D.M.O (indoor M O)during night hours.
- (iii) Board displaying doctors on call, Specialist and other staff on duty
- (iv) Glow sign board indicating 'Emergency Services Department'
- (v) Casualty Department annexed with Emergency ward with adequate number of beds and attached toilets facilities.  
Ward well equipped with Fowler's bed, Oxygen Cylinder With Accessories, Suction apparatus electric - foot operated, Emergency tray with essential drugs with Catheter tray, Rules' tubes/stomach tube, flatus tube, venesection tray, tracheotomy set, L P tray,
- (vi) Suturing tray, Ambu bag, Laryngoscope, Tourniquet, Splints - Thomas splint, Bowler's splint, Crammer wire splints Emergency light/ Generator, BP Apparatus, Torch, Thermometer, weighing machine, hammer, Refrigerator, stationary and forms
- (vii) Trained staff posted in Emergency department
- (viii) Boards displayed regarding management of Snakebite, Common poisoning, Anaphylactic reaction, Cardio respiratory arrest etc.
- (ix) Availability of ARV services 24 hours. Board displayed accordingly.
- (x) Knowledge of M Os in classification of dog bite wounds and their management, training in giving ARV.
- (xi) Proper documentation of treatment card and records/registers.
- (xii) Uninterrupted Stock of ARV. Check the stockbook.
- (xiii) Medico legal register in prescribed format either central or individual. 1
- (xiv) Call book is in prescribed format and calls are attended promptly. verify
- (xv) Availability of Disaster Management Plan and disaster drill conducted regularly. (verify the record and stock)
- (xvi) Retiring room for MO with attached toilet lockers, Cooler, fan, and drinking water arrangements.
- (xvii) Night super nurse on duty should be available in emergency ward after night rounds.
- (xviii) Treatment room cum minor operation theatre with all necessary instruments, equipment, trolleys, tables and trays.
- (xix) Availability of separate telephone for Casualty Department as well as for public
- (xx) Store room with sufficient stock of essential and life saving drugs
- (xxi) Availability of sufficient number of wheelchairs and stretcher trolleys.
- (xxii) Availability of transport facilities (Ambulance) round the clock.
- (3) intensive Cardiac Care Unit

- Existence of i C U with AC, bedside monitor, central monitors,
- (i) defibrillators, ventilators, fowlers beds etc. and round the clock availability of qualified and trained staff.
- (ii) Equipment in working condition and history book maintained
- (iii) Space availability, cleanliness, generator facilities etc.
- (iv) Adequate No. of trained Medical Officer and Nursing Staff.
- (v) Record keeping of patients treated so far.
- (vi) Availability of central oxygen, suction machine and life saving drugs.
- (4) Clinical Laboratories
- (i) Qualified Pathologist available, if not efforts made for getting the post filled in or suitable alternative arrangements made.
- Examination of special tests like Widal, serum bilirubin, LFT, VDRL,
- (ii) BS for M.P., stool examinations, semen analysis, electrolyte study, blood gas analysis, kidney function tests, CSF examination etc
- (iii) Accuracy or reports, monthly abstract drawn and verified by Pathologist.
- (iv) Availability of round the clock laboratory services
- (v) Use of aprons by laboratory technicians
- (vi) Availability of sufficient wash basins, sinks for staining
- (vii) Proper disposal of the soiled containers after decontamination.
- (viii) Use of only autoclaves syringes and needles/Disposable needles.
- (ix) Appropriate tests carried out as per indication.
- (x) Observance of bio safety measures
- (xi) Regular availability of staining material and their inventory maintenance.
- (5) Blood Bank
- (i) Availability of infrastructure as per GO licensing norms
- (ii) Round the clock availability of trained staff and services
- (iii) Checking of cross matching
- (iv) Proper maintenance of cold room and refrigerators
- (v) Australia antigen vDRL, Malaria parasite and Hiv tests are carried out on every blood bottle of donor. verify the record
- (vi) incidence of deaths due to non-availability of blood any time in a year
- (vii) issue of donor cards, certificate of appreciation (verify the records)
- (viii) Proper documentation and examination of donors
- (ix) Exhibition of posters and health education materials in the blood bank
- (x) Availability of adequate quantity of Sera and Anti sera reagents
- (xi) Adequate stock of blood bags and transfusion sets



- (xii) Renewal of blood bank License as per GOi Rules and Records
- (xiii) Disposal of Hiv positive blood bags and Bio-safety measures undertaken
- (xiv) Transfusion of feed back, and record maintenance of untoward incidences
- (xv) Maintenance of inventory of various sera, reagent and consumables. verify.
- (6) Radiology Department
  - Radiologist is available, if not efforts made for getting the post filled
  - (i) in or any suitable alternative arrangement made for day to day supervision
  - (ii) Status of x-Ray machine available.
  - (iii) Availability of dark room safe light, film drying cabinet x-ray illuminators etc.
  - (iv) Used of dosimeter and are they regularly sent to BARC for checking and steps taken on reports
  - (v) Special investigations like ivP, barium swallow or barium studies, Hystosalphingography etc.
  - (vi) Availability of necessary contrast media for Special investigations (verify)
  - (vii) Round the clock x-ray services by making x-ray Technicians available
  - (viii) Availability of all life saving drugs, oxygen cylinder, suction apparatus etc. to tackle the Anaphylactic reaction.
  - (ix) Separate x-ray register for MLC and recording of signature of thumb impressions along with identification mark etc.
  - (x) Accurate records, register and inventory, checked by Radiologist or RMO
  - (xi) x-ray films and hypo solutions are preserved/Disposed as per rules.
  - Availability and use of protection devices like lead apron, lead gloves,
  - (xli) goggles, badges and doismeter etc. by the staff working in Radiology department.
  - (xiii) x-ray diagnosis entered in the register and checked/ reported by Radiologist.
  - (xiv) Availability of Sanitary block in x-ray department.
  - (xv) Availability of dental x-ray facilities.
  - (xvi) Availability of Ultra Sound Scan facility & trained Radiologist/Gynaecologist posted.
  - (xvii) Compliance to the provisions of PNDT Act., in case a US Scanner is available. PL verify
- (7) Operation Theatre:

- (i) Availability of staff in O.T. as per norms.
- (ii) Concept of clean, neutral and sterile zone followed by providing various self closing double doors or air curtain etc.  
Dimensions of operation theatre are measured and does of potassium permanganate (KMnO<sub>4</sub>) and formaldehyde calculated for doing fumigation on fixed day or as and when indicated. verify the record.
- (iii) Availability of separate OTs for septic and infected cases and also different specialities.
- (iv) Swabs from OT are sent for culture and action taken on unfavourable report. verify the documents.
- (v) Preoperative waiting room with toilet facilities available.
- (vi) Availability of well equipped post operative ward (Recovery room) with adequate No. of beds and resuscitation measures.  
Up to date maintenance of O.T. records like O.T. registers, emergency OT, monthly abstract etc. Maintenance of operation postponement register.
- (vii) Proper steps taken for disposal of OT waste as per Biomedical Waste Management Rules (operated specimens etc.)
- (viii) Emergency light or generator facilities provided to OT. (verify)
- (ix) OT staff nurses available round the clock
- (x) Housekeeping and biosafety measures adopted in OT  
Availability of Boyle's Apparatus, Hydraulic OT table, Shadowless lamp, Suction apparatus, Air Conditioner, Electric cautery, Refrigerator, Electric sterilizers, Autoclaves
- (xi) Availability of portable mobile x-ray machines in OT along with dark room.
- (xii) Check list attached to the patient posted for operation
- (xiii) Arrangement of transport of patient from OT toward
- (xiv) Availability of separate changing room for doctors, nurses with attached toilet and locker facility and entry staff use OT attire.
- (xv) Availability of fire fighting equipments and knowledge to use them.
- (8) Central Sterile Supply Department
- (i) Availability of HP Horizontal Sterilizers (H P HS)
- (ii) Trained OT Attendant under supervision of OT staff nurse performs the autoclaving (interrogate and confirm knowledge and procedure)
- (iii) A detail chart showing how to operate H P H S displayed
- (iv) Wall clock made available for noting the time during autoclaving process
- (v) All autoclave tape should be preserved and pasted on register date wise which is to be signed by Staff Nurse and checked by Anaesthetist

(verify the register)

- vi) Anaesthetist/Pathologist should be in charge of C S S D
- vii) Knowledge of staff nurse for disinfection of fibre optic scopes, rubber catheter, linen, sharp instruments, etc.
- (9) Labour Room
  - (i) Separate Labour Room with automatic double door for clean and septic cases available.
  - (ii) Minimum 2 labour tables in Clean labour room with plastic curtain partition.  
Facilities available such as: Wall Clock, baby weighing machine, facility for head low position, baby resuscitation kit, mucus aspirator, suction apparatus (electric or foot operated) along with set of catheter, oxygen cylinder with accessories for baby and mother,
  - (iii) emergency light/generator connection, exhaust fan, coolers/fan, episiotomy tray and venesection tray, shadowless lamp, forceps low, foetal monitor, vacuum extractor, B P apparatus, instrument sterilizer, plastic aprons, sleepers, cap, mask, apron, foam mattress on table, Kit of all life saving drugs
  - (iv) Same discipline as that of O T is also to be followed for labour room i.e., use of gown, cap, mask, etc. before entering in labour room
  - (v) Availability of deep freeze or wooden box with lock and key for preservation of still born, Placenta, till they are disposed off.
  - (vi) Enough No. of aluminium/plastic badges for identification of baby and mother.
  - (vii) Regular washing and fortnightly fumigation of labour room
  - (viii) Observance of proper housekeeping.  
Proper writing of delivery notes including the foot prints of baby,
  - (ix) thumb impression of mother with attestation of nurse conducting delivery.
  - (x) Maintenance of call book in prescribed format and attendance of calls in time
  - (xi) interview of 5 mothers delivered recently about their experience regarding facilities, behaviour of staff and sanitation in labour room
  - (xii) Availability of attached toilet facility near labour room.
  - (xiii) Arrangement to resuscitate newborn and to keep baby warm
  - (xiv) Availability of well equipped premature baby unit with minimum 6 beds.
  - (xv) Availability of separate incubators for hospital delivery cases and home delivery referred newborns
  - (xvi) Staff trained in premature baby care.

- (xvii) Arrangement for prevention of Hypothermia.
- (xviii) Availability of Phototherapy unit, Oxygen hoods
- (xix) Proper maintenance of record, registers of newborns.
- (xx) Precautionary measures adopted to prevent sepsislike barrier nursing, change of cloths by staff
- (xxi) Written instructions about operation of incubator displayed
- (10) Wards
  - 1. Satisfactory cleanliness of the wards.
  - 2. Satisfactory condition of the sanitary blocks
  - 3. if, floor beds in the wards present, analyze thereason
  - 4. Satisfactory upkeepment of Cots, Mattresses, Bedside lockers, Lenin etc.
  - 5. Use of hospital uniforms by all patients.
  - 6. Availability of Suction apparatus (electric and foot operated), oxygen cylinders with accessories, venesection tray, emergency tray
  - 7. emergency light, BP apparatus, equipments for sterilization, wheel chair-es, stretcher troll and stationaries, forms etc
  - 8. Suggestion book in wards and cognizance taken
  - 9. Concept of progressive patient care i.e. serious patients on fowlers bed with all essential equipments and drugs near Nursing Station.
  - 10. Display of name at head end of patients
  - 11. Adequacy and working of fans and tubes
  - 12. Availability of geysers in working conditions
  - 13. Srutinize 4 inpatient case sheets and ascertain adequacy of notes, prescriptions, provisional and final diagnosis, operation and anesthesia notes, documentation of investigations, information to relatives about seriousness of the patient. Evidence of cases seen by Specialist doctors. Patients and relatives satisfaction.
  - 14. Satisfaction of patients about type of diet, quality and quality, if provided by the facility
- (11) Diet and Kitchen Facility
  - (i) Availability of different types of diets
  - (ii) Physical verification of dietary articles done any time. verify
  - (iii) Availability of diet charts for adult, paediatric and special diet
  - (iv) Arrangements for washing vegetable and vegetable cutting platform
  - (v) Satisfactory cleanliness of kitchen
  - (vi) Satisfactory arrangements for preventing rat nuisance
  - (vii) Availability of modern gadgets like mixer grinder, chapatti puffer, hot case, tea urns, bulk cooker, refrigerators, atta needing machines.

- (viii) Availability of stainless steel with copperbased utensils for cooking
- (ix) Satisfactory arrangements for washing theutensils
- (x) Satisfactory arrangements for storing the foodgrains
- (xi) Regular medical check up of food handlers.(verify the records)
- (xii) Regular organization of diet committee meeting(very the minutes)
- (xiii) Availability of food testing register andremarks
- (xiv) Sending of samples of dietary articles for PAFstudies and action taken on results
- (xv) Availability of lactometer measuring unit,weighing machine and weights
- (xvi) Action taken on substandard supply of dietaryarticles
- (12) Linen and Laundry services
  - (i) Availability of Linen Keeper/satisfactoryalternative arrangements.
  - (ii) Availability of linen as per norms.
  - (iii) Availability of buffer stock of linen to faceDisaster Emergencies
  - (iv) Upkeep of linen register
  - (v) Hospital linen stamped by Dhobi ink
  - (vi) Regular disposal of condemned linen materials
  - (vii) Services of tailor utilized adequately formaking new OT wears eye shade and mending the torn cloths etc.
  - (viii) A practise of Dirty/spoiled linen aredecontaminated/ washed and given to Dhobi, is followed
  - (ix) Whether Linen is kept separately and washedseparately
  - (x) Use of aprons by Doctors
  - (xi) Paramedical Uniforms
  - (xii) Class iv Uniforms
  - (xiii) Concept of Central Linen System implemented
- (13) Medical/Non Medical Stores
  - (i) Suitability of location for all sections ofHospital and adequate space for medical store
  - (ii) Staff knowledge in materials management, systemof FiFo, bin card, lead time, buffer stock reorder level arefollowed
  - (iii) Availability of vital, essential and desirabledrugs sufficient to last for at least three months.
  - (iv) Upkeep of expiry date register and its regularinspection by RMO
  - (v) Proper arrangements of the drugs as perABC/v.E.D. category and storage or running stocks as perguidelines.
  - (vi) Knowledge of minimum levels for each drug tostore keeper by bin card system

- (vii) All ampoule's are stamped with hospital name
- Satisfactory storage drugs with reference to temperature, sunlight,
- (viii) protection from moisture, availability of refrigerators and exhaust fans.
- (ix) Sending of samples of chemical laboratory to check it as per specification and standard and action taken thereon
- (x) Maintenance of separate Register for the batches declared unfit for use
- (xi) Availability of licenses for spirit, morphine, opium
- (xii) Availability of Fire Fighting equipment's and knowledge to operate.
- (14) Medical Records
  - (i) Availability of Medical Record Room with enough number of racks and cupboard etc.
  - (ii) Knowledge of staff in keeping the medical records in desired fashion
  - (iii) Regular reporting of births and deaths to the appropriate authority (verify)
  - (iv) Regular WHO (ICD 10) classification of diseases.
  - (v) Quarterly submission of the morbidity, mortality reports (Check the report of the last month to assess the correctness)
  - (vi) Monthly Death audit Meetings held and minutes of meeting recorded / reported
  - (vii) Organization of Hospital infection Control Committee meetings. Action taken on minutes and investigation done if any. (verify)
  - (viii) Organization of Clinical Meetings and recording of Minutes. involvement of iMA or Professional associations etc.
- (15) Training, C M E, ICE and Social Activities
  - (i) Establishment of Hospital Training Team and organization of regular clinical meetings, journal clubs and involvement of iMA
  - (ii) Hospital Library with latest journals and basic text books.
  - (iii) Services of qualified staff made available in OPD for iEC Activities.
  - (iv) Posters and Banners displayed in OPD, Wards and premises
  - (v) Annual social gathering arranged for the staff.
- (16) Ambulatory Services and Telecommunication
  - (a) vehicles
    - (i) Status of Ambulances
    - (ii) Availability of Garages
  - (b) Telecommunication
    - (i) Availability of PBx and Telephone Operator
    - (ii) Availability of Public phone facility in Casualty and OPD

- Availability of Telephone directory and telephone numbers of Collector, Police Superintendent, Fire Brigade, Water supply, other ambulances., Electricity board and other private nursing homes to be contacted in case of emergency referral
- (iii) Commitment to National Health Programmes
  - (a) Family Welfare, MCH and MTP Programme
    - (i) Completion of proportional target of Sterilization
    - (ii) Completion of proportionate iUD target
    - (iii) Maintenance of - iLR, Refrigerator or walk in cooler is satisfactory with break down of cold chain less than 2%
    - (iv) Up to date para wise, religion wise breakup of total deliveries taking place in the institution month wise.
  - Organization of diagnostic camps, adoption of Primary Health Centres/Rural Hospitals for providing speciality services, training of staff and officers in field.
  - (v) Organization of MTP training (verify the records)
  - (b) National Malaria Eradication Programme:
    - (i) Blood Smear Collection (15% to new OPD)
    - (ii) Blood smear examination done in Lab. On same day and treatment given as malaria clinic
    - (iii) Knowledge of M.Os about presumptive and radical treatment of Pv and PF
  - (c) National Tuberculosis Control Programme;
    - (i) Sputum Collection 25% of total new OPD at DTCD disposal of Sputum Cups by burning or burial
    - (ii)
  - (d) National Programme for Control of Blindness:
    - (i) Completion of prop, target of Cataract cases for Hospital
    - (ii) Follow up study done for restoration of vision after operation
  - (e) National Leprosy Eradication Programme:
    - (i) Awareness of M.Os about M.D.T. Leprosy reaction management
    - (ii) Reconstructive surgery camps organised
    - (iii) Sanitation and management of temporary hospital ward
  - (f) STD/AIDS Control Programme
    - (i) Training of Medical Officers and Paramedicals in STD/ Hiv/ AIDS
    - (ii) VDRL Screening of all STD cases done
    - (iii) ANC Screening for vDRL done.
    - (iv) Syndromic approach as per guidelines followed
    - (v) Condom distribution to STD cases

- (vi) Drugs used as per National guidelines
- (vii) Attempt made for partner notification and appropriate steps
- (viii) Reports sent regularly in prescribed format
- (ix) Bio-safety measures followed in regards to prevent HIV infection
- (g) Cancer Control Programme
  - (i) Availability of pap smears facilities and followup study of positive cases (verify the records)
  - (ii) Training of qualified Pathologist or Gynecologist and Technicians in pap smear materials
  - (iii) Availability of adequate equipments and uninterrupted supply of staining materials
  - (iv) Availability of adequate reagents and chemicals for pap smear at clinic
- (v) Organization of diagnostic camps for cancer cervix tobacco related cancers in the tribe; and difficult area of District with the help of NGOs
- (18) Environment Sanitation and Water Supply
  - (i) Condition of General sanitation of hospital premises and placement of Dust bins at various places etc.  
Efforts made to prevent nuisance of stray animals like pigs, donkeys, cows, goats in the premises by providing compound wall and cattle trap etc. at Entrance and Exit.
  - (ii) Arrangements for regular lifting of garbage with the help of Municipality/Corporation
  - (iv) Arrangements made for the safe disposal of the Biomedical Waste generated in the hospital as per the Biomedical Waste Management and Handling Rules 2000.
  - (v) Anti smoking, Spitting boards and other Health Education boards depicted at prominent places in Hospital Campus
  - (vi) Cleanliness inside and outside Canteen
  - (vii) Arrangements of sufficient illumination arrangements in Hospital premises by Street light etc.
  - (viii) Provision of Public latrines/toilets etc.
  - (ix) Source of water supply is adequate, if not, then efforts made to augment it by Bore well or dug well etc.  
Sanitation, Cleaning and general Condition of overhead tank/sump well verify reports of OT test done by Sanitary inspectors. Cross check done by RMO (OR)
- (19) Patient Attendant facilities
  - (i) Availability of patient Attendant facilities



- if available a) Whether adequate rooms available with kitchen, plate form, condition of sanitary block satisfactory, and electric tubes/bulbs, fans are provided in all rooms and halls.
- (20) Research Studies
- Operational Research study undertaken such as Exit interviews of discharged patients, study undertaken to reduce patients waiting time efforts made to investigate sources of material, infant mortality in hospital and remedy suggested based on the results etc or Paper presentation in various State and National level conferences.

**Part-III Minimum Standards for Equipment and Furniture For Hospitals and Nursing Homes  
(Norms are Bed Strength Based)**

Name	≤ 100 bedded	50-100 bedded	≥ 150 bedded
<b>O.T Equipment</b>			
Operating Table, Ordinary	3	2	1
Operating Table, Hydraulic	3	2	1
Autoclave, HP, Horizontal	3	2	0
Autoclave, HP, Vertical	2	1	1
Autoclave, Electrical with Burners, 2-Bin	0	1	1
Shadowless Lamp, OT, Mobile	4	3	2
OT Lights, Ceiling (Shadowless)	3	2	1
Focusing Lights, OT (Mobile)	3	2	1
Suction Apparatus (High Vacume MTP)	4	2	1
Suction Apparatus, Electrical	15	4	2
Foot Suction Apparatus	2	1	1
Vacuum Extractor	2	1	1
Steriliser Instrument	25	10	5
Electro-Surgery Machine	2	1	0
Cautery Set, Electric (Gynae)	3	2	1
Auto-mist (OT Fumigator)	3	2	1
Short-Wave Diathermy	1	1	0
Ventilator, Adult	1	0	0
Anesthetic M/C (Boyle's with Flotec)	2	1	1
Pulse Oximeter	1	1	0
E.C.G. Machine (12-Lead)	3	2	1
Cardiac Monitor	2	1	0
Defibrillator	2	1	0
Phototherapy Unit	2	1	0
Radiant Heater, 4KW	1	1	0

Incubators	2	1	
Open Care Units	1	1	
Neonatal Resuscitation Unit	2	1	
General Equipment			
Refrigerator, 165/300 Litres	8	5	2
Air Conditioners	8	5	1
Water Cooler, 60/120 Litres	3	2	1
Generator, 15 KVA	0	1	0
Generator, 50 KVA	1	0	0
Intercom (15 Lines)	0	1	0
Intercom (40 Lines)	1	0	0
Fax Machine	1	0	0
Telephone Lines	12	6	2
Vehicles	1	0	0
Ambulance	2	1	1
Minor Equipment			
B.P. Machine	24	12	6
Weighing Scale, Adult	12	4	2
Weighing Scale, Infant	4	2	1
Oxygen Cylinders	40	20	10
Nitrous Oxide Cylinders	20	10	5
Regulator and Flow meters	16	8	4
Hot Plate, Domestic	6	3	1
Emergency Lamp	16	8	4
Fire Extinguishers (Various Types) Each	8	4	2
Laryngoscope's	4	2	2
Otoscope	2	1	0
Resuscitation Equipment	2	1	0
Hospital Furniture			
Examination Table	30	15	5
Labour Table	6	4	2
Foot Steps	30	15	5
Bedside Screens	40	20	10
Revolving Stool	40	20	10
Saline Stands	50	25	10
Wheel Chairs	12	4	1
Emergency/Recovery Trolley-	4	2	1

Stretcher on Trolley	12	4	2
Oxygen Cylinder Stands	16	8	3
Iron Cot	As per bed strength	As per bed strength	As per bed strength
Side Rails	10	4	2
Baby Cot	12	6	4
Bedside Locker	As per bed strength	As per bed strength	As per bed strength
Dressing Trolley	12	4	2
Mayo's Trolley	4	2	1
Surgical Instrument Cabinet	8	4	2
Medicine Cabinet	10	4	1
Instrument Trolley	8	4	2
Linen Trolley	8	4	2
Kick Bucket	16	8	4
Bucket (Galvanised)	20	8	4
Bed Pans and Urinals	20	8	4
Attendant Stool	As per bed strength	As per bed strength	As per bed strength
Wash Basin Stands	40	20	10
Instrument/Medicine Tray with Cover	24	12	4
Bowls and Kidney Trays	40	20	8
Chair (Doctors, Nurses)	50	24	12
Swab Rack (OT)	4	2	1
Fracture Table (POP)	2	1	0
Mattress and Pillows strength	As per bed strength	As per bed strength	per bed As strength
Benches Numbers	Adequate Numbers	Adequate Numbers	Adequate Numbers
Height Measuring Stand	4	2	1
Arm Board (Child and Adult)	60	40	20
Jar, Cheater forceps	20	10	4
Patella Hammer	8	4	2
Tongue Depressor	20	12	6
Oxygen Masks with Regulator	8	4	2
Torch Light	12	8	2
B. Equipment For Diagnostic Centers			
Radiology and Imaging Units			

500 MA/300 MA/100 MA X-Ray System

60 MA Mobile X-Ray System

Ultrasonic Scanner, General Purpose

Ultrasonic Scanner, Obstetrics purposes

High-End Diagnostic Centers

C.T Scanner with Image Processors

Mammography

500 MA X-Ray Unit with IITV

All other Imaging Equipment

Bio-Chemistry and Pathology Centers

Microscope, Binocular with Lamp

Photo-Electric Calorimeter

Spectrophotometer

Micro Pippette

Water Bath

Hot Air Oven, 2 Levels

Incubator, Laboratory

Water Still, 4 Litres

Centrifuge (Electrical)

Centrifuge (Haematocrit)

Hot Plate, Laboratory

Rotor/Shaker (Laboratory)

Counting Chamber (Haemocytometer)

Ph Meter

Glucometer (in OPD)

Haemoglobin Meter Microtome

Oven, Wax-Embedding

Tissue Processor

Blood-Gas Analyser

Timer Stopwatch and Alarm Clock

Appendix-II(See Rule 5 (a))Part - I Physical Requirements of Medical Care EstablishmentsA. Clinics and consultation rooms. - (1) Floor area of 100 sq. ft and to have separate waiting area(2)Examination table(3)Stethoscope(4)BP apparatus(5)Knee hammer and Torch light(6)Weighing machine and Measuring tape(7)Adequate illumination(8)Thermometer and Tongue depressor(9)A small refrigeratorOther ancillary examination equipment depending on speciality practised, feotoscope for obstetrician's magnifying glass for dermatologists, loupe and Snellen's charts, trips sets, ophthalmoscope, slit lamp for ophthalmologists, dental chair and Lamp for dental surgeons. 50 beddedB. General Hospital with bed strength of 20 or less. - (1) Floor area for each bed in the inpatient areas - a minimum of 50-60 sq. ft for each bed. This area is in addition

the essential functional areas, and common areas like halls, consultation rooms, toilets, bathrooms and corridors.(2)Staff pattern: Trained/qualified nursing staff should be available round the clock. The doctor should be available round the clock. In case of short term non-availability of the doctor alternate arrangements should be made.(3)If surgery is to be performed, an operation theatre should be provided as per the General Requirements and in accordance with the following specific features:(a)A floor area of a minimum 120 sq. ft.(b)Operation table with basic manipulation facilities(c)Surgical Instruments needed for the individual surgical procedure to be performed(d)A Small Generator should be installed.(e)Post-Operative Ward as described in the General

Requirements(f)The Zoning requirements as given in the General Requirements shall be strictly followed.(4)If the nursing home is run as a maternity and nursing home, it should have a labour

room as per the General Requirements, and facilities for neonatal care, resuscitation and referral facilities.(5)If the nursing home or hospital is providing any specialist care, it should have the requirements as given in the Part III for the speciality concerned.C. General Hospital with bed

strength of 21 to 50. - (1) Floor area for each bed in the inpatient areas - a minimum of 60 sq.ft for each bed. This area is in addition to the essential functional areas, and common areas like halls, consultation rooms, toilets, bathrooms and corridors.(2)Staff pattern: Trained/qualified nursing

staff should be available round the clock. The doctor should be available round the clock. In case of short term non-availability of the doctor alternate arrangements should be made.(3)If surgery is to be performed, an operation theatre should be provided with the following specifications and over

and above other general features mentioned in the Para E of the General Requirements:(a)Floor area of a minimum of 200 sq. ft preferably away from public movement.(b)Hydraulic Operation Table(c)O.T Ceiling Light(d)Surgical Instruments needed for the surgical procedures to be

performed in good condition.(e)Pulse-oxymeter(f)A small Generator should be

installed.(g)Post-Operative Ward as described in the General Requirements(h)The Zoning

requirements as given in the General Requirements shall be strictly followed.(4)If the nursing home is run as a maternity and nursing home, it should have a labour room with the specifications as

given in the General requirements and to have an operation theater as per the requirements, and facilities for neonatal care, resuscitation and referral facilities.(5)If the nursing home or hospital is providing any specialist care, it should have the requirements as given in the Part III for the

speciality concerned.D. General Hospital with bed strength of 51 to 100. - (1) Floor area for each bed

in the inpatient areas - a minimum of 75 sq.ft for each bed. This area is in addition the essential functional areas, and common areas like halls, consultation rooms, toilets, bathrooms and

corridors.(2)Staff pattern: Trained/qualified nursing staff should be available round the clock. The doctor should be available round the clock. In case of short term non-availability of the doctor

alternate arrangements should be made.(3)If surgery is to be performed, operation theatre should have the following specifications and other general features mentioned in the Para E of the General Requirements:(a)Floor area of a minimum of 200 sq. ft preferably away from public

movement.(b)Surgical Instruments needed for the surgical procedures to be performed in good condition.(c)One additional Operation table with basic manipulation facilities for Minor

O.T.(d)Pulse-oxymeter(e)Cardiac monitor with defibrillator(f)For Un-interrupted power supply a suitable Generator should be installed.(g)Air conditioning should be provided.(h)Post Operative

Unit Should be maintained as given in the General Requirements(4)If the nursing home is run as a maternity and nursing home, it should have a labour room with the specifications as given in the Para F of the General requirements and to have an operation theater. The additional requirements

for the labour room include: Space Requirements: (i) Ante-natal ward (ii) Post-natal ward (iii) Neonatal Care facilities Equipment Requirements: (1) Foetal monitor (2) Radiant warmer and (3) Phototherapy unit (4) If the nursing home is also offering speciality care services, then the specific requirements as Given in the Part III as applicable to the speciality concerned shall be made available.

**E. General or Speciality Hospital with d strength of 100 to 200.** - (1) Floor area for each bed in the inpatient areas - a minimum of 81 sq. ft for each bed. This area is in addition the essential functional areas, and common areas like halls, consultation rooms, toilets, bathrooms and corridors. In all a total built up area of 45 Sq. M per bed shall be provided. All the functional areas required as per the Standards shall be provided. (2) Staff pattern: Trained/qualified nursing staff should be available round the clock. The staff to the bed ratio should be a minimum of 1 for 10 beds during working hours. The doctor should be available round the clock. In case of short term non-availability of the doctor alternate arrangements should be made. (3) If surgery, is to be performed, Two (2) operation theatres should be provided: one theater to be reserved for minor/ trauma/septic cases. The main operation theater should have the following specifications and other general features mentioned in the Para E of the General Requirements: (a) Floor area of a minimum of 200 sq. ft preferably away from public movement. (b) Surgical Instrument needed for the surgical procedures to be performed in good condition. (c) Pulse-oxymeter (d) Cardiac monitor with defibrillator (e) For un-interrupted power supply s suitable Generator should be installed. (f) Post Operative Unit and Intensive Care Units should be maintained as given in the General Requirements (g) It is ideal to have a separate minor operation theatre to perform smaller surgeries and to deal with infected cases hereby promoting greater, asepsis in the major theater. (4) If the nursing home is run as a maternity and nursing home, it should have a labour 'room with the specifications as given in the Para F of the General requirements, and facilities for neonatal care, resuscitation and referral facilities. (5) If the nursing home or hospital is also offering speciality care services, then the specific requirements as given in the Part III as applicable to the speciality concerned shall be made available.

**F. Speciality Hospital with bed strength more than 200.** - (1) Floor area for each bed in the inpatient areas - a minimum of 90 sq.ft for each bed. This area is in addition the essential functional areas, and common areas like halls, consultation rooms, toilets, bathrooms and corridors. In all a total built up area of 55 Sq. M per bed shall be provided. All the functional areas required as per the Standards shall be provided. (2) Staff pattern: Trained/qualified nursing staff should be available round the clock. The staff to the bed ratio should be a minimum of 1 for 10 beds during working hours. The doctor should be available round the clock. In case of short term non-availability of the doctor alternate arrangements should be made. (3) If surgery is to be performed in various specialities accordingly operation theatres should be provided with minimum two operation heaters: one theater to be reserved for minor/ trauma/septic cases. The main operation theater should have the following specifications and other general features mentioned in the Para E of the General Requirements: (a) Floor area of a minimum of 200 sq. ft preferably away from public movement. (b) Surgical Instrument needed for the surgical procedures to be performed in good condition. (c) Pulse-oxymeter (d) Cardiac monitor with defibrillator (e) For un-interrupted power supply a suitable Generator should be installed. (f) Post Operative Unit and Intensive Care Units should be maintained as given in the General Requirements (g) It is ideal to have a separate minor operation theatre to perform smaller surgeries and to deal with infected cases thereby promoting greater asepsis in the major theater. (4) If the nursing home is run as a maternity and nursing home, it should have a labour room with the specifications as given in the Para F of the General

requirements, and facilities for neonatal care, resuscitation and referral.(5)If the nursing home is also offering speciality care services, then the specific requirements applicable shall be made available.

**G. Physiotherapy unit.**(1)Man Power Needed. - (a) Physiotherapists - Qualified Degree B.P.T or B.Sc. (P.T) or M.P.T. or M.Sc. (PT) are equally qualified.(b)Physiotherapy Diplorpa Holders/ Technicians - Trained for 1 year to 2 years with Certificate holders or Trained personal of Physiotherapy as Assistants to Physiotherapists.(c)Attenders-cum-Ward boys for mobilization of patients(d)Sweepers(e)Receptionist-cum-Office bearer and Administrative In charge(2)Instruments Needed.(a)Electro Therapy. - Muscle Stimulators, S.W.D., U.S. Therapy, I.F.T/Tens, Traction Unit, Wax Therapy and CRYO Therapy(b)GYM Instruments. - Adults:(i)Parallel BarsChildren:(ii)Shoulder Wheel, Quadriceps table, Static Cycle, Wobble board Exerciser, Suspension - cum -Spring Exercising unit with accessories, Wheel chairs, Walkers, Crutches, Medicine Balls etc, Accessories(3)Required Premises. - Center needs easy approachability and transportability with sufficient parking space, since most of the patients are brought by means of transport.(4)Unit Requirements. - Needful total area around 2000 sq.ft + 500 sq. ft (in-built area) for 20-30 patients for 8 hours of work of a day.(a)Reception (Registration)(b)Office-cum-Manager's room(c)Waiting room for patients and Attenders(d)Examination-cum-Assessing com(e)Hall for Exercising (GYM) with suspension therapy unit(f)Electro therapy unity with No. of curtain cabins with Cots and machines(g)Attached toilets(5)End Note. - To make a full fledged Physical Rehabilitation Centre with inpatients facility. We need to add up space and qualified personal like(a)Occupational therapist(b)Speech therapist as part time(c)Orthotic and prosthetic Engineer(d)Medical Social Worker(6)As on Call, Doctors Like. - (a) Neuro Surgeons and Neuro Physicians(b)Orthopaedic Surgeons and Plastic Surgeons(c)General PhysiciansH. Dental Clinic. - A Dental Clinic is to be established and run by a qualified Dental Surgeon with minimum B.D.S. Degree from a dental college recognized by Dental Council of India.The Dental Clinic should have with the following minimum equipment and trained staff:(1)A Dental Chair with spittoon, Halogen Light, Suction Apparatus, Aerator, micro-motor and 3 way syringe(2)Ultrasonic Scalar(3)Light Cure equipment(4)Sterilizer(5)Extraction Forceps, Scalars, Diagnostic and filling instruments(6)Emergency Drugs like Xylocaine, Stypitice corticosteroids, Mephertine, Nikethemide and other emergency drugs should be available all the time.(7)All consumable dental materials, Oxygen cylinder with ambu bag, resuscitation equipment etc.(8)A qualified dental assistant or an experienced assistant should be employed.(9)Intra-oral X-ray Machine may be attached (optional)(10)A Dental Laboratory may be attached (Optional)(11)Clinic Board should be according to rules of the State Dental council Manual.(12)A medical doctor on call to attend any emergency.(13)A register should be maintained for OP patients and surgery done with details.(14)Provision for Bio-Medical waste should be arranged.(15)Record for MLC cases, surgeries and OP Tickets with summery sheet in a standard draft should be kept ready in clinic.(16)Consultation fee, surgery charges, investigation charges, O.T. Charges etc should be displayed along with estimation before treatment be provided to the patients.

**I. Clinical Laboratories. -** (1) Note: Provision of the Drug and cosmetics Act, 1997 shall be applicable.(a)Attached Laboratory. - For a laboratory attached to a medical establishment the medical superintendent or doctor in charge will be signatory to reports and responsible for the results.(b)Small Laboratory. - The laboratory performing routine tests in the field of hematology, fluids and excretions and biochemistry up to 100 tests per day be manual or semi automated techniques and should be manned by qualified doctors/or Lab technician with a minimum

qualification of M.Sc., with 5 years experience in Laboratory machine.(c)Medium Laboratory. - The laboratory performing the above mentioned tests and special tests in the above-mentioned specialities or the other laboratory disciplines (such as histopathology, cyto-pathology etc.,) and doing 101 - 500 tests per day.(d)Large Laboratory. - The laboratory doing the above mentioned tests with a higher load than 500 tests per day and/.or sophisticated instruments such as automated Analysers, ELISA readers, fluorescent microscopes, etc.(e)Super-Speciality Laboratory. - The laboratory is restricting its activity to one or two disciplines of laboratory medicine.(2)Staff and Education.(a)Supervisory personnel. - The large and super-speciality, laboratory shall be manned by a medical person with post -graduate qualification in pathology or microbiology or Biochemistry.Allopathic doctor must man and supervise small and medium laboratories. Such a doctor shall be a full time employee, and is not allowed to run a separate similar establishment elsewhere.Any laboratory that performs histo-pathological, cyto-pathological and special haematological tests must be manned by Post Graduate or in the speciality concerned.Multi-disciplinary laboratories shall identify a group leader for each of the areas that who have specific qualification.(b)Technical Personnel. - The technical person performing the tests and reporting the results should be qualified personnel from an institution recognized by the Government.A laboratory may employ up to 25% of the staff without qualification but with experience of at least 5 years in a recognized laboratory.(3)Facilities. - The space required by the laboratory shall be commensurate with the type and range of tests performed, the level of automation available, degree of computerization, workload and manpower. Adequate space should be provided to enable efficient maintenance of equipment.Each laboratory however must ensure adequate provision of space for the following:- Sample collection and Sample analysis -Storage of samples, reagents, chemicals, spares, stationary and records -Washing- Media preparation and autoclaving (applicable to microbiology laboratory) Storage of slides, tissue blocks, grossing (applicable to histopathology laboratory)- Toilets- Fire safety- Laboratory' must be well lighted and ventilated to provide healthy environment. Many tests and equipment require regulated temperature and therefore wherever necessary effective air conditioning and uninterrupted power supply must be available as per the manufactures recommendations. It is however understood that the laboratory performing simple tests need not have all the facilities.Note. - The laboratory shall limit and restrict entry to authorized personnel to testing areas to ensure confidentiality and safety of patients and visitors.- Microhaematocrit tubes sealing compound(f)Bacteriological and Biochemical Apparatus. - Nickel-chromium alloy (Nichrome) wire, 1mm diameter loop holders. Bunsen burner for use with butane gas.(g)For Laboratories Performing Specialised Tests(i)Immunology- Water bath, temperature controlled- Elisa reader- Autoclaving facility- Laminar flow(ii)Cyto genetics.-Sterilization Equipment- Tissue culture facility- Provision for special stains- Provision for Video camera monitor- Staining facility- Photo microscopy- Fluorescent microscope- Co2 Incubator(iii)CytopathologyFacility for stains in PAP, H and E Micro tome, water bath, tissue floating bath(7)Laboratory Records and Reports. - Should be maintained for at least 1 month. H.P. - Slides for 6 months and Blocks for 3 months.(8)Subcontracting of Testing. - (a) Where a laboratory subcontracts any part of the testing, this work shall be placed with a laboratory complying with the minimum criteria. The laboratory shall ensure and be able to demonstrate that its subcontractors are competent to perform the activities in question and complies with the same criteria of the competence as the laboratory in respect of the work being subcontracted.The laboratory shall advise the patient in writing of its intention to subcontract any portion of testing to



another center.(b)The laboratory shall record and retain details of its investigation of the competence and compliance of its subcontractors and maintain a register of all subcontracting.(9)Explanatory Remarks. - Laboratories must document their policy and procedure for subcontracting in any case the laboratory remains fully responsible for the subcontracted work, it shall ensure that the work is performed in accordance with criteria in this document. Preferentially only those laboratories should be selected that are accredited by an organization that are adequately equipped for such purpose and are manned by qualified and experienced professional. In all circumstances the patient must be informed of subcontracting or must approve of the subcontracting in writing.J. Genetic Centres. - The minimum standards as specified in the PNDT Act (Central Government Act) will apply for the genetic centers.(4)Safety and Environment.(a)Sample Collection, Handling And Pre-Analytical Storage. - All specimens received by the laboratory should be treated as potential infectious or hazardous. Universal precautions should therefore, observed in handling and transport of these specimens in conformity with National and International guidelines.(b)Disposal of Samples and Related Materials. - The laboratory shall dispose contaminated waste such as microbiology, Cultures, organs and tissues, blood and body fluids, contaminated swab tissue papers, towels, pipettes tips, storage vials, glassware, needles other sharps by dis-infections with chemicals or autoclaving before appropriate disposal such as through incineration, or transmitted to authorized waste disposal agency or secure land fills, meeting environmental regulations in force. Chemicals, auto calving or irradiation before washing shall disinfect reusable Chemical dis infections are carried out in a suitable receptacle kept at the workstation. Commonly used disinfectants are sodium hypochlorite, formaldehyde, glutasraldehyde, phenol and hydrogen peroxide.The laboratory shall maintain the records of all patient results for a minimum period of ONE month or a maximum of THREE months. Speciality work like Histopathology, cytology for 1 year. Blocks for 3 months and slides for 6 months.(5)Ethical Practises. - The laboratory shall maintain the highest standards of integrity and maintain utmost confidentiality with regard to the findings on the specimens sent to the laboratory.(6)List of Apparatus Needed. - (a) Laboratory Instruments:(1)The Microscope (Essential)(2)The Centrifuge(3)Refrigerators(4)A Thermostatically controlled water bath (37c-56c)(5)A Rotating machine for VDRL tests(6)A Differential counter(7)A Photometer or calorimeter(b)Additional Items. - Not essential but useful(1)The Autoclave, The Hot air oven, Balance, and deionizer or a still for making distilled water(c)Equipments for Collection of Specimens. - Syringes, Needles, Cotton, Glassware (Beakers, Tubes, Flasks, Slides, Cover slips) Pippettes, Capillary tubes, Measuring Cylinders, graduated, with stopper, glass bottles(d)Haemotological Apparatus. - Pipettes, Sahli, 0.02ml. Rubber tubing Pipettes blood 0.05ml.(e)Counting chamber.-Improved Neubauer (bright line if possible)-Fuchs Rosenthal-Cover glasses optically plane for counting chambers-Tally counter-Tubes, Westergreen for ESR-Stands for Westcgren tubes

Computer forprinting of reports and accounting purpose	50 - 60 Sq.ft
Emergency drugs, oxygen cylinder, ambu's bag,Suction apparatus and Emergency - cum - observation bed withmonitor should be provided.	60 - 100 Sq.ft
(c)Radiological Equipments and Area required for large Hospitals:	
Diagnostic Medical X-ray Unit 300/500/800 MA withIITV at 125 KVP	260-320 Sq.ft (25-30

	Sq.mtrs)
Cath lab with DSA 1000 MA - 1250 MA	300-400 Sq.ft
Diagnostic Medical X-ray Unit with Odeleca facility 300 MA X-ray unit	260 Sq.ft
Ultra sound unit (B and W) with linear / Convex /sector 7 endocavitary probe / Multi-frequently probe with multiformat camera / thermal photo paper printer.	100 Sq.ft
Colour Doppler with echo facility ultra sound unit with convex, Micro-convex, linear, endo-cavitary probe with biopsy attachment, multi frequency probe with multi format camera both for colour and B and W prints and computer assisted report format. Video recorder / camera for slide making facility.	100 Sq.ft
Mammography with all accessories including special cassettes, intensifying screens, viewing Boxes with magnifying glass, paddling device, FNAC Biopsy Needle facilities must be available. (Lady x-ray technologist is preferred)	100 Sq.ft
Whole body C.T. Conventional scanner with camera and console should be outside in a separate room (site Plan attached)	400 Sq.ft
Spiral CT Scanner with work station and Laser Camera MR1 up to with 0.3 tesla permanent magnet with Laser Camera, UPS, RF coils (5x7 mtrs = 35 mtrs)	600 Sq.ft
Magnetic field leakage 5 Gauze line should be measured from center for magnet length - wise (3.0 (X, Y) x 4.7(Z) Over and above 1.5 Tesla supercon MR1 will need further bigger Area according to specification of manufacturer.	100 Sq.ft
Drying area for images and X-ray films	100 Sq.ft
Dark room with accessories	
Automatic films processor unit	100 Sq.ft
Computer with reporting facilities and storage	
Emergency trolley with drugs, suction pump	150 Sq.ft
Two emergency cum observations bed with monitor should be provided for patients	
Gamma Camera with Speck	
Planning and Radioactive pharmaceutical material preparation	400 Sq.ft
Treatment room with 2 beds	200 Sq.ft
Storage and decontamination	200 Sq.ft
Nuclear Cardiac Stress Lab	200 Sq.ft

Note. - Apart from above, patient waiting area, with proper facilities and toilets, reporting room, storage room and library should be provided in the Radiology Department.

K. Infertility Centres . - The infertility centers shall have the following: - (1) Qualified personnel with adequate experiences (2) Adequate laboratory facilities for conducting tests (3) Services of a trained Embryologist (4) Laminar flow equipment (5) Inverted fluorescent microscope (6) Deep-freezing facilities (7) Operation theater as per general requirements (8) Sample collection facilities (9) Consultation and waiting areas (10) Sterilisation equipment

L. Radiology And Imaging Centres. - Equipment and space for the department would have to be planned according to the program functions. In the minimum following X-rays should be possible: X-ray chest, abdomen, pelvis, femur and skull. For this an X-ray machine 300 m A capacity is needed. In nursing homes providing emergency surgical facilities and those with more than twenty beds, the X-ray machine

should be installed within the nursing home premises. In smaller facilities, it should be possible to have access to such X-ray facilities within one hour. Standard precautions should be taken in the construction of the radiology room like constructing the walls with barium impregnancy bricks. The AERB guidelines provide the minimum requirements for the Radiation safety. In radiological facilities where procedures like IVU are carried out, separate facilities should be provided for disposal of urine. In case radiotherapy, nuclear medicine facilities are to be provided guidelines by local statutory bodies should be followed. Basic minimum requirements for x-ray department and equipment concerned and area required for small, medium and large diagnostic centres, hospitals and nursing homes in city, districts and taluka levels. (a) Radiological Equipments and Area required for small Hospitals.

	Area Required
Diagnostic Medical X-ray unit - 60/100/300 MA	180-260 sq.ft
Dark room with accessories	60-100 sq.ft

Emergency drugs and Oxygen cylinder or Ambu's bag and Suction apparatus must be provided in Radiography room

(b) Radiological Equipments and Area required for Medium Hospitals

Diagnostic Medical X-ray Unit - 200/300/500 MA at 100/125 KVP	260 Sq.ft. (25 Sq.mtrs)
Diagnostic Medical X-ray Unit - 500 MA/800 MA (Adjacent patients toilet facility) with IITV	260 to 300 Sq.ft. (25 to 30 Sq.mtr)
Ultra sound Unit (B and W) with linear / convex/ sector / endovaginary probe / multi - frequently probe with multi-format camera / thermal photo photo paper printer	100 Sq.ft
Dark room with accessories	80-100 Sq.ft
Portable / mobile x-ray unit / portable ultrasound/ ECG unit	80-100 Sq.ft

Check List of Part - 1 of Appendix - II Medical: Standard Services Recommended for each Level

Sl. No.	Condition/Procedure	Basic Level Services	Specialist Care Services	Super Speciality Services
1.	Convulsions	Symptomatic treatment and refer	Investigate, initiate, L.P, manage and refer	CT scan, advanced neurological treatment
2.	Loss of consciousness/coma	Symptomatic and supportive	Initiate treatment, manage and refer	CT scan, advanced neurological treatment
3.	Encephalitis, meningitis, CNS infections	Symptomatic treatment and refer	Manage, Support and	CT scan, advanced, neurological

				treatment
				Advanced
				management
				with altered
				sensorium with
				fracture
4.	Headinjuries	FirstAid, refer	Manage, stabilise, refer for advanced management	
5.	Respiratory	Initiate, manage and refer	pH change, severe distress	-
6.	Asthma	Symptomatic, manage and refer	Severe Condition (status)	-
7.	C.O.P.D	Symptomatic treatment and refer	Investigate, manage, follow up	-
8.	Ear infection	Manage and Refer	Treatment	-
9.	Cardio-vascular problems hypertension	Mild moderate: manage	Accelerated and severe conditions	-
10.	C.V.A.	Symptomatic management, refer	Manage and follow up	-
11.	Angina, infarctions	Symptomatic management, refer	Investigate, manage refer, follow up	Complications
12.	C.H.F	Symptomatic management, refer	Complicated, follow up	-
13.	Rheumatic fever and Rheumatic heart	Symptomatic management, refer	Investigate, manage refer, follow up	Complications
14.	GI bleeding, ulcers, Diseases	Symptomatic	Endoscopic investigation, treatment	Complications
15.	G.E.	Manage mild, moderate refer	Treat	-
16.	Hepatitis	Symptomatic treatment	Confirm diagnosis, manage	-
17.	Cirrhosis	Symptomatic	Investigate, manage, follow up	Complications
18.	Renal UTI	Symptomatic, refer	diagnosis, manage	-
19.	Acute Renal failure	Symptomatic refer	Investigate, management, refer	Dialysis and advanced management
20.	Musculoskeletal	Symptomatic refer	Manage	Recurrent: further evaluation, complications
21.	Anaemia	Manage moderate	Manage severe	-

22. Tetanus	Symptomatic,initiate	Manage	-
23. Malaria	Manage	Severe	-
24. AIDS		Diagnosis,initiate management	Diagnose and manage
25. Psychiatric	Symptomaticmanagement		Severe
26. Psychiatricdisorder	Managemild, Moderate		Severe
27. Poioning	Initiate,Manage, refer	Investigate,manage	-
28. Neonatalresuscitation	Initiateand refer	Manage	-
29. Neonatalcardio pulmonary defects	Initiateand refer	Investigate,manage, followup	Complications
30. Diabetes	Diagnosis,initiate	Complications	-
31. Snakebite and dog bite	Manage	Complications	-
32. Skindisorders	Refer	Manage	-
33. S.T.Ds.	Manage	Diagnoseand Treat	-

## Part II – Speciality Services and its Requirements

### A. Basic Speciality Services.

#### 1. Orthopedic and Trauma Care. - A hospital or nursing home irrespective of the bed strength offering Orthopedic surgical care and trauma care services should have the following equipment and facilities:

(a)Basic instrumentation sets for fractures, large fragment and small fragment external fixators, Portable X-ray machine, C-arm image intensifier (Optional), Arthroscope (Optional), Plaster room equipment with plaster table, Operation room equipment and instrument sets, and attached Physiotherapy and occupational therapy facilities.(b)Trauma Care centers: In addition to the orthopedic surgery equipment, the hospital should have a CT scan equipment, Resuscitation ward Post Operative ward, Intensive Care Unit, Full fledged Operation Theatre, Blood Bank, and Full fledged Clinical lab support and Radiology and Imaging support, ambulatory and communication equipment support.Specialist Qualifications. - The Orthopedic Specialist should have M.S. (Ortho) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.

#### 2. ENT care. - A hospital offering the ENT speciality treatment basically to have the following equipment:

(a)Basic Equipment: - Nasal Speculum, Tongue depressor, Laryngel mirrors, Nasopharyngeal mirrors, Aural speculum, Ear suction, Nasal suction, Suction apparatus, Seigles speculum, Tuning fork, Otoscope, Bulls lamp, Head lamp, ENT examination chair, Sterilizer, B.P. Apparatus, and Stethoscope(b)O.T. Instruments: - Tonsillectomy and Adenoidectomy sets, Sets for nasal bone fracture, Septoplasty set, Antrostomy set, Tracheostomy set, FESS set, Direct laryngoscope set,

Micro-laryngoscopy set, Tympanoplasty set, Mastoidectomy set, Stapedectomy set, Oesophagoscopy set, and Bronchoscopy set(c)O.T. Equipment: - Operating Microscope, Pure Tone audiometer, Impedance Audiometer, Temporal bone lab microscope, Mastoid Set, and Micro motor with Drill, Specialist Qualifications. - The ENT Specialist should have M.B.B.S, D.L.O or M.S. (ENT) degree from a university or equivalent from a local recognised body OR diploma from Diplomat of National Board or local recognised bodies or university or equivalent from a local recognized body.

### 3.

, Eye (Ophthalmic) Care. - A hospital offering Ophthalmic care facilities should have the following equipment and facilities:(a)Basic Equipment: - Snellen's Chart or Drum, Trail Set with frame, Near vision charts with different languages, 3 Cell torch, Ophthalmoscope and, Retinoscope, Slit Lamp, Applanation tonometer, Kerato meter, Indirect ophthalmoscope, and a Gonioscope(b)O.T. Equipment: - Operating microscope, Cryo unit, Cataract set, Glaucoma set, Entropion set, Enucleation set, Squint set, O.T. Table, and O.T LightSpecialist Qualifications. - The Ophthalmic Specialist should have M.B.B.S, D.O or M.S. (Ophth) degree from a university or equivalent from a local recognised body OR diploma from Diplomat of National Board or local recognised bodies or university or equivalent from a local recognized body.

**4. Obstetric and Gynaecology Care facilities. - The maternity care facilities should provide basic obstetric services and neonatal care services. All maternity homes should be able to carry out procedures like suction and evacuation, dilatation and curettage. Lower Segment Cesarean Section and Hysterectomy on an emergency basis. Blood transfusion facilities should be available within half to one hour. Also ultrasonography facilities should be available within half to one hour. A hospital or nursing home offering Obstetrics and Gynaecology care services should have the following facilities:**

(a)Basic O.T Equipment: O.T Table, O.T Light, High Suction Apparatus, vacuum extractor etc., Resuscitation tray, Cervical biopsy set, MTP set, D and C' set, and Delivery sets and Episiotomy set and fetal Doppler, Ophthalmoscope and Pulse Oxymeter.(b)Surgical Instrument sets: - Abdominal Hysterectomy set, Vaginal Hysterectomy set, Tuboplasty set, Myomectomy set, Diagnostic Laparoscopy set, Operating Laparoscopy set (Optional), Hysteroscopy set (Optional), and Rectoscope (Optional)(c)Support Equipment: - Electrocautery, Multi channel monitors (Optional), C.T.G machine, Ultrasound Machine (Optional), and Supported by Lab facilities for investigationsSpecialist Qualifications. - The Specialist should have M.B.B.S, D.G.O or M.D. (Ob and Gy) degree from a university or equivalent from a local recognised body OR diploma from Diplomat of National board or local recognised bodies or university or equivalent from a local recognized body.

**5. Cancer Treatment Facilities. - A hospital offering radiotherapy services for the treatment of cancer should have the following facilities:**

(a)Radio-diagnostic facilities: - Conventional X-ray Unit, Mobile X-ray Units, Computer Tomography, Magnetic Resonance Imaging (Optional), and Mammography(b)Radiotherapy facilities: - Treatment Planning and Mould room including: Computerized treatment planning system, Simulator, Immobilization Cast making system, Brachytherapy set-up, Teletherapy set-up, Dosimetry system, Radiation Protection Set-up, and Linear Accelerator (Desirable)Specialist Qualifications. - The Specialist should have M.D. Radiotherapy or M.S, M.Ch (Surgical Oncology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.B. Super Speciality Services. - (a) Cardiology and Cardiothoracic Surgery facility: - A hospital or nursing home which claims to provide Emergency Cardiology Services should possess intensive care facilities. A Super Speciality Hospital offering treatment in this area should have the following minimum facilities:(b)Diagnostic and Support Services: - Radiology services including C.T., MRI, Angiography facilities, Stress test, echo-cardiography, and Full fledged clinical laboratory, well equipped operation theatres of high aseptic conditions, Intensive Coronary Care units, Acute medical care units, Heart Lung machines, Intra-aortic balloon pumps, Catheterization equipment, Infusion pumps, angioplasty equipment, blood gas and electrolyte analyzers, blood bank facilities etc.

**6. Specialist Qualifications. - (i) The Specialist for providing cardiology services should have M.D. D.M (Cardiology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.**

(ii)The Specialist to provide C.T Surgery should have M.S, M.Ch (C T Surgery) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.

**7. Urology and Nephrology care facilities. - The facilities offering these services should have full fledged Operation theatre facilities, Intensive care units, Full-fledged Dialysis units with dialysis machines and Complete renal replacement therapy machines (CRRT), Renal lab with facilities for Renal function tests, well set clinical lab support, and radiology and imaging support.**

(i)The Specialist for providing Urology services should have M.S. D.Ch (Urology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.(ii)The Specialist to provide Nephrology care should have M.D., D.M (Nephrology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National board or local

recognised bodies or university or equivalent from a local recognized body.

**8. Neurology and Neuro-surgery. - The neurology treatment facilities should have EEG machines, evoked potentials, C.T and MRI facilities, in addition to the hi-end diagnostic facilities, the hospitals to have operation theatres, Intensive care units, and Micro-Surgical Instrument sets.**

(i)The Specialist for providing Neurology services should have M.D. D.M (Neurology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National board or local recognised bodies or university or equivalent from a local recognized body.(ii)The Specialist to provide Neuro Surgery should have M.S, M.Ch (Neurosurgery) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National board or local recognised bodies or university or equivalent from a local recognized body.

**9. Neonatology and Paediatric Surgery facilities. - A hospital or nursing home offering Neonatology and Pediatric surgery services should have the following facilities: -**

(a)Basic O.T Equipment: - Basic resuscitation equipment, Nebuliser, Incubators, Phototherapy units, Open Care system, Infusion pumps, CPAP and Ventilator facilities, O.T Table, O.T Light, Suction Apparatus, Cysto-scope, Rigid bronchoscope, Oesophageal dilators, and paediatric sigmoidoscope and Special Intensive Care Unit(b)Support Equipment: - Lab facilities for investigations(i)The Specialist for providing Neonatology services should have M.D. D.M (Neonatology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.(ii)The specialist offering Paediatric Surgery services should have M.S. M.Ch (Paediatric Surgery) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.

**10. Plastic Surgery facilities. - A hospital or nursing home offering Plastic surgery services should have the following facilities: -**

(a)Basic O.T Equipment: Basic O.T equipment such as O.T Table, O.T Light, Suction Apparatus, and Anaesthesia machine etc.(b)Other Equipment: - Operating Microscope, Skin grafting machines, Skin cutters and whole range of microsurgery instrumentation.(c)Support Equipment: - Lab facilities for investigationsSpecialist Qualifications. - The Specialist should have M.S. M.Ch (Plastic Surgery) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.



## **11. Chest Diseases and Respiratory Medicine. - A Hospital or a facility offering treatment for the chest diseases and respiratory medicine should have the following facilities: -**

(a) Peak flow meters, Nebulizers, Intercostal drainage facility, Plural biopsy needles, pulse oximeters, Fibre optic bronchoscopes and rigid bronchoscopes, Pulmonary function test machine with facility for spirometry, lung volume and diffusion capacity and Blood gas machine and O.T support with Ventilator. (b) Support Equipment:- Lab facilities for investigations Specialist Qualifications. - The Specialist should have M.D. (Chest Physician) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body.

## **12. Gastroenterology and Surgical Gastroenterology care facilities. - The facilities offering these services should have full fledged Operation theatre facilities, Intensive care units, Full-fledged Endoscopy equipment, well set clinical lab support, and radiology and imaging support. The Endoscopy equipment include Upper G.I Endoscope, Colono Scope, Surgical Endoscope etc.**

(i) The Specialist for providing Gastroenterology services should have M.D D.M (Gastroenterology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body. (ii) The Specialist to provide Surgical Gastroenterology care should have M.S., M.Ch (Gastroenterology) degree from a university or equivalent from a local recognised body OR diploma from Diplomate of National Board or local recognised bodies or university or equivalent from a local recognized body. Check List of Part - II of Appendix-II Surgical: Standard Services Recommended for each Level

Sl. No.	Condition/ Procedure	Basic Level Services	Specialist Care Services	Super Speciality Services
		Incision and		
1.	Basic techniques	Drainage Wound debridements	Splint skin graft Biopsy of skin	
2.	Trauma and Life Support	Resuscitate, stabilise and refer	Basic level care + Securing airway; circulatory support, stabilisation of fractures, Investigate and manage, Follow-up	Severe head injuries and injuries of spinal cord
3.	Eye	Removal of foreign bodies	Management of corneal abrasion, ulcer, cataract and glaucoma surgery	Corneal grafting Retinal diseases Vitreous surgery Intra-ocular foreign bodies

4.	Ear Nose and Throat	Removal of foreign bodies Epistaxis control	I and D of peri tonsillar and retro pharyngeal abscesses,	tonsillectomy, Laryngoscopic removal of FB and drainage of mastoid abscess All requiring microsurgery
5.	Chest	Resuscitate and refer	Basic Services + stabilise and refer mediastinal Injuries Tracheostomy, Thoracentesis	Mediastinal Injuries and tumours. Heart and lung surgery
6.	Gastrointestinal	N/A	All surgical procedures	Abdominal malignancies. Hepatic surgery
7.	Genitourinary	Acute urinary retention, hydrocoele, circumcision and vasectomy	Basic Level Services + urethral dilation, management of ruptured bladder and urethra, Urolithiasis and prostatectomy	GU malignancies
8.	Musculoskeletal	Closed reduction of uncomplicated fractures, POP, traction	Open reduction of fractures Spinal fractures Joint reconstruction	Spinal fractures, Joint reconstructions.

## Part III – Obligations of The Private Medical Care Establishments.

Any establishment of medical care delivery system would need to be based on a universally accepted set of core values, such as compassion, concern for the strict adherence to ethical norms and an unflinching commitment to patients well being, and the following guiding principles: \* Accountable to the health and well being of the community it serves; \* Responsible to the patient who receives treatment and care in dignity, fairness, without discrimination and in consonance with the basic tenets of a patients charter; \* Accessible at all times and at all facilities - that is, none being denied care on grounds of time, distance or place of residence; \* Participatory-provide leadership in bringing about behaviour change for adoption of healthy lifestyles and practises that promote well-being and good health values; and \* Recognising the special value of mother, children and senior citizens in society.

**1. Obligations of The Medical Care. - First and foremost obligation of any private medical care establishment is to actively participate in the implementation of all National and State Health programs in such manner as the state Government may specify from time to time; and to furnish periodical reports thereon to the concerned authorities. Every establishment should accept its share of responsibility for achieving the health goals.**

Every Medical Care Establishment shall: (i) Administer necessary first aid and take other life saving or establishing emergency measures in all medico legal or potentially medico-legal cases such as victims of road accidents, accidental or induced burns or poisoning or criminal assaults and the like which patient themselves at the establishment. (ii) Ensure proper comprehensive treatment and provide with postoperative treatment precautions to the discharged Patient - Dos and Dont's (iii) If the doctor is not qualified for a particular speciality but the hospital has the facilities to manage the case, the patient should be admitted and the concerned consultant called for. The doctor should start treatment by the time the consultant arrives. (iv) If the doctor is qualified for a particular speciality but the hospital does not have the facilities, and also when there are inadequate facilities and the doctor is not qualified to handle the case then the patient should be shifted to another hospital where facilities are available. (v) Maintain proper medical records in the forms prescribed in Appendix-I to VI; perform statutory duties in respect of communicable diseases to prevent the spread of the disease to other persons and report the same to the concerned public health authorities immediately (vi) Establishment shall be under obligation to inform the details of charges to be levied and any miscellaneous amounts charged shall not exceed 5% of the total bill.

**2. Responsibilities Towards a Patient. - Every patient should be treated with care, compassion, respect and dignity without any discrimination. The hospital staff should explain the health condition to the patients and their responsible attenders and obtain their written consent. The following information need to be made available to the patient:**

(a) Credentials of the Doctors (Training and qualification) to be made available to Patients. (b) Skill and experience of the doctors treating patient should be informed to the patients. (c) List of Facilities, Equipment, and treatment protocols to be followed to be given to the patient (d) Ethical practises to be followed in respect of patients right for information

**3. Obligation Towards Their Own Staff and Staff Training. - The Staff training is another important obligation of a hospital. The staff training apart from the regular technical aspects should include:**

(a) All the medical staff should follow the Medical Council of India regulations on Professional conduct, Etiquette and Ethics. (b) To maintain the honour and sanctity of the profession (c) To discharge their duties honestly, sincerely and humanly (d) They should be told of the vital need for absolute asepsis in the medical care establishment (e) They should also discharge their duties towards the society by educating the patients and their attenders about the importance of cleanliness, breast-feeding, Immunization and family planning

## **Part IV – Engineering And Environmental Standards**

**1. Ceilings. - The finishes of all exposed ceiling and structure in areas normally occupied by patients or staff, and those in food preparation or food storage areas shall be readily cleanable with routine housekeeping equipment. Ceiling and walls in operating and delivery rooms shall be free of fissures, open joints, or crevices that may retain on permit passing or dirt particles. Ceiling should be R.C.C.**

**2. Floor and walls. - The architectural finishes in hospital shall be of high quality in view of maintenance of good hygienic conditions. All wards should have dado to height of 1.2m. The walls should be impervious with oil paint. Floors should be covered with good quality mosaic tiles in the minimum. The aim being that floor materials shall be readily cleanable and appropriately wear-resistant. In all areas subject to the cleaning, floor materials shall not be physically affected by liquid germicidal and cleaning solution. Floors should be smooth so as to allow smooth passage of wheelchairs and trolleys.**

Wall finishes shall be washable and, in the proximity of plumbing fixtures, shall be smooth and moisture resistant. Wall bases in areas that are frequently subject to wet cleaning shall be covered with the floor; tightly sealed within the wall; and constructed without voids. Floor and wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimise entry of rodents and insects. Joints of structural elements shall be similarly sealed. Operating rooms/Labour room/Delivery room should be made dust proof and moisture-proof. Corners and junctions of walls, floors and ceiling should be rounded to prevent accumulation of dust and to facilitate cleaning. Walls of operation theatre, delivery room, recovery room scrub room should be fully covered with dado tiles. In other areas of critical zone, tiling should be provided up to a height of 1.2 m

**3. Water supply, Plumbing and other piping system. - Arrangement shall be made to supply 350 litre of potable water per day, per bed to meet all requirements (including laundry), except fire fighting storage capacity for two days requirement should be made on the basis of above consumption. System should be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand. Separate reserve emergency overhead tank shall be provided for operation theatre.**

Hot water supply to wards and departments of the general hospital shall be provided by means of electric storage type water heaters or centralised hot water system of capacity depending upon the need of hot water consumption. Filtered and soft water supply is needed in pathology laboratories and shall be supplied as required. Cold water supply is needed for processing tanks in film development room and shall be supplied as required. Within the operation theatre there should not

be any drains. The material used for plumbing fixtures shall be non-absorptive and acid-resistant. In so far as possible, drainage piping shall not be installed within the ceiling or exposed in operating and delivery rooms, nurseries, food preparation centres, food serving facilities and other sensitive areas. Where exposed, overhead drain piping is unavoidable, special provision shall be made to project the space below from leakage, condensation or dust particles.

**4. Fire-fighting system. - Appropriate and. efficient fire fighting systems should be installed in every nursing home. The fire fighting equipment fitted shall be as per Indian Standards and different types of fire fighting equipment are available in the market for the different nature of fires.**

## **5. Requirements for sanitary fitments in nursing homes for patients. -**

### **A. Inpatient Wards And Nursing Units.**

i. Water closets	1 for every 8 beds or part thereof (Male) 1 for every 6 beds or part thereof (female)
ii. Ablution taps	1 for each water closet plus one water tap with draining arrangement in the vicinity of water closets.
iii. Urinals	1 for every 12 beds or part thereof (males only)
iv. Wash basin	1 for every 12 beds or part thereof
v. Baths	1 bath with shower for every 12 beds or part thereof
vi Bed pan washing sinks	1 for each ward in dirty utility and sluice room
vii Cleaners sinks and sink/slab for cleaning mackintosh	1 for each ward

**B. Outpatient Block. -** For the OPD Block separate toilets are to be provided for the use of males and females. The same toilets may be used by the staff also. The pathology department must maintain a separate toilet. The radiology department must have following special toilet facilities in case it carries out procedures like IVP.

	For Males	For females
i. Water closes	1 for every 40 persons or part thereof	2 for every 50 or part thereof with draining arrangements water closet and urinals per
ii. Ablution taps	1 in each water closet + 1 water tap shall be provided in the vicinity of lavatory block.	
iii. Urinals	1 for every 25 persons or part thereof	
iv. Wash basin	1 for every 50 persons or part thereof	

**6. Bio Medical Waste Management. - All private medical care establishments shall follow the Bio Medical, Waste (Management and Handling) Rules, 1998 or as may be amended/notified under the Environment Protection Act, of 1986. The medical care establishment shall discourage the use of plastics. Safe Environment and infection control measures may be taken for the safety of all employees. It is the duty of the Medical Care establishment owners to ensure that the biomedical waste is handled without any adverse effect to human health and environment.**

All the biomedical waste shall be treated and disposed of in compliance to the rules mentioned above. The establishment shall maintain records related to generation, collection, reception, storage, transportation, disposal and/or any form of handling of biomedical wastes in accordance with the rules issued. Depending up on the size of the nursing home or hospital and the management plan adopted by the facility appropriate final disposal options to be engaged i.e., either by contracting out the disposal to Common Waste Facility operator or disposal through in-house mechanism.

**7. Bio-safety Guidelines. - (1) Entry into any Laboratory and other critical work areas should be restricted.**

(2) Staff should be provided with aprons for working in the laboratory and restricted zones. (3) Work surfaces should be disinfected when procedures are completed and at the end of each working day, (o. 1% Hypochlorite solutions is effective for the same) (4) Gloves should be worn for all manipulations of infectious material. In operation theaters and delivery rooms, cleaning must be carried out every day. Cleaning with carbolic acid/ phenol has to be carried out every week and swabs should be sent to laboratory for cultures. Fumigation must be done in case cultures turn out positive. All horizontal surfaces including floor should be mopped between cases. (5) All Medical instruments should be soaked for 30 minutes in chemical disinfectant before cleaning. This will give further protection to the personnel from exposure to HIV during the process of cleaning. The best form of disinfection is autoclaving. After this comes boiling for 20 minutes. Appendix-III (See Rule 9 (a)) (Minimum list of services for which rates are to be displayed)

Name of the Service	Type of Service	Charges (in Rs.)
Room Charges: (Includes Room/Bed Charges, Nursing charges Medical utilities Charges)	General Ward	
	Private rooms:	
	Semi Deluxe - Shared	
	Deluxe with A/C	
Intensive Care Units : (Charges includes the ICU Bed Charges Medical Utilities, Monitoring and Nursing charges)	MICU and ICU	

	Neuro
	POW
	Neonatal ICU
	Pediatric ICU
OT Charges	
General Anaesthesia 1/2 hour	General Ward
	Twin/Triple Sharing
General Anaesthesia 1 hour	General Ward
	Twin/Triple Sharing
Local Anaesthesia	1/2 hour
	1 hour
Surgical Procedure Charges (Package):(Includes Surgeons charges + Aesthetics charges + Nursing Homecharges and Inpatient medicines Charges)	General Surgical ProceduresOb and Gy. proceduresOrthopedic Surgical procedures
	Cardiac Surgical procedures
Doctors consultation Charges : OP	Other super Speciality improved procedures
IP	Per Visit
Emergency Visits	Per Visit
Emergency care Team charges	3 shifts per day
Diagnostic ChargesCommon diagnostic Tests X-ray per filmUltra sound, General and Obstetric care	Abdomen
	Female Pelvic
	KUB
CT Scan:	Brain Plain
Multi slice/Spiral/CT Scan	Chest/Abdomen/Neck/ Spine others
	Contract
MRI 0.5/1/1.5	Brain Plain
(Magnetic Reasonance Imaging)	Chest/Abdomen/ Neck/ Spine others
ECG/TMT/ECHO/EMG/EEG	Contrast
Upper GI Endoscopy/Lower GI Endoscopy	
Lab Investigations:	
Random Blood Sugar	
Blood Urea	
Serum Creatinine	
CBP/ESR/CUE	

Blood Group

Blood for MP

LFT

Lipid Profile

HBSAG/VDRL/HIV

Electrolytes

T3, T4, TSH

Note: - Other Service Charges for Inpatients such as Drugs and Disposables, investigations and Concessions, if any shall be displayed at appropriate places for the benefit of the patient.

Appendix: IV(See rule NO. 14)Medical Records

The various medical records to be maintained by the Medical Care Establishments:

(1) Out Patient Data

(2) Inpatient register

(3) Operation theatre register

(4) Labour room register

(5) MTP register

(6) Case sheet

(7) Case sheet for procedure

(8) Case sheet for F.P

(9) Medico - legal certificate in duplicate

(10) Medico - legal register

(11) Laboratory register

(12) Radiology and Imaging register

(13) Discharge summary

(14) Medical certificate in duplicate

Notifiable to such medical officers as authorized by Government in such format as prescribed by Government/State Level

(15) Birth Register

(16) Death Register

(17) Notified diseases Information

(a)Cerebro-spinal fever,(b)Chicken-pox,(c)Cholera,(d)Diphtheria,(e)Leprosy,(f)Measles,(g)Plague,(h)Rabbies,(i)Scarlet fever,(U)Small-pox,(k)Typhus, or(l)T.B(m)HIV - AIDSAny other disease, which the Government may from time to time by notification declare to be a notified disease for the purposes. Formats For Certain Important Medical Records. - This is a very important legal obligation of a hospital which is



neglected most often. It is obligatory for all hospitals to maintain the records of every patient utilising the services of the hospital. One of the easiest methods of maintaining records is as follows:(a)Maintain a In-Patient Register with the following columns: -

I.P. No. Pt. Name Age Address Date of Admission Date of Discharge Final Diagnosis Bill No

(b)The case sheet is the most important document. It should include admission notes, consent, investigation reports, progress notes of any procedures conducted, condition at time of discharge and the discharge advice. It is important to record all the happenings during the Patients stay in the hospital and the consultants, duty doctors and nurses should write notes in the case sheet every time they visit the patients. The case sheets after the patients discharge should be preserved carefully.(c)The outpatients Register is another important document which is very often neglected.

An out-patient Register with following columns should be maintained.

Sl.No. Name Age Address Date Diagnosis Advice

Today the medical profession is under the constant threat of litigation and it is essential that all medical records are maintained properly as they form the only evidence which come to the rescue of a doctor in the court of Law.Consent Form. - As mentioned earlier obtaining written and informed consent is an important obligation of every medical practitioner. A model of the consent form is given here:

Patient Name Age Sex Date L.P. No.

The following aspects have been explained to us in our spoken language. -(a)The patient is suffering from .....and needs.....(b)The risk of the above procedure is very high / moderate / regular. There is a possibility that the patient may move into a higher risk category during the course of treatment.(c)The possibility of allergic reactions to drugs, I.V. fluids and blood.(d)The possibility of cardiac arrest, cardiac arrhythmia's, hypotension, Renal Failure, cerebro-vascular accidents, Respiratory failure and other such severe complications occurring during the course of treatment, aesthesia, surgery' or post-operative periods.(e)Some of these complications may need prolonged hospitalization and some are even fatal.We in our full senses having understood all the above aspects to our satisfaction give our unreserved consent for treatment, blood transfusion, Aesthesia, surgery, diagnostic procedure or any other medical procedure that may be required for the patient.The hospital, its staff, Anaesthetist, Surgeon or consultants shall not be held responsible in case of any adverse outcome during the course of treatment or latter.

Signature: Relationship to Patient:

Name: 2.

Witness

Appendix - VReporting Format for Laboratory Surveillance (Form L2)(To be filled by in charge of Laboratories at District level and Private Laboratories)

State Andhra Pradesh District: Block..... Year 2006

Name of Doctor/Office-in charge Designation Name of the Reporting Unit (Centre, Hospital)

{|

ID.No./Unique Identifier

|  
Reporting From { |

|

|

|-| week| to|

|

|

{ } }

Target Disease		Investigation		No. of Tests Done	
	Male	Female	Total		
<5yr	> 5yr	Total		< 5Yr	> 5Yr Total
Malaria	P.Falciparum	P/s for MP	Rapid Test	P/S for MP	
	P. vivax	Rapid Test			
Tuberculosis		Sputum for AFB			
Cholera		Stool Culture			
Typhoid		Sidal test			
		Blood Culture			
		Stool Culture			
		Typhi dot test			
Hepatitis	B	Rapid Test			
	C	Tapid Test			
Dengue		Rapid Strip Test (could be done)			
Leptospirosis		Rapid Dot Test			
HIV		Rapid Test			
Others (Specify)		Elisa			

Date: Signature  
Appendix - IV Reporting Format for Presumptive Surveillance (Form P) (To be filled by Medical Officer at PHC/CHC, Government/Non-Government/Private Hospitals, Private Practitioners)

State: Andhra Pradesh District:

Block.....Year: 2006

Name of Doctor: Designation: DM. & Name of the Reporting Unit D.M&H.O Office,  
H.O. Krishna, Machilipatnam

ID Report From {  
NO./Unique Identifier

| - ||| Week |

| }

To

a c d e f g h i j k l m n

	Case			Deaths		
	Female	Total	Male	Female	Total	Male
<5yr	>5yr	Total	<5Yr	>5Yr	Total	<5yr >5yr Total

1. Fever

Fever < 7 days

Suspect  
Cases

1. Only Fever

2. With Rash

3. With Bleeding

4. With Daze/Semi  
consciousness/Unconsciousness/

Fever > 7 days

Probable  
Cases

Measles

Dengue (Epi linked cases)

Japanese Encephalitis

(Epi linked cases)

Typhoid

2. Cough with or without fever

Case of Cough

Probable  
Cases

< 3 weeks - ARI

< 3 weeks

3. Loose Watery Stools of Less  
than 2 Weeks Duration

Cases of watery stools of < 2  
weeks

Suspect  
Cases

With Some/Much Dehydration

With no Dehydration

With Blood in Stool

Probable  
Cases

Epidemiological linked cases of  
Cholera

4. Jaundice cases of less Than 4  
WeeksDuration

Cases of Acute Jaundice

Suspect  
Cases

Probable  
Cases

Epidemiological Linked  
Cases of Hepatitis A/E

5. Acute Flacid Paralysis Cases in  
Less Than15 Years of Age

Cases of Acute Flacid Paralysis

Suspect  
Cases

Probable  
Cases

Epidemiological liked cases of  
Polio

6. Unusual Symptoms Leading to  
Death orHospitalization not  
Conforming to the  
AboveSyndromes

Cases of unusual symptoms  
leading to death orhospitalization  
not

conforming to the above  
syndromes

Suspect  
Cases

Probable  
Cases

Write clinical diagnosis

Note: Information related to State Specific Diseases (if any) may be added. Date: Signature Form  
I(See rule 4 (a)) Application for Registration of Andhra Pradesh Allopathic Private Medical Care  
Establishments(to be submitted in Duplicate)

- 1. Name and address of the Allopathic Private Medical Care Establishment**
- 2. Name of Correspondent or any Authorised person for correspondence.**
- 3. Name and Address of the Society/Trust and date on which it was established: -**
- 4. Whether the accommodation is owned by the Establishment or on lease/rent. If so, please furnish the period of lease/rent along with the documentary proof. (Please Enclose the relevant copies)**
- 5. The date of establishment of Medical care establishment**
- 6. Total area of Establishment: (One set of photographs of the premises with its functional areas to be furnished) (a) Open area b) Constructed area**
- 7. Bed strength**
- 8. Types of Services offered** (1) Basic (2) Speciality  
(3) Super Speciality  
(4) Diagnostics
- 9. Names of Doctors, along with Registration Number Allotted by MCI/APMC (Please Enclose the details)**
- 10. Names of qualified Nursing Staff, with their of Registration numbers of NCI/any other board (Please Enclose the details)**
- 11. Names of Para Medical Staff and their Registration numbers (list to be enclosed)**
- 12. No. of Supporting staff (list to be enclosed)**
- 13. No. of Specialities available (Please Enclose the details)**
- 14. The List of Equipment and Furniture available (Please Enclose the details)**
- 15. Labour room with Paediatric care facilities**

**16. Operation theatres**

**17. Diagnostic Facilities including Clinical Laboratory and Imaging facilities**

**18. Whether registration is sought for main facility, or branches also, if so details (separate application shall be submitted for each branch)**

**19. The financial position of the Hospital/Institute (enclose Audit Report of the last two years)**

**20. Any other information relating to Hospital**

**21. Declaration on Stamp Paper for willingness to comply Yes/No with the prescribed rules is enclosed**

**22. Particulars of the Registration fee paid (D.D No., Name of the Bank, and Date)**

I hereby declare that the information furnished above is true to the best of my knowledge and belief and if it is found that any wrong information is furnished or suppressed the arterial facts, I will take full responsibility for the consequential action as per law. Place: Dated: (Signature) (Name and Designation and full address with official seal.) Form II (See rule 4 (d)) Acknowledgement The application in Form 1 in duplicate for grant/renewal of registration of Allopathic Private Medical Care Establishment submitted by ..... (Name and address of applicant) has been received by the Registration Authority ..... On ..... (date). \* The list of enclosures attached to the application in Form I has been verified with the enclosures submitted and found to be correct. Or \* On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed. i. ii. iii. iv. v. This Acknowledgement does not confer any rights on the applicant for grant or renewal of registration. (.....) Signature and Designation of Registration Authority, or authorized person in the Office of the Appropriate Authority. Date: Place: Seal Form III (See Rule 4 (F)) Government of Andhra Pradesh Health Medical and Family Welfare Department District Registering Authority Certificate of Temporary Registration of Allopathic Private Medical Care Establishments (Valid for 90 days from the date of issue)

**1. Application No. and Date:**

**2. File number of Registration Authority**

**3. Date of issue:**

**4. Valid till:**

**5. This is to Certify that M/s..... located at.....is hereby registered temporarily under the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act, 2002, to provide following medical care services:**

i.....:.....ii.....

**6. This temporary registration shall be in force for a period of ninety (90) days from the date of issue and after which date it cease to valid.**

**7. This Certificate of temporary Registration is subject to the conditions and provisions of the A.P Allopathic Private Medical Care Establishments Registration and Regulation Act 2002.**

**8. This Establishment shall comply with the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act, 2002) as amended from time to time and the rules made there under.**

**9. This Certificate shall be surrendered to the above Registering authority on the following date of expiry of (90) days.**

**10. The establishment shall not rent, lend, sell, transfer or otherwise close down the registered Medical Care Establishment without obtaining prior permission of the regulatory authority.**

Signature of the(Office seal)Form IV(See Rule 5 (A))Government of Andhra Pradesh Health Medical and Family Welfare DepartmentDistrict Registering AuthorityCertificate of Registration of Allopathic Private Medical Care Establishments

**1. Application No. and Date:**

**2. Inspection Report No. and Date:**

**3. File number of Registration Authority**

**4. Date of issue:**

**5. valid up in-----**

**6. This is to Certify that M/s-----located at-----is hereby registered under the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act. 2002, to provide following medical care services:**

i. - -----ii.-----

**7. This registration shall be in force for a period of 5 (Five) years from the date of issue.**

**8. This Certificate shall be produced whenever it is required to the officer authorised by the Registration authority.**

**9. The Establishment shall not rent, lend, sell, transfer or otherwise close down the without obtaining prior permission of the registration authority.**

**10. Any unauthorized change in personnel, equipment or working conditions is as mentioned in the application by the Establishment shall constitute a breach of registration.**

**11. The Establishment shall not violate the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act. 2002) as amended from time to time and the rules made there under.**

**12. This certificate is subject to the conditions and the provisions of the A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act. 2002.**

Signature and name of the District Registering Authority.....District(Office seal)Form - V(See Rule 5 (C))Government of Andhra PradeshHealth Medical and Family Welfare DepartmentDistrict Registering Authority.....Rejection of Application For Grant/renewal of RegistrationReference Number and Date:In exercise of the powers conferred under Section 7 (3) of the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act, 2005. the Registration Authority. Hereby rejects the application for grant/ renewal of registration submitted by the under-mentioned Private Medical Care Establishment.



(1) Name and address of the Allopathic Private Medical Care Establishment (2) Reasons for rejection of application for grant / renewal of registration

Signature, name and designation of the Registration Authority with office seal.\* Strike out whichever is not applicable or necessary  
Form - VI (See Rule-6) Application for Renewal of Certificate of Registration  
To The Registering Authority Sir, I request to renew the Certificate of Registration issued in respect of M/ s..... for a period of 5 (five) years for which I furnish the following particulars: (1) Date of issue of Certificate of Registration to be renewed (enclosed the original Certificate in duplicate) (2) Date of Expiry of Certificate of Registration to be renewed. (3) File number of the Registering Authority (4) Particulars of Renewal fee paid (D.D.No., Name of the Bank, and date) (Original D.D. enclosed) (5) I hereby declare that the contents mentioned in this application are true and correct to the best of my knowledge  
Place: Dated: (Signature) (Name, Designation and full address with office seal.)  
Form VII (See Rule 6) Government of Andhra Pradesh Health Medical and Family Welfare Department District Registering Authority..... Certificate of Renewal of Registration of Allopathic Private Medical Care Establishments

**1. Application No. and Date-----**

**2. Original File number of Registration authority-----**

**3. Date of issue of the Certificate of Registration-----**

**4. Date of expiry of the Certificate of Registration-----**

**5. Date of renewal of the Certificate of Registration-----**

**6. Renewal of Certificate of Registration valid up to-----**

**7. This is to Certify that the Certificate of Registration issued to**

M/s----- located at----- is hereby renewed under the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act, 2002. to provide following medical care services: i.----- ii. -----

**8. This Renewal of Certificate of Registration shall be in force for a period of 5 (Five) years from the date of issue.**

**9. This Certificate shall be produced whenever it is required to the officer authorised by the Registration authority,**

**10. The Establishment shall not rent, lend, sell, transfer or otherwise close down the without obtaining prior permission of the registration authority.**

**11. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constitute a breach of registration.**

**12. The Establishment shall not violate the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation) Act, 2002) as amended from time to time and the rules made there under.**

**13. This Certificate is subject to the conditions and the provisions of the A.P Allopathic Private Medical Care Establishments Registration and Regulation) Act, 2002.)**

Signature and Name of the District Registering Authority(Office deal)Form - VIII(See Rule 7(b)Government of Andhra PradeshHealth Medical and Family Welfare DepartmentDistrict Registering AuthorityNoticeReference No and date:-----ToM/s-----I hereby give notice that information and evidence have been placed before the Authority by which the complainant makes the following charge against you viz., ----- \_

-----And that in relation there to have been guilty of infamous conduct in a professional respect.Orthat you were convicted on the day of at-----for the following offence viz.You are hereby required to attend before the undersigned at-----on-----before the undersigned to answer in writing to the above charges to establish any denial or defense along with papers and documents in your possession relevant to the matter and any person (s) whose evidence you wish to lay before the undersigned.Your answer which you may desire to make relating to the above mentioned charges or your defense there to must be addressed to the under signed and transmitted so as to reach him not less than six days before the day appointed for hearing of the ease.You are entitled to be represented before the undersigned by a Authorised Person or legal Practitioner and the same must be informed in written to the undersigned at least six days before the hearing.It is imperative that you should surrender your certificate of registration to the undersigned before or on the date of hearing.You are hereby further informed that ii you do not attend as required above, the undersigned will proceed with the material available with him and decide the matter in your absence.Signature and name of the District Registering Authority(Office seal)Form IX(See Rule 7 (d))Government of Andhra PradeshHealth Medical and Family Welfare DepartmentDistrict Registering AuthorityOrder(1)Reference Number and Date:------(2)Registered notice number and date------(3)File Number of Registering Authority------(4)Date of hearing------(5)Whether Establishment has submitted answer in writing..... Yes/No(6)If so, what are the contents and documentary evidence produced by the Applicant-Establishment(7)Are they satisfactory.....Yes/No(8)Additional document (s) submitted by the Complaint, if

any----- (9) Are they relevant to case..... Yes/No (10) Point(s) for consideration in the case----- (11) Findings of the District Registering Authority----- In exercise of the powers conferred under Section 9 (1) of the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act, 2005, and also after perusal of the documentary evidence produced, the Registration Authority hereby. Cancel the certificate of registration/renewal of certificate of registration Establishment. Or revoke the suspension of certificate of registration/renewal of certificate of registration Establishment. Signature and name of the District Registering Authority (Office seal) Form-X (See Rule 8(b)) Application for Filing an Appeal Against the Orders of Registration Authority To Chairman, Appellate Board and Principal Secretary to Government, Health, Medical and Family Welfare Department, A.P. Secretariat Hyderabad-22 Appeal filed under Section 10 (1) of the A.P. Private Medical Care Establishment (R and R) Act, 2002

**1. Name and address of the appellant:**

**2. Number, date of the order and address of the authority which passed the order against which appeal is being made (certified copy of the order to be attached):**

**3. Prayer / relief sought in the Appeal**

**4. Grounds on which the appeal is made:**

**5. Interim Relief/Prayer, if any sought**

**6. List of enclosures (other than the order referred in item 2 above)**

**7. Particulars of the D.D. (number, date and bank) enclosed**

**8. Declaration that the contents mentioned in appeal are true and correct to the best of the knowledge of the appellant**

Signature and Name (Address of the Allopathic Private Medical Care Establishment) Place: Date: Form-XI (See Rule-8(e)) Government of Andhra Pradesh Health Medical and Family Welfare Department State Appellate Board, Hyderabad Order

**1. Appeal Number and Date:-----**

**2. Registered notice number and date fixing hearing-----**

**3. File Number of Registering Authority-----**

**4. Date of hearing of appeal -----**

**5. What are the contents and documentary evidence produced by the Appellant Establishment**

**6. Are they relevant and satisfactory.....Yes/No**

**7. Additional document (s) submitted by the Compliant, if any**

**8. Are they relevant to the Appeal.....Yes/No**

**9. Issues framed/Point(s) for consideration in the appeal**

**10. Findings of the Appellate Board**

**11. Wheatear any interim order is considered Yes/No**

In exercise of the powers conferred under Section 10(1) of the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act. 2002, and after perusal of the order of the district Registering Authority, hearing the arguments and the documentary' evidence producer be State Appellate Board hereby Allow the appeal and direct the District Registering Authority to issue/renewal o certificate of registration Establishment.OrDismiss the appeal and confirm the order of the District Registering Authority.Signature and name of the Chairman State Appellate and Principal Secretary to Government.(Office seal)