



CREATING HEALTHIER SOCIETY

SRIVENKATESHWARAA GROUP OF INSTITUTIONS

Hospital | Medical College | Dental | Nursing | Physiotherapy | Paramedical | Engineering | Pharmacy

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EMPLOYEE HAND BOOK



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Chairman



Ms. Radha Ramachandiran

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MS. RADHA RAMACHANDIRAN : FOUNDER

SRI RAJIV KRISHNA : MANAGING DIRECTOR

MS. MOUSMI RAJIV KRISHNA : DIRECTOR



S. N. S.

Chairman's Message: I have great pleasure in welcoming the students, Faculties, Staff/ employees to Sri Venkateshwara Medical College Hospital & Research Centre (SVMCH & RC) which has reached yet another milestone in its journey of almost

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two decades, to live up to its motto of providing quality health care professionals focusing the health care services to the rural masses.

With well qualified and dedicated medical professionals, paramedical staff and managerial support, the medical college is committed to prepare the young medical professionals to create the modern rural & urban India free from the morbidity of infective disease burden with respect to all disciplines. We maintain high standards in medical education by providing dedicated talented faculty members with latest technologies in teaching-learning activities for both undergraduate & postgraduate students.

Our mission is to provide continuous in-house training for health care professionals for enhancing their clinical competence and improving the standards of health care. Customized treatment protocols for patients with due consideration for their economical, socio-psychological, cultural and spiritual requirements in addition to management of the disease is assured. An effective critical care service is rendered for patients in emergency and intensive care areas. The faculties are motivated to publish articles in journals with high impact factor, Pub Med/Scopus indexed journals.

Our vision is to provide patient-centered, time-bound, ethical, accessible and advanced healthcare at an affordable cost to meet the health care needs of our community. With the support of the various stakeholders, I wish to grow SVMCH&RC into a State Private University in the near future.

I hope the aspiring students who want to become well qualified medical professionals will make the best choice of selecting our Institution for both UG & PG courses..

I invite you to join enthralling journey into a bright future and my best wishes to all the budding medical professionals of our institution.

1. ABOUT THE TRUST:

The **Ramachandra Educational Trust** was started with the sole ambition of inculcating into the hearts of people the necessity and

importance of education. Values so necessary and important to the humanity is education. Education is not just sitting in the four walls of the classroom and being taught some pages of a book but it involves both the teacher and the student. An aspiring human being guided by a well learned Guru, both together putting forth what knowledge already exists and what lies hidden in the inner depths of the student and teacher. Together we want to march forward to create an ideal world wherein equality of all varieties exists.

The main theme is to impart knowledge through Education. Mainly Medical. The ambitions of the trust are set forth on the basis of the great visionaries of the world who had dedicated their entire lives for the upliftment of humanity.

To serve the people with a highly updated hospital and latest equipments to enable the poor and the rich to avail of good medical care. In the process to create more Doctors through good Education.

Create a model symbiosis of medical care, medical education and medical research. Prevent illness and maintain functionality and quality of life. Educating the rural people about health and its importance. Promote a rich relationship between people, Doctors and Students so as to increase the feeling of being recognized, wanted and caring.

2. ABOUT THE HOSPITAL:

Ramachandra Educational Trust founded **Sri Venkateshwaraa medical college Hospital and research centre**. Established multi-specialty hospital in 2007 with 720 beds.

Ramachandra Educational Trust to propagate the importance of literacy among the rural population, Sri Venkateshwaraa medical College Hospital and Research centre has marked its presence in and around Pondicherry.

SVMCH & RC providing high standard quality healthcare at affordable cost to the patients in line with standards of statutory bodies as per their guidelines and protocols.

3.HOSPITAL ORGANOGRAM: enclosed (end of the page)

4.VISION, MISSION, MOTTO, VALUES & OBJECTIVES:

VISION: **Sri Venkateshwaraa Medical College Hospital & Research Centre** intends to become pioneer in multispecialty tertiary care hospital in this region at affordable cost & in provision of high standard quality healthcare and patient safety. The ambitions of the trust are set forth on the basis of the great visionaries of the world who had dedicated their entire lives for the upliftment of humanity.

MISSION: **Sri Venkateshwaraa Medical College Hospital & Research Centre** is committed in provision of high standard quality healthcare at affordable cost to the patients in line with standards of statutory bodies as per their guidelines and protocols. In Engineering our mission is to impart the highest quality of technical education, provide impetus to research and development, foster innovation in the technological growth, encourage entrepreneurship and strive to solve problems.

4.3 MOTTO: "Creating Healthier Society"

4.4 VALUES:

- o Compassion
- o Professionalism
- o Team work
- o Ethics and Respect

4.5 OBJECTIVES :

Providing high class facilities, services in all specialties' and later on to develop super specialties'. Providing "state of the art" equipments / facilities to enable the doctors to utilize their skills and expertise for

the benefit of the people. Create excellent infrastructures for medical education and right atmosphere to study.

4. QUALITY POLICY:

- I. **SVMCH & RC** is committed to provide quality healthcare that is safe, effective, efficient, equitable, and timely and patient centered and that which satisfies the standards set forth by National Accreditation Board for Hospitals and Healthcare Providers - NABH (First Edition, December, 2020).
- II. **SVMCH & RC** is committed documentation; implementation and monitoring of a quality management system that will ensure its mission, goals and objectives are achieved.
- III. **SVMCH & RC** will consistently monitor and initiate actions to improve the quality of medical care, safety of medical care delivery and customer satisfaction.
- IV. **SVMCH & RC** will do this by ensuring excellence in techniques, use of technology, improved processes and staff ability.
- V. **SVMCH & RC** will ensure that all the legal and statutory requirements are fulfilled.
- VI. **SVMCH & RC** is committed to achieve this while ensuring conservation of resources, prevention of pollution and minimizing work occupational place hazards, through hazard identification and risk reduction activities.

6. SAFETY POLICY:

- 6.1 SVMCH & RC** will ensure patient safety which standards set forth by National Accreditation Board

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Hospitals and healthcare providers (First Edition, December, 2020).

7. HOSPITAL'S SCOPE OF SERVICES AVAILABLE :

7.1 The broad scope of services are as follows:

7.1.1 Emergency Services

7.1.2 Out-Patient Services

7.1.3 In-Patient Services

7.2 Services (fulltime and on-call) available in the Hospital are:

7.2.1.1 Anesthesiology

7.2.1.2 Audiology and Speech Therapy

7.2.1.3 Cardio Thoracic Surgery

7.2.1.4 Cardiology

7.2.1.5 Dentistry with Orthodontics

7.2.1.6 Dermatology

7.2.1.7 Dietetics

7.2.1.8 E.N.T (Otolaryngology)

7.2.1.9 General Surgery

7.2.1.10 General Medicine

7.2.1.11 Obstetrics & Gynecology (including high-risk cases)

7.2.1.12 Oncology (Medical & Surgical)

7.2.1.13 Orthopedics

7.2.1.14 Ophthalmology

7.2.1.15 Oral & Maxillo Facial Surgery

7.2.1.16 Pediatrics (including neonatal care)

7.2.1.17 Pathology

7.2.1.18 Blood bank

7.2.1.19 Physiotherapy

7.2.1.20 Plastic Surgery

7.2.1.21 Psychiatry

7.2.1.22 Radio Imaging

7.2.1.23 Urology

7.2.2 Services not available in the Hospital are:

7.2.2.1 Eye bank

7.2.2.2 Telemedicine.

7.2.2.3 Rheumatology.

7.2.2.4 Electro Convulsive Therapy

7.2.2.5 PET Scan

7.2.2.6 Burn Unit

7.2.2.7 Endocrinology

7.2.2.8 Gastroenterology

7.2.2.9 Nephrology

7.2.2.10 Neurology

7.2.2.11 Neuro Surgery

7.2.2.12 Pediatric Surgery

7.2.2.13 Pain Clinic

7.2.3 24 - hour services:

7.2.3.1 Emergency

7.2.3.2 Pharmacy

7.2.3.3 Blood Bank

7.2.3.4 Laboratory

7.2.3.5 Imaging

7.2.4 Support services:

7.2.4.1 : Biomedical

7.2.4.2 : Maintenance

- 7.2.4.3 : Information Technology
- 7.2.4.4 : Medical records
- 7.2.4.5 : CSSD
- 7.2.4.6 : Marketing & TPA
- 7.2.4.7 : Finance & Accounts
- 7.2.4.8 : Housekeeping
- 7.2.4.9 : Security
- 7.2.4.10 : Laundry
- 7.2.4.11 : Human Resources
- 7.2.4.12 : Purchase & stores
- 7.2.4.13 : Mortuary
- 7.2.4.14 : Dietetics and Kitchen
- 7.2.4.15 : Quality Assurance

7.2.5 Out Sourced Services:

- 7.2.5.1 : Laundry
- 7.2.5.2 : Bio Medical Wastage
- 7.2.5.3 : ARC

8. NABH OVERVIEW - CHAPTERS & STANDARDS

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry.

NABH Standards: Fifth Edition (Applicable from December 2015)

- 10 Chapters
- 105 Standards
- 683 Objective Elements

Section I:

Patient - Centered Standards

- Chapter 1 : Access, Assessment and Continuity of Care (AAC)
- Chapter 2 : Care of Patients (COP)
- Chapter 3 : Management of Medications (MOM)
- Chapter 4 : Patients Rights and Education (PRE)
- Chapter 5 : Hospital Infection Control (HIC)

Section II:

Organization - Centered Standards

- Chapter 6 : Continuous Quality Improvement (CQI)
- Chapter 7 : Responsibilities of Management (ROM)
- Chapter 8 : Facility Management & Safety (FMS)
- Chapter 9 : Human Resource Management (HRM)
- Chapter 10 : Information Management Systems (IMS)

Hospital Audits:

- 8.1.1 : Clinical Audit
- 8.1.2 : Medical Records Audit
- 8.1.3 : Medication / Prescription Audit
- 8.1.4 : Cardio-Pulmonary Resuscitation Process Audit
- 8.1.5 : Nursing Audit
- 8.1.6 : Hospital Infection Control Audit
- 8.1.7 : Mortality and Morbidity Audit
- 8.1.8 : Patient Safety Audit
- 8.1.9 : Hospital Facility Rounds & Safety Audit
- 8.1.10 : Human Resource File Audit
- 8.1.11 : Employee Satisfaction and Welfare Knowledge Audit
- 8.1.12 : Comprehensive Hospital Process Audit as per NABH

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9. Patient's Rights: Care

- Patients have a right to receive treatment irrespective of their type of primary and associated illnesses, socio-economic status, age, gender, sexual orientation, religion, caste, cultural preferences, linguistic and geographical origins or political affiliations.
- Right to be heard to their satisfaction without the doctor interrupting before completion of narrating their entire problem and concerns.
- Expectation from the doctor to write the prescription legibly and explain to the patient on the details on dosage, dos and don'ts and generic options for the medicines.
- They have to be provided with information and access on whom to contact in case of an emergency.

10. Confidentiality and Dignity.

- Right to personal dignity and to receive care without any form of stigma and discrimination.
- Privacy during examination and treatment.
- Protection from physical abuse and neglect
- Accommodating and respecting their special needs such as spiritual and cultural preferences.
- Right to confidentiality about their medical condition.

11. Information: The information to be provided to patients are meant to be and in a language of the patient's preference and in a manner that is effortless to understand.

- Patients and or their family members have the right to receive complete information on the medical problem, prescription,

treatment and procedure details.

- A documented procedure for obtaining patient's and / or their family's informed consent exists to enable them to make an informed decision about their care. This process is an important patient right and needs to be practiced with almost diligence and transparency.
- Patients have to be educated on risks, benefits, expected treatment outcomes and possible complications to enable them to make informed decisions, involve them in the care planning and delivery process.
- Patients have the right to request information on the names, dosages and adverse effects of the medication that they are treated with.
- Patients or their authorized individuals have the right to request access and receive a copy of their clinical records.
- Patients have the right to complete information on the expected cost of treatment. The information should be presented as an itemized structure of the various expenses and charges.
- Patients have the right to information on hospital rules and regulations.
- Information on organ donation.

12. Preferences:

- Patient has the right to seek a second opinion on his/her medical condition.
- Patient has the right to refuse a treatment.
- Right to information from the doctor to provide the patient with treatment options.

13. Right to Redress:

- Patient has the right to justice by lodging a complaint through an authority dedicated for this purpose by the healthcare provider organization or with government health authorities.
- The patient has the right to a fair and prompt hearing of his/her concern.
- The patient in addition has the right to appeal to a higher authority in the healthcare provider organization and insist in writing on the outcome of the complaints.

14. Patient's Responsibilities:

14.1. Honesty in Disclosure :

- I will be honest with my doctor and disclose my family / medical history.

14.2. Treatment Compliance:

- I will be punctual for my appointments.
- I will do my best to comply with my doctor's treatment plan
- I will have realistic expectations from my doctor treatment.
- Inform and bring to the doctor's notice if it has been difficult to understand any part of the treatment or of the existences of challenges in complying with the treatment.

I will display intent to participate intelligently in my medical care by actively involving myself in the prescribed do-at-home activities.

14.3 Intent for Health Promotion: I will do everything in my capacity to maintain healthy habits and routines that contribute to good health and take responsibility for my health.

14.4. Transparency and Honesty

- I will make a sincere effort to understand my therapies which include the medicines prescribed and their associated adverse effects and other compliances for effective treatment outcomes.
- I will not ask for surreptitious bills and false certificates, and/or advocate forcefully by unlawful means to provide me with one.
- If I am not happy. I will inform and discuss with my doctor
I will report fraud and wrong-doing.

14.5 Conduct:

- I will be respecting the doctors and medical staff caring and treating me.
- I will abide by the hospital / facility rules.
- I will bear the agreed expenses of the treatment that is explained to me in advance and pay my bills on time.

15. PATIENT SAFETY GOALS AND SOLUTIONS: The hospital establishes the following safety solutions for the patients:

- ✓ Correct Patient Identification
- ✓ Improve Staff Communication
- ✓ Safe usage of medication
- ✓ Safe usage of alarms
- ✓ Improved Hand Hygiene to Prevent Health Care-Associated Infection

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- ✓ Identify patient safety risks
- ✓ Prevent mistakes in surgery / procedure

16. CONSENTS: Willingness of a Patient to undergo examination /procedure/treatment by a healthcare provider. It may be implied (e.g patient registering in OPD) or expressed in written or verbal.

General Consent is sought at the time of Admission and seeking OPD consultation.

Informed consent is the healthcare provider has a duty to inform the patient about the procedure, its potential risk and benefits. Various consent forms such as Informed consent for Surgery, Anesthesia, Restraint etc. are available at SVMCH & RC.

17. MEDICATION MANAGEMENT AT SVMCH & RC:

The hospital has a safe and organized medication process. The process includes policies and procedures that guide the availability, safe storage, prescription, dispensing and administration of medications. The process also includes monitoring of patients after administration and procedures for reporting and analyzing medication errors.

Safe use of high risk medications, Narcotic Drugs & Psychotropic Substances (NDPS) and Look alike and sound alike (LASA) drugs are guided by policies and procedures. Medications also include blood, implants, devices and medical gases.

18. Ten R's of Medication Administration: Staff at SVMCH & RC follows ten R's of medication administration.

1. Right Patient
2. Right Drug

3. Right Dose
4. Right Dosage Form
5. Right Time
6. Right Route
7. Right Reason
8. Right Response
9. Right Documentation
10. Right Assessment & Evaluation

19. Drug Recall Policy: On receipt of banned / discontinued medications from manufacturers / stockists / distributors / medical representatives concerned with batch number, the same shall be retrieved from all locations in the hospital where such medicines are in stock and shall be returned to the stockist, distributors concerned. Such retrieved medicines shall be quarantined in Pharmacy until the drug is packaged and returned as per manufacturer's instructions.

20. Verbal orders - Read Back Policy: In case of in-patients, in emergencies if the doctor gives any verbal orders or telephonic orders regarding medications to be administered to a particular patient. The individual accepting the verbal order shall record and then read back the order in its entirety to the prescribing physician at the time the order is given, documenting that the order was "read back".

21. Labeling of Medication: Already prepared medications shall be labeled with the name of the drug, dosage, timing, start date &

time, sign of the personnel prior to preparation of the second medication [applicable only for parenteral drugs].

22. CSSD POLICY FOR STERILIZATION & RECALL:

22.2. Sterilization: It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.

22.3. CSSD at SVMCH & RC ensures a high standard of sterilization and disinfections, to minimize the incidence of hospital infection. This process is centralized and takes place in central sterile supply department (CSSD). Sterilization of all surgical equipments, reusable consumables, surgical linen etc is done at CSSD prior to use. The efficacy of sterilization process is checked by using chemical, biological and physical indicators.

22.4. Recall Procedure: Whenever a breakdown in the sterilization system is noted all packs sterilized by the faulty machine/process is immediately called back from the respective area where the sterile packs has been supplied. The packs called back and are sent for re-sterilization.

23. STANDARD PRECAUTIONS:

23.1 It is the method of infection control in which all human blood and other body fluids are considered infectious for HIV, HBV and other blood borne pathogens, regardless of patient history.

23.2. Standard precautions apply to blood, all body fluids, secretions and excretions except sweat regardless of whether or

not they contain visible blood, non - intact skin and mucous membrane.

23.3. Standard precautions such as Hand Hygiene, Use of personal protective equipments, isolation of infected patients and barrier nursing protocols are followed at Hospital by the staff. Bio-medical waste management is done as per the BMW handling rules and Pre-employment health check up and vaccination of all the employees is done on routine basis.

23.4. "Do not touch or use anything that has the patient's body fluid/blood on it without a barrier such as gloves."

23.5. CLEANING AND DISINFECTION PROTOCOLS: It is the process of killing or removing by using chemical agents such as Taski Products, Bacillocid, D125 etc. Disinfection of surface and corridors is done by the housekeeping staff as per the Hospital Infection Control guidelines.

24. QUALITY INDICATORS: Quality indicators are the parameters used to assess and measure the quality of services being provided by the organization. Quality indicators are statistical measure of the performance of functions, systems or processes overtime. For example: Hospital acquired infection rate, mortality rate, Rate of employee absenteeism, employee attrition rate etc.

24. Incident Reporting:

All incidences to be reported on the Incident reporting Format.

25. SENTINEL EVENTS: Sentinel events which are relatively infrequent, unexpected incident, related to system/process deficiencies, which leads to death or major and enduring loss of

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function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.

26. ADVERSE DRUG EVENT: Any untoward medical occurrence present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.

27. ADVERSE DRUG REACTION: A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.

28. SURGICAL SAFETY CHECKLIST: The hospital adheres to the use of surgical safety checklist as per the guidelines of World Health Organization to address surgical safety.

The checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: Before the induction of anesthesia ("sign in"), before the incision of the skin ("time out") and before the patient leaves the operating room ("sign out"). In each phase, a checklist coordinator (Member of surgical team or nurse) must confirm that the surgery team has completed the listed tasks before it proceeds with the operation.

29. SPILL MANAGEMENT: A System in place for dealing with blood and body substance spills and protocols which included in HIC manual emphasized during ongoing education/ training programs. The basic principles of blood and body fluid/substance spills management is to avoid hospital acquired infection.

30. HOSPITAL CODES: A system of notification to all employees working in the hospital when a state of emergency has occurred. It is applicable to all employees working in the hospital at that time.

The following codes are used in SVMCH & RC:

S.No	Code name	Threat indicated
1.	Code Blue	Imminent/ established cardio respiratory arrest
2.	Code Red	Fire
3.	Code Yellow	External Disaster
4.	Code Pink	Child / Baby Abduction
5.	Code Black	Bomb Threat
6.	Code Orange	Internal Disaster / Chemical Spill
7.	Code Green	Evacuation in case of Fire / Internal Disaster
8.	Code Grey	Any Medical Emergency
9.	Code Violet	Mob Violence / Fights
10.	Code Clear	To announce clearance of any Code

31. MEDICAL RECORD CHECKLIST: Contains the chronological sequence of events that patient undergoes during his stay in the healthcare organization.

Checklist includes demographic data of the patient, assessment findings, diagnosis, consultation, procedures undergone, progress notes and discharge summary (death summary where required).

32.NEEDLE STICK INJURY & POST EXPOSURE PROPHYLAXIS:

A **needle-stick injury** is any injury sustained as a result of the skin being pierced by sharps used for patients has a potential to cause infection. More than 20 types of infections can occur through this route & HIV, HBV, HCV are considered most important & needle sharps are the major culprits.

Steps to be followed immediately after needle stick injuries:

1. Remove the offending needle immediately
2. Wash the site of prick thoroughly with soap and water immediately
3. Needle sticks injury to be informed immediately to Infection control nurse/infection control committee chairperson so that post exposure prophylaxis protocols can be taken care of.

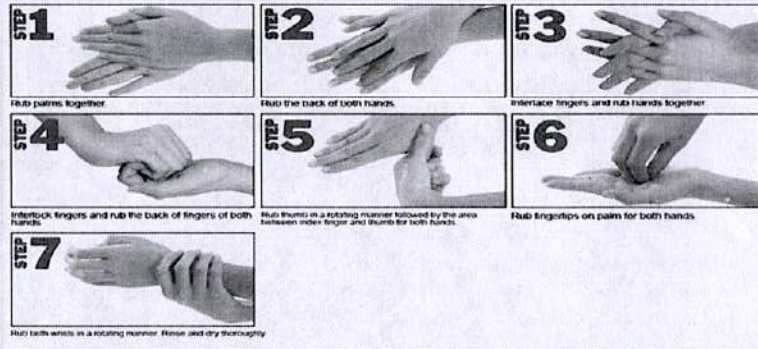
33. LIST OF STATUTORY REQUIREMENTS: As a part of quality improvement it is mandatory to fulfill all the below mentioned statutory requirements and Acts. (From application form)

34.BMW COLOR CODING:

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SEGREGATION OF BIO-MEDICAL WASTE மருத்துவக் கழிவுகளைப் பிரித்தெடுத்தல்		செல்லும் வழிமுறைகள்	
		INFECTIOUS WASTE <ul style="list-style-type: none"> Human anatomical waste Solid waste Expired or discarded medicines Chemical / liquid waste Laboratory waste 	தொற்று கழிவுகள் <ul style="list-style-type: none"> மனித உடல் அங்கங்கள் கடின கழிவுகள் பயன்படுத்தாத மருந்துகள் கரிபெயர்ந்த மருந்துகள் மருத்துவக் கழிவுகள் மருத்துவக் கழிவுகள் மருத்துவக் கழிவுகள் மருத்துவக் கழிவுகள் மருத்துவக் கழிவுகள்
		CONTAMINATED WASTE Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, Urine bags, gloves and syringes without needle, mask	மசூல்கள் கழிவுகள் <ul style="list-style-type: none"> மசூல்கள் மசூல்கள் மசூல்கள் மசூல்கள் மசூல்கள் மசூல்கள் மசூல்கள் மசூல்கள் மசூல்கள் மசூல்கள்
		GLASSWARE, METALLIC BODY IMPLANTS Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes	கண்ணாடிகள், உலகநிலை உருவகங்கள் <ul style="list-style-type: none"> கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள் கண்ணாடிகள்
		WASTE SHARPS INCLUDING METALS Needles, scalpels, blades and sharp objects (This includes both used, discarded and contaminated metal sharps)	காய்க்கலன்கள் கழிவுகள் உருவக கழிவுகள் <ul style="list-style-type: none"> காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள் காய்க்கலன்கள்

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35. HAND HYGIENE GUIDELINES: 7 Steps of Hand Rub/ Hand Washing:



36. RIGHTS AND RESPONSIBILITIES OF THE PATIENT

The following are the rights and responsibilities of a patient

Patient's Rights:

- ❖ **Respect / Dignity :** Patient have to be treated with respect, consideration, compassion and dignity, in a safe and clean environment regardless of your age, gender, race national origin, religion, sexual orientation or disabilities.
- ❖ **Identity of the Care Providers:** Patients have to be addressed by their proper name and to be told the names of the doctors, nurses and other healthcare team members involved in your care.
- ❖ **Communication:** The right to a clear and understandable explanation by their doctor about their diagnosis, as well as the benefits and risks.
- ❖ Patients have to give consent (written) before any non-emergency procedure or treatment begins.

- ❖ Patients have to be informed about pain.
- ❖ **Refusal of Treatment:** Patients have to agree to, or refuse to, take part in medical research studies.
- ❖ Patient has to be involved in their discharge plan and to receive information about follow-up care.

PATIENT RIGHT TO INFORMATION:

- ❖ Patient conduct and responsibilities, service available at our hospital; provisions for after-hours and emergency care; fees for services and payment policies
- ❖ Patient has the right to inspect and request a copy of their medical information.
- ❖ Patient has the right to make suggestions and express grievances; No person will be asked to waive his or her rights, including the right to file a complaint regarding privacy, as condition of treatment.
- ❖ The right to have an interpreter if they do not understand explanations.

PATIENTS RESPONSIBILITIES:

- ❖ Patients have to keep appointments, be on time for appointments, and to their doctor / hospital.
- ❖ Patients have to provide complete and accurate information, including their full name, address and residential telephone number, date of birth, insurance carrier and employer, when required.
- ❖ Patients have to provide accurate and complete information about current and past illness, medications, and other matters pertaining to their health.
- ❖ Patients have to follow the treatment plan recommended by their doctor.
- ❖ Patients have to actively participate in their pain management plan and to keep their doctors and nurses informed of the effectiveness of their treatment.
- ❖ Patients refusing treatment are responsible for their actions.

- ❖ Patients have to take care of their belongings. They should leave their valuables at home.
- ❖ Patients have to treat all hospital staff, other patients and visitors with courtesy and respect; abide by the hospital rules and safety regulations; be considerate of noise levels, privacy and number of visitors.
- ❖ Patients have to provide complete and accurate information about their health insurance coverage and to pay their bills.
- ❖ Patients have to report any issues, complaints or concerns that may affect their care.

37. ACCIDENT PREVENTION

The hospital strives to provide an environment free of recognizable hazards and to reduce the risk of injury. Hospital assures a safe environment for patients, personnel and visitors by establishing a safety management program.

- ❖ Hospital policy compliance with all safety & health standards and regulations in accordance with legal and contractual requirements.
- ❖ Preventing accidents is an individual responsibility and make Hospital a safe place to work.
- ❖ Follow all hospital and Department safety policies and practices.
- ❖ Be continuously informed about the fire rules of the Hospital, the location of the fire extinguishers and the fire alarms.
- ❖ Avoid accidents by eliminating hazards.
- ❖ Keeping work areas clean and tidy.
- ❖ Bad housekeeping cause more accidents at work.
- ❖ Report all accidents to the head of the department or to the Immediate superior.
- ❖ Obey the sign and posters
- ❖ Never operate electrical equipment with wet hands.
- ❖ Uniform / Dress code to be followed for full protection.
- ❖ In case of any emergency, (Do not panic, act calmly and quickly.)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Each floor has a complete set of PPEs (gloves, goggles, face mask, apron, gumboots, etc) to be used in such situations, and replaced later.

HR – POLICY

1. RULES AND REGULATIONS APPLICABLE TO EMPLOYEES

- The Employee working hours are well defined according to the area of work.
- Every employee should be present at their respective work place at the scheduled time and should not leave the work place except at the time fixed and notified.
- All employees are allowed 10 minutes grace time at the beginning of their shift.
- The employees have to punch attendance while entering and leaving the premises and vice versa even during lunch break.
- The employee has to make an 'in' and 'out' entry in the movement register while leaving and returning to the work station during working hours.
- Any employee not found in the designated work area after punching his / her attendance will be marked absent.
- The employee can avail permission from HOD / immediate Supervisor to leave their workplace for to 3 hours per month. Permission shall not be prefixed or affixed to any leave available.
- Employees who are absent from their workplace without prior permission / leave will be marked absent for that respective half of the shift.
- The employee who wants to leave the premises during working hours 'on duty'; the 'on duty' slip should be duly signed by the concerned HOD and forwarded to the HR Department.

PERMISSION:

If the employee is given one hour permission form for going early, he/she should leave precisely before an hour and not earlier.

2. EMPLOYEE CLASSIFICATION POLICY

- Permanent
- Probationer
- Trainee

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➤ Employee on Contract

- I. **PERMANENT EMPLOYEE** is one who has satisfactorily completed the prescribed period of probation in the same or higher or equivalent category in the hospital/ Institute.
- II. **PROBATIONER** is an employee who is yet to complete the probation period and is provisionally employed to fill a permanent vacancy.
- III. **TRAINEE** is one who is engaged essentially in learning any skilled work provided that the period of such learning shall not exceed six months for those with prescribed qualification and one year for others.
- IV. **EMPLOYEE ON CONTRACT:** Employee who works in our Institution under a Contractual basis, they can be changed from time to time based on the performance.

3. **TIME OFFICE POLICY / PAYROLL PROCESS**

Salary will be paid to employees through the Bank; the employee will open a bank account at the time of joining the Organization.

4. **LEAVE POLICY**

The Leave year is calculated from January to December

CATEGORIES OF LEAVE (Leave Applicable Details)

- Casual Leave - Employees are eligible for 12 days of casual leave with salary per year.
- Earned Leave - All Employees after completion of one year are eligible for 12 days of earned leave in a year.
- Maternity Leave: Female employees are eligible for 6 months under ESI scheme.

GENERAL CONDITIONS FOR LEAVE:

- ❖ Sanction of leave is dependent on the conditions and emergency of work; it cannot be claimed as a matter of right.
- ❖ Employees are permitted to avail one category of leave at a time and clubbing of different categories of Leave (Refer Leave Policy) will not be permitted.
- ❖ If leave is not sanctioned by the HOD but availed, it would be considered as 'Absent' - 'Loss of pay'.

- ❖ Maternity leave shall be sanctioned only on the basis of a medical certificate issued by a registered medical Practitioner. The concerned employee is to produce a Medical certificate while rejoining the duty.
- ❖ All leave form/application should be approved by the immediate reporting Head and forwarded to Head of the Department / Institution, then sent to the HR department for verification and Approval.

5. **RECRUITMENT POLICY**

- Based on the requirement of manpower in the department, the concerned Head of the Department will make a requisition to the HR department in writing (MPRF), justifying the requirement along with Job description & job responsibilities. The request will be forwarded to the management for approval.
- On receipt of approval from Manpower Power team, the HR recruitment team will select suitable applications from the existing data bank / resumes received from advertisements in newspaper / on-line job search sites and forward the shortlisted resume's (approved by HR HEAD) to the concerned HOD for a short listing of candidates.
- On receipt of the list of the short listed candidates, interview call letters will be sent by the HR personnel.
- Interview panel will conduct the Interview to finalize the selection. All educational qualifications and experience will be verified.
- HR Department on receipt of the selected candidates will work out the salary as per the hospital salary structure, and by the rating given by the panel members; obtain signatures of the panel members and put up for the approval of the Management.
- Provisional orders will be sent to the selected candidates.

6. **INDUCTION & ORIENTATION POLICY**

- Orientation / Induction Training will be given to the new employee. The program will be in the form of a power point presentation and tour of the facility. The program will be conducted in the preview that every employee should be oriented towards the hospital's standards of working and goals in general.
- Job description, job responsibilities and method of performance appraisal will be discussed. On the day of joining the organization, an introduction to co workers and tour of work related areas will be

organized by the HR Department.

- All employees are to familiarize themselves with the policies and procedures of their Department.

7. EMPLOYEE RIGHTS AND RESPONSIBILITIES:

The following are the rights and responsibilities of an employee.

Employee Rights:

- ✓ Right to get wages for work done.
- ✓ Right to receive official information.
- ✓ Right to hours of work, holidays, vacations and maternity leave (in case of women employees).
- ✓ Right to work in a respectful, inclusive environment free of discrimination.
- ✓ Right to be free from harassment of any sort.
- ✓ Right to safe workplaces free of dangerous conditions. Free from exposure to toxic substances and other potential hazards.
- ✓ Right to grievance redressal.
- ✓ Right to get vaccinated.

Employee Responsibilities:

- ✓ Coming to work on time by wearing uniform with ID card.
- ✓ All employees are expected to come well groomed and in formal dress code and formal footwear.
- ✓ Hospital functions round the clock and employees are expected to work on shifts or normal duty hours to support the Hospital's 24x7 operations. Employees shall be required to work overtime when the workload necessitates.
- ✓ The employees shall be responsible for ensuring that the equipment allocated to them or in use in their work is used and maintained in accordance with the standard operating guidelines.
- ✓ To work with commitment and patient care.

- ✓ All employees are expected to maintain discipline, professional ethics and complete integrity in the performance of work.
- ✓ Follow the Employer's reasonable, logical and lawful instructions.
- ✓ Leave shall be planned well in advance and prior sanction shall be taken by the Competent Authority before proceeding on leave. If an employee is unable to report to work on schedule, he / she shall inform his / her Department Head in writing.

- ✓ Follow the Employer's reasonable, logical and lawful instructions.
- ✓ Employees should not to converse in their local vernacular while in patient contact areas.
- ✓ Maintain the confidentiality regarding patients and institution related issues and information.
- ✓ Employees shall devote their time exclusively for the work assigned to them and do not engage in unrelated activities.
- ✓ Employees should not indulge in receiving gifts or any form of bribe or favours from patients, patient's attenders and outsiders.

8. DRESS CODE

All employees are to be in their uniforms compulsorily in the hospital premises.

Employee ensures that:

- Uniforms are clean well ironed and not torn or obviously re- stitched.
- Uniform should be worn properly and uniformly by everybody and not according to personal styles or with any additions or deletions.
- All Doctors have to wear their coat during rounds. The coat should be neat and clean.

9. TRAINING & DEVELOPMENT POLICY

- Training needs of each employee will be identified.
- An appropriate training schedule will be drawn up and communicated to the employee.
- Training programs offered - soft skills training, work related training, safety training, infection control training, training on utilization of new

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equipment / technology etc.

- Post training evaluations will be conducted. Participation in training and the outcome of post training tests will be recorded.

10. PERFORMANCE APPRAISAL POLICY

- All permanent employees will be appraised formally once a year. Employees on probation will be assessed on their completion of one year of service.
- The appraisal is to rate an employee for the given period in the following criteria. Job knowledge, competency, quality of work, efforts towards work, organizational goals, co-operation, interaction with other members of the organization, initiative, communication, team work, attendance and punctuality, care taken towards appearance, details of disciplinary procedures if any, training undergone by the employee and outcome of post training evaluation.

The appraisal has 4 levels of rating.

- ❖ The criteria of the appraisal will be made known to the Staff at the time of induction itself.
- ❖ The employee will be given an opportunity for self appraisal in which they rates themselves.
- ❖ The appraiser will review the self assessment and the remarks of the employee and discuss his evaluation with the employee.
- ❖ The evaluation will be used as a tool for further development.
- ❖ The results of both, the rating by the appraiser and the individual will be reviewed by Dept.HOD and HR-Head for further action.
- ❖ All recommendations for counseling / promotion / increment will be reviewed and approved by Management.
- ❖ The completed performance appraisal form will be kept in the employee's personal file and will be treated as confidential.
- ❖ Only the Management has the right to DECIDE

11. EMPLOYEE BENEFITS: Statutory and non-statutory benefits

UNIFORMS: 2 sets of uniform will be provided per year.

TRANSPORT: Concession is given for the Faculties and Staff.

MARRIAGE GIFTS: Management support and join hands with the employees in their happy moments and take part in their family ceremonies and celebrations such as marriages of self and family members and also provides them monetary gifts on such occasions.

FESTIVALS GIFTS: Employees are given gifts on "Pongal day" Festival

BIRTHDAYS WISHES: The employees are greeted on their birthdays through various modes of communications.

EDUCATIONAL LOAN/ EMERGENCY LOAN: Educational loan to be utilized in educating their wards and loan for Medical expenses for self or for their family members are given to the employees to assist them on such occasions.

SALARY ADVANCE / FESTIVAL ADVANCE: During the festivals season the employee are given Salary advance.

12. STATUTORY BENEFITS:

EMPLOYEES PROVIDENT FUND SCHEME (EPFS)-Implemented strictly as per the provision enumerated in the EPF Act 1952.

EMPLOYEE'S PENSION SCHEME (EPS) - Providing benefits to the employees after retirement as per the EPS Scheme.

ESI - Employees State Insurance is provided.

HEARSE EXPENSES: The Management takes care of the partial expenses towards hearses of the employee and their blood relatives.

FREE MEDICAL TREATMENT / VACCINATION: Even though the Management is contributing towards ESI benefits the employees are also provided concessional medical treatments.

ANTI GENDER HARASSMENT CELL: An Anti Gender Harassment Cell has been set up to help & support the female students & staff.

13.EMPLOYEE HEALTH CHECKUP: Pre-Employment and Yearly / Periodic Health Check-Up is done for all new employees and once in a year general / Periodic health check up all existing employees and maintains record in employee's personal file.

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14. CONCESSION IS PROVIDED FOR EMPLOYEES: All Category of SVMCH & RC employees and their Dependants (Father, Mother, Spouse, Kids only) can avail Medical concessions in certain aspects of medical care

15. GRIEVANCE HANDLING POLICY: This is a mechanism for employees to resolve grievances and to facilitate a fair and timely settlement of disputes. It aims to create a positive and constructive work environment. This policy is applicable to all categories of Staff employed by the organization.

The grievances may be in regard to duties, relationship with co-workers and working conditions.

16. ANTI WOMEN SEXUAL HARASSMENT POLICY

1. The Hospital is committed to totally prohibit any form of sexual harassment in the work place.

2. This applies equally to relations between superiors and subordinates as well as between peers.

3. Any incident or a complaint of sexual harassment will be viewed seriously.

4. A complaint or report of sexual harassment will be immediately investigated and appropriate action will be taken against the offending employee or employees.

5. Such action will depend on the nature and seriousness of the offense and will include strict disciplinary action including termination of service.

17. TERMINATION OF EMPLOYEE

a) The reasons for the termination of service shall be recorded in writing and shall be communicated to the employee at the time of termination. Resignation by the employees shall not take effect unless it is accepted by the Management

b) Where the employment of any person is terminated the wage / salary earned by him / her shall be paid.

18. SERVICE OF NOTICE

1. Any matter required to be notified under these Standing Orders and

any notice by the employer to the employed in the hospital shall be displayed on notice boards maintained for the purpose at conspicuous place in the premises of the hospital.

2. Any notice or communication intended for any employee personally may be delivered to them personally in the premises of hospital or sent to them by Registered Post with Acknowledgement due to the address of the employees as specified in the service records.

19. EXIT INTERVIEW POLICY:

▪ All employees leaving the organization on their own will (including those who are retiring) participate in the exit interview.

▪ By collecting information from this process the management will be better equipped to make decisions in recruitment, retention and motivation.

▪ The exit interview questionnaire has to be conducted by the HR HEAD / HRD/ or nominated by HR HEAD.

20. EMPLOYEE GRIEVANCE HANDLING:

1. Employees' grievances shall be accepted on formal/ informal basis.

2. The HR HEAD shall be the nodal representative of the Management for receiving all the employees' grievances.


3. The Employee in the first instance are encouraged to take up grievances with their immediate supervisors or functional in charges.

4. In case the employee is not satisfied with the decision of the immediate supervisor or fails to receive an answer from them he/she may refer his grievances to the HR HEAD directly.

5. On receipt of the employee's grievances, the HR HEAD shall have a closed door, one to one discussion with the employee and verify, analyze the various aspects of the grievance and refer the matter to a grievance panel.

6. A Grievance panel then helps the employee by addressing the grievance.

7. The HR department shall analyze the grievances to take necessary steps to eliminate the root causes of such grievances and prevent their re-occurrence.


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