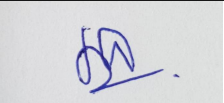

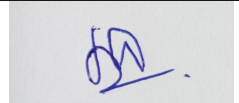
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Document No:	QIP/ GDCHA/HIC /01-07
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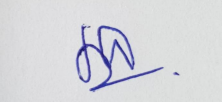

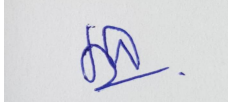
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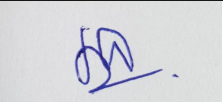
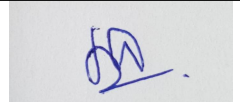
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AMENDMENT SHEET

Sr.No.	Section No	Date of Amendment	Details of the amendment	Reasons	Signature of amending authority	Signature of approving authority
1						
2						
3						
4						
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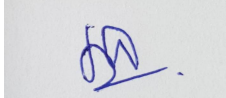

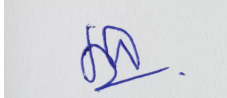
HOSPITAL INFECTION CONTROL**Reasons for Revision:** Accreditation Standards for Dental health care service providers 2nd edition January 2012**CONTROL OF THE MANUAL**

Refer to Document control policy

DISTRIBUTION LIST OF THE MANUAL:

The following are the authorized holders of the controlled copy of HIC Policy Manual.

S.No	Designation
1	Additional Director/Dean Government Dental College and Hospital
2	Chairperson Infection Control Committee- Head of the Department Pathology
3	Infection Control Officer
4	Head of the Department of Endodontia
5	Head of the Department of Pedodontia
6	Head of the Department of Periodontia
7	Head of the Department of Oral Surgery
8	Head of the Department of Orthodontia
9	Head of the Department of Oral Medicine and Radiology
10	Head of the Department of Oral Pathology
11	Head of the Department of Preventive and Community Dentistry
12	Head of the Department of Prosthodontia
13	Head of the Department of Medicine
14	Head of the Department of General Surgery
15	Assistant Hospital Administrator
16	Sanitary Inspector
17	Security Supervisor

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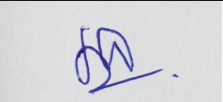

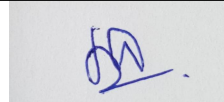
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3	IC-03 Surveillance of Infection Control protocols	
4	IC-04 Facilities and adequate resources are provided to support the infection control program.	
5	IC-05 Documented procedures for sterilization activities in the facility.	
6	IC-06 Statutory provisions with regards to Biomedical waste management and handling	
7	IC-07 Appropriate allocation of resources and training	

ABBREVIATIONS- Refer List of abbreviations

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HIC -01- 1.1-1.4The GDCHA has a comprehensive and coordinated Infection Control Programme aimed at reducing or eliminating risks to patients, visitors ,care providers and community.

PURPOSE

To establish a well designed comprehensive and coordinated hospital infection prevention & control programme aimed at reducing/ eliminating risks to patients, visitors ,providers of care and community

SCOPE

All Patients, their relative,students and Staff of Government Dental College and Hospital,Ahmedabad.

RESPONSIBILITIES

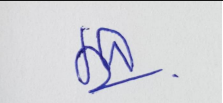

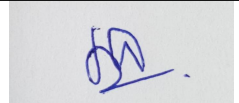
All Government Dental College Staff and students

PROCEDURE

1.1 The GDCHA has a documented hospital infection prevention & control programme aimed at preventing & reducing risks of Healthcare associated infections in all areas of the hospital. It also includes the monitoring of the infection control programme . The GDCHA has Hospital Associated infection Prevention & Control Manual which incorporates the structure of the programme, all processes, activities and surveillance procedures related to the programme which is based on the current scientific knowledge , guidelines from international / national and professional bodies and statutory requirements as applicable. This is made in reference to WHO guidelines, CDC guidelines & Manual for Control of Hospital Associated Infections. Refer HIC Manual.

The hospital recognizes the control of Health Care Associated Infections as an important issue and is committed to fulfilling its responsibility by ensuring that proper safeguards are instituted to identify and prevent Healthcare Associated Infection (HCAI).

The Structure of the Hospital Infection Prevention & Control Programme is as follows

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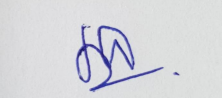

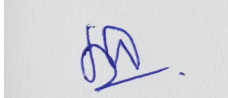
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HOSPITAL INFECTION CONTROL

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- Having a written document (Hospital Infection Prevention and Control Manual) outlining the various infection control policies and procedures and periodically updating it at least yearly. It includes policies and procedures like Standard precaution, Isolation precautions, Hand hygiene, Personnel protective equipment, aseptic precautions for various procedures , sterilization activities, Linen management, , engineering controls in preventing infections, housekeeping activities, Biomedical Waste Management & handling , Needle stick injury, Spill Management, Post exposure prophylaxis etc.
- Identification of the high risk areas
- Infection control procedures during patient work on dental chair stations
- Surveillance programme to capture and monitor implementation of infection prevention and control programme
- Identification of critical components of dental chair station
- To lay down policies and procedures for sterilization activities including the reprocessing of used instruments
- Adherence to standard precautions
- Evaluation of infection control efficacy before purchase of equipment, instrument and dental materials
- Engineering controls to prevent infections
- To provide Facilities and adequate resources are provided to support the infection control program
- Statutory provisions with regards to Biomedical waste management and handling
- To lay down employee health programme for staff health activities and monitor it
- Monitoring the activities of infection control team.
- Induction and on-going educational/training program related to Hospital Infection Prevention and Control at Induction for all cadres of hospital staff.

1.2 The GDCHA has an Infection Control Committee.

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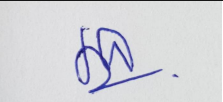

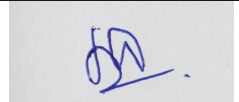
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Committee Composition:

The GDCHA has a multidisciplinary Infection control committee which coordinates all infection prevention and control activities. The committee members are Hospital administrators, Microbiologists, Dentists, Dental Surgeon, Head Nurse, Sanitary inspector from the support services. Other invitees members as and when required. The policies and procedures are laid down by the committee to guide the implementation of the programme. The composition is as follows

Sr. No.	Designation Organization	Designation Committee
1	Additional Director/Dean Government Dental College and Hospital	Chairperson
	Professor & Head-(GP)	Member Secretary
2	Professor-(Ortho)	Member
3	Asst. Professor- (Public Health)	Member
4	Assistant Professor(Oral Pathology)	Member
5	Professor & HOD-(Gen. Pharma)	Member
6	Professor(OS)	Member
7	Asst. Professor(Prosthodontics)	Member
8	Asst. Professor(Operative)	Member
9	Tutor-(Pedodontia)	Member
10.	Tutor(OS)	Member
11	AHA	Member

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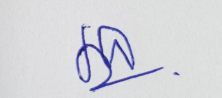

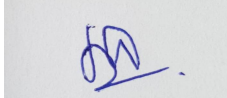
HOSPITAL INFECTION CONTROL

Reasons for Revision: Accreditation Standards for Dental health care service providers 2nd edition January 2012

11	SI	Member
12	Staff Nurse(ICN)	Member
13	Security Supervisor	Member

OBJECTIVE

- Having a written document (Hospital Infection Prevention and Control Manual) outlining the various infection control policies and procedures and periodically updating it at least yearly. It includes policies and procedures like Standard precaution, Isolation precautions, Hand hygiene, Personnel protective equipment, aseptic precautions for various procedures , sterilization activities, Linen management, , engineering controls in preventing infections, housekeeping activities, Biomedical Waste Management & handling , Needle stick injury, Spill Management, Post exposure prophylaxis etc.
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- Monitoring the activities of infection control team.

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- Induction and on-going educational/training program related to Hospital Infection Prevention and Control at Induction for all cadres of hospital staff.
- HICC meets regularly not less than once in 3 months and on asrequired basis, with a minimum quorum of 80 % and the minutes of meetings are documented

1.3 The GDCHA has an Infection Control Committee.

Infection control team

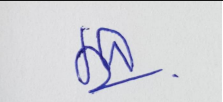

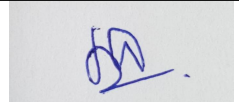
The hospital has a infection control team which coordinates the implementation of all infection prevention and control activities. The team is responsible for day to day functioning of infection prevention and control programme. It supports in surveillance process. The team participates in audit activity and in infection prevention and control on day to day basis as well as it educates the staff in this regard. The team includes ICO, ICNs and others. The few team members are also part of Infection Control Committee


The following form the Infection Control Team:

Sr. No.	Designation Organization	Designation Committee
1	Assistant Professor Pathologist	Infection Control Officer
2	Tutor- Oral Surgery	Member
3	Tutor- Paediatric Dentistry	Member
4	Tutor- Operative Dentistry	Member
5	Tutor- Oral Pathology	Member
6	Assistant Hospital administrator	Member
7	ICN	Member
8	Sanitary Inspector	Member

RESPONSIBILITIES OF INFECTION CONTROL TEAM

- Surveillance of hospital infection
- Monitor sterilization and disinfection protocols.
- Identifying appropriate resources for a program to monitor infection and apply the most appropriate methods for preventing infection.
- Ensuring education and training of all staff through support of program on the prevention of infection in disinfection and sterilization techniques.
- Look over the appropriate implementation of bio-medical waste management as per the guidelines

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- Compliance and implementation of policies approved by Infection Control committee.
- Monitoring adherence standard precautions & aseptic techniques, including hand washing, use of isolation precautions and necessary infection control techniques in high risk areas like OT
- Monitors effectiveness of Housekeeping Service
- ICT meets formally apart from daily activities monthly for data analysis, monitoring of HIC indicators and its trend analysis and the minutes of the meeting are documented.

INFECTION CONTROL OFFICER (ICO):

The Pathologist serves as Infection Control Officer.

DUTIES OF INFECTION CONTROL OFFICER:

The Pathologist is the infection control officer and is also the member of infection control committee. The infection control officer is responsible for the following:

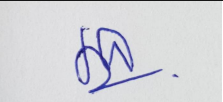

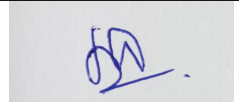
- Monitoring the decisions of infection control committee.
- Organization of training program for staff.
- Conducting on-going surveillance of hospital infection
- Environmental surveillance when needed.
- Carrying out of infection control activities as decided by ICC.


INFECTION CONTROL NURSE

The duties of the ICN are primarily associated with ensuring the practice of infection control measures by nursing and housekeeping staff. Thus the ICN is the link between the HICC and the wards. The infection control nurse is trained in hospital infection control principles

They are responsible for:

- Conduct environmental rounds in all inpatient and outpatient care areas. Regular visits to all wards and high risk areas.
- Surveillance: Checking nurse administrator registers and patient case records for cases suggestive of infections.

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- Collection of samples from different areas of the hospital for surveillance purpose and sending them to lab.
- Daily contact to microbiology lab to ascertain results of samples collected for surveillance and to liaise between microbiology and clinical departments.
- Data collection and Compilation of ward wise, specialty wise and procedure wise statistics for Hospital Infection.
- Assessing environmental control through surveillance of water supply systems as needed, engineering controls like air pressure relationships for high risk environmental monitoring.
- Monitoring of the implementation and adherence to laid down infection control policies and procedures.
- Education: Plan, organize, develop and implement educational programs for all hospital employees including administrative and ancillary services which convey specialized knowledge and skills to increase employee awareness of existence of nosocomial infections; techniques to prevent measures to provide a safe environment for hospital employees and patients. They Serve as a knowledgeable and available resource on infection control practices and policies to patients, families, staff, and health system employees.

HIC -02- 2.1-2.11 The GDCHA has an infection control manual

PURPOSE

To establish and implement policies and procedures in all areas of hospital

SCOPE

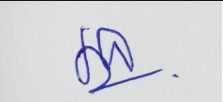

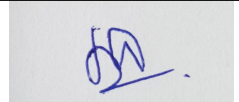
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RESPONSIBILITIES

All Government Dental College and Hospital Staff and students

PROCEDURE

Refer HIC Manual

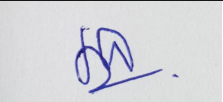

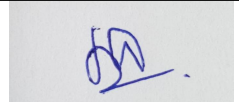
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- 2.1 The GDCHA has identified the various high risk areas of the hospital like clinical , OT, recovery area, post operative ward, dental labs, dental chair units etc. It has also identified the high risk procedures.
- 2.2 The GDCHA adheres to apply various infection control procedures during patient work on dental chair stations.
- 2.3 The GDCHA adheres regular vigilance or surveillance program to monitor implementation of infection control procedure by conducting regular audits by various modes of surveillance
- 2.4The GDCHA identify and adheres to different critical components of dental chair station like compressed air, water pipes, airtor, micromotor, hand pieces, scaler tips, chair light handles, equipment trolley handles to control infection spread.
- 2.5 The GDCHA identify and adheres to use of disposables and or various barrier techniques like use of disposable gloves, head caps, eye wear, patient protection gear, dental operating hand pieces, dental wraps etc
- 2.6 The GDCHA adheres to formulate the procedure sterilization and disinfection for reuse, reprocessing and recycling the used and soiled instruments for next patient use.
- 2.7 The GDCHA adheres to identify equipment ,consumable materials and staff to carry out disinfection or sterilization procedures between the patients to adhere to standards.
- 2.8 The GDCHA focuses on adherence to standard precautions all time.
- 2.9 The GDCHA should cover an evaluation of equipment, instruments or dental materials before purchase for infection control efficacy.
- 2.10 The GDCHA adheres to engineering controls to prevent infections are included like air quality in operation theatre, air conditioning, maintenance of dental equipment like air compressors, and use of air filters for providing filtered air. At dental chair station, replacement of filters. Inbuilt system like high vacuum suction system in dental chair, Engineering controls are examined regularly
- 2.11 The Hospital Infection Prevention and Control Programme is a continuous process and is updated at least once a year in reference to the newer literature on infection prevention and outbreak prevention mechanism , infection trends and outcomes of the audit processes.

HIC -03- (3.1 - 3.4) - THE SURVEILLANCE OF INFECTION CONTROL PROTOCOLS

PURPOSE

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To establish policies and procedures to perform surveillance activities to capture and monitor infection prevention

SCOPE

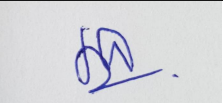

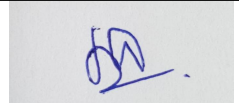
All patients, their relatives and staff of Government Dental College and Hospital, Ahmedabad.


RESPONSIBILITIES

All patients, their relatives, all staff of Government Dental College and Hospital, Ahmedabad.

PROCEDURE

- 3.1 Surveillance activities are appropriately directed towards the identified high-risk areas. GDCHA monitors surgical site infections (SSI) and Catheter Associated Urinary Tract Infections (CAUTI). GDCHA provides evidence of conducting periodic surveillance activities in its identified high risk areas and procedures. It is conducted at predefined frequency and mode of surveillance. The surveillance system adheres to the national/ international guidelines. Surveillance activities includes the areas of demolition, construction or repair in high risk areas. GDCHA conducts surveillance activities which includes both active and passive surveillance. The parameters to be captured and the process of reporting are laid down in HIC manual. Refer HIC Manual.
- 3.2 Collection and verification of surveillance data is an ongoing process. GDCHA ensures that it has a process in place to collect and verify surveillance data and also ensures that it is captured properly.
- 3.3 Scope of surveillance incorporates tracking and analyzing of infection rates and trends. This is done at regular intervals and GDCHA takes suitable steps based on the analysis. Appropriate feedback regarding HAI rates are provided on a regular basis to dental and nursing staff. The feedback shall include the rates, trends and opportunities for improvement. It could also provide specific inputs to reduce the HAI rate.
- 3.4 Surveillance activities include monitoring the effectiveness of house-keeping services. GDCHA monitors the effectiveness of housekeeping as a surveillance activity on regular basis daily housekeeping checklist is filled and supervised by the

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sanitary inspector of GDCHA.

HIC -04- (4.1 - 4.3) PROPER FACILITIES AND ADEQUATE RESOURCES PROVIDED TO SUPPORT THE INFECTION CONTROL PROGRAM.

PURPOSE

To establish policies and procedures for provision of adequate resources to support the infection control program.

SCOPE

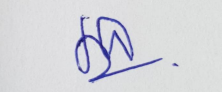

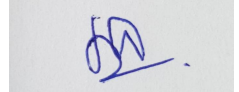
All Patients, their relatives and Staff of Government Dental College and Hospital, Ahmedabad.


RESPONSIBILITIES

DEAN AND A.O.

PROCEDURE

- 4.1 Hand washing/ scrubbing facilities in all patient care areas are accessible to dental health care providers. GDCHA ensures that it provides necessary infrastructure to carry out the same. GDCHA ensures to provide the necessary infrastructure like hand wash basins, taps, liquid soap, tissue for drying without contamination.
- 4.2 Compliance with proper hand washing is monitored regularly. The organization preferably displays the necessary instructions near every hand washing area. Compliance is verified by hand hygiene adherence audit etc. as a part of surveillance on monthly basis and sample size is chosen as per categories of staff involved in direct patient care. It also communicates the hand hygiene adherence compliance level with the relevant concerned staff.
- 4.3 Isolation/ barrier facilities- PPE are available. GDCHA defines the conditions where the same shall be carried out and ensure that it provides the necessary resources and maintains inventory to carry out the activity (e.g. clothing, masks, gloves, rubber dam/cotton rolls etc.). They are available at the point of usage and the inventory for the same is maintained. The staff uses the PPE appropriate to the risk involved and as soon as the purpose is served PPE is removed. Refer MOM Policy and Procedure.

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HIC -05- (5.1 - 5.3) GDCHA HAS DOCUMENTED PROCEDURES FOR STERILIZATION ACTIVITIES IN THE HOSPITAL

PURPOSE

To establish policies and procedures for sterilization activities in the hospital.

SCOPE

All patients, their relatives and staff of Government Dental College and Hospital, Ahmedabad.

RESPONSIBILITIES

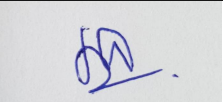

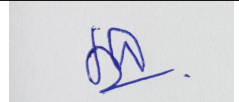
All Staff


PROCEDURE

- 5.1 There is adequate space available for sterilization activities. GDCHA has documented policies and procedures to guide the cleaning, packing and disinfection and or sterilization, storing and issue of items. Refer HIC manual. The GDCHA has documented policies and procedures for reprocessing of instruments and equipment which addresses cleaning, disinfection or sterilization of various accessories, instruments and equipment between patients. Refer HIC Manual.
- 5.2 Regular validation tests for sterilization are carried out and documented. This is done by accepted methods e.g. chemical strips, biological indicators etc.
- 5.3 There is an established recall and corrective audit procedure in case of breakdown in the sterilization system. GDCHA ensures that the sterilization procedure is regularly monitored and in eventuality of a breakdown, it has a procedure for withdrawal of such items and corrective steps implemented to prevent recurrence.

HIC-06-(6.1-6.7)GDCHA HANDLES THE BIOMEDICAL WASTE MANAGEMENT (BMW) IS HANDLED IN AN APPROPRIATE MANNER

PURPOSE

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To establish policies and procedures for Biomedical Waste Management and Handling

SCOPE

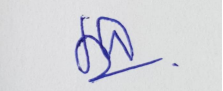

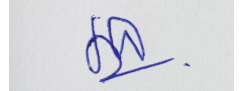
All Patients, their relative and Staff of GDCHAA, Ahmadabad.

RESPONSIBILITIES

All Staff

PROCEDURE

- 6.1 The GDCHAAA ensures to manage and handle Bio –medical waste (BMW) on its own and outsource its final disposal. The GDCHA has obtained permissions and approvals from Gujarat pollution control board. For the final disposal it is outsourced to a contractor authorized by GPCB and as per MOU of Health and Family Welfare Department Government of Gujarat. The GDCHA adheres to the Biomedical Waste Management rules 2016 and its amendments Refer Legal docs
- 6.2 Proper segregation and collection of bio-medical waste from all patient care areas of the GDCHA is implemented and monitored. The segregation of the waste is done as per color coding of Biomedical Waste Management rules 2016 and its amendments. The monitoring of the same is done by the members of the infection control team. Refer HIC Manual
- 6.3 The GDCHA ensures that biomedical waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner. The GDCHA has a separate area for storage of the biomedical waste and the waste is transported to the pre –defined site at definite time intervals (maximum within 48 hours) through proper transport vehicles in a safe manner to the outsourced agency for final disposal. The outsourcing agency is authorized by GPCB The infection control team visits the outsourcing agency six monthly for verification of adherence to the statutory requirements of Biomedical Waste Management rules 2016 and its amendments. Refer HIC Manual and Refer Legal Docs
- 6.4 Requisite fees, documents and reports are submitted to competent authorities on stipulated dates. The GDCHA ensures that the fees are deposited and annual reports submitted to the authorities in a timely manner.
- 6.5 The GDCHA provides appropriate personnel protective measures to be used by all categories of staff handling biomedical waste like gloves, mask, protective glasses, and

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- gowns. The staff uses the PPE while handling the waste. Refer HIC Manual.
- 6.6** GDCHA ensures the disposal of used sharp instruments as per statutory requirements and good clinical practices. In GDCHA sharp containers and needle cutters are installed for safe disposal for used injection needles, surgical blades, suture needles etc.
- 6.7** In GDCHA special attention is to be given to mercury hygiene and waste mercury disposal. GDCHA follows proper procedure for the storage and, handling, and disposal of mercury and mercury waste /amalgam. In GDCHA there is a provision of mercury spill kit. Refer HIC Manual

HIC -07- 1-7 THE INFECTION CONTROL PROGRAM IS SUPPORTED BY THE MANAGEMENT AND INCLUDES TRAINING OF STAFF

PURPOSE

To establish policies and procedures to support the Infection Control Program and train the staff

SCOPE

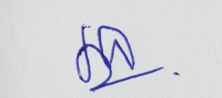

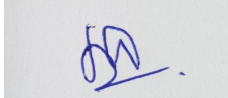
All Patients, their relative and Staff of GDCHA, Ahmadabad.


RESPONSIBILITIES

Hospital Infection Control Committee, Infection Control team and AHA

PROCEDURE

- 7.1 The management of GDCHA makes the resources available for the infection control program .GDCHA ensures the personal to be available in a sustained manner. This includes both men and materials. Refer HIC Manual & Refer ROM and HRM Manual
- 7.2 The GDCHA regularly earmarks adequate funds from its annual budget for Infection control like funds of Kayakalp, QIP etc. GDCHA ensures provision for a separate badger demarcated for HIC activity. This is to prepared taking into consideration the scope of the activity and previous year's experience. Refer ROM Manual / QIP Budget
- 7.3 The GDCHA conducts the pre-induction training related to policies and procedures of Infection control program for appropriate categories of staff before joining concerned department(s) . Refer

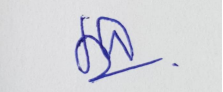

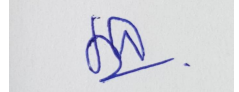
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HIC manual and Refer HRM Manual

7.4 The GDCHA conducts regular “in service” training sessions for all concerned categories of staff followed by the evaluation. Training is to be conducted at least once in a year and as and when required as per identified training needs. Refer HIC Manual & Refer HRM Manual

7.5 GDCHA ensures to provide appropriate pre and post exposure prophylaxis to all concerned staff members.

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**HOSPITAL INFECTION CONTROL-
VACCINE POLICY**

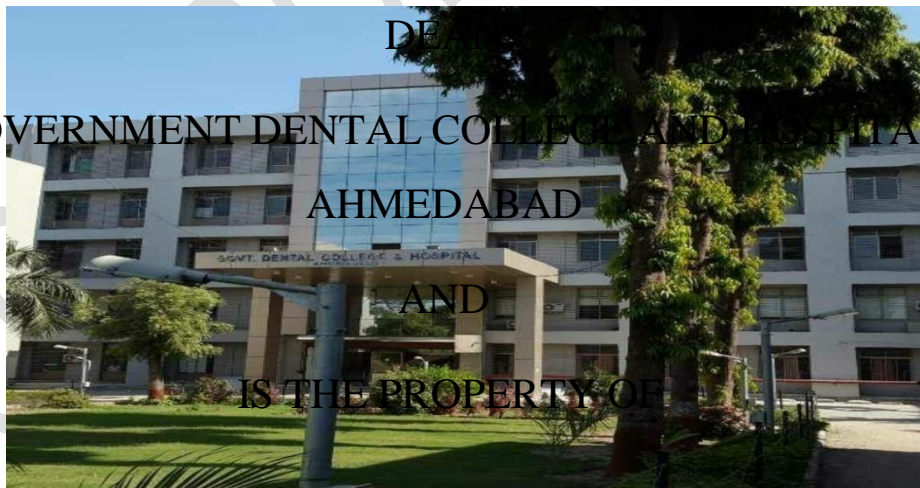
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Document Name:	HOSPITAL INFECTION CONTROL –VACCINE POLICY
Document No:	QIP/GDCHA/HIC /MANUAL/01
Issue No:	01
Issue Date:	1st Jan 2022
Effective Date:	06th Jan 2022


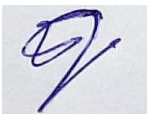

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VACCINE POLICY**

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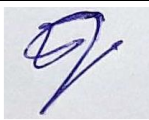

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Vaccination Policy (Hepatitis B)

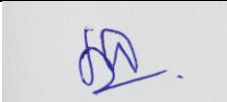
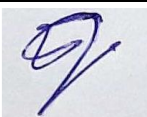

Govt. Dental College and Hospital Ahmedabad make every effort to be a model health promoting campus and to hold up the health of the students and the people in the community with whom they come in contact. All UG and PG Students who enrolls in this institution undertake clinical care in the institution, must comply with the pre and post immunization requisite requirements.


Immunization Requirements:

- Medical History Form, which includes an immunization history, shall be given to all new students & must be completed and returned to the Student Section Office prior to the students initial registration.
- All incoming students are required to provide to the satisfaction of Student Health
 1. Evidence of immunization against tetanus, diphtheria within the past 10 years and
 2. Immunization against Hepatitis B (compulsory vaccination at 0,1- & 6-month intervals for All UG & PG Students).
 3. The students vaccination registers are maintained once vaccination is given.

Waivers:

- Immunization is compulsory and mandated by Govt. Dental College & Hospital Ahmedabad will not be waived. **(Such as Hepatitis B).**
- A student who objects to immunization upon the grounds that immunization conflicts with his or her valid religious beliefs and practices may request a religious waiver.
- A waiver on religious grounds may be obtained by giving a written request to the Dean.
- This waiver will not apply in case of an emergency or epidemic of disease which is declared by the Ministry of Health.

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Employee Health of GDCH :

Administration department will formulate policies on vaccinations of staff recruitment.

1. Hepatitis B vaccine program

A. Vaccine offered/potential exposure

All employees whose jobs involve tasks with potential exposure to blood borne pathogens shall be offered the vaccine series. Any person who, at the time of recruitment claims to be fully vaccinated against HBV, shall have to submit the supportive evidence in the form of anti HBs titers.

B. Contractual staff

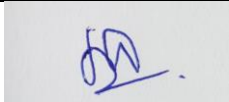
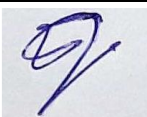

All contract workers shall be vaccinated against HBV before being assigned any work in the hospital. A list of all such workers working anywhere in the hospital at a given time shall be available with the personnel department.


C. Pre-vaccination screening

Generally pre-vaccination screening is not offered, but may be provided for employees with a reasonable possibility of being immune, e.g. stating a history of hepatitis but not knowing the type, etc.

D. Information provided

Information on the risk of occupational Hepatitis B, as well as other blood borne pathogens, will be provided to all employees at risk.

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E Declining vaccination


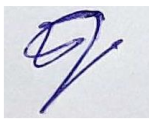

Should an employee choose to decline the vaccine, a declaration form will be completed and the employee will be informed that he/ she may be vaccinated at any time in the future. (See attached Hepatitis consent form.)

F. Maintenance of records

Records of vaccination of staff shall be maintained by the personnel department.

Immunizations recommended:

- a) •Hepatitis B
- b) •Tetanus

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Document Name:	Human resource Management (HRM)
Document No:	QIP/GDCH/HRM/01-12
Issue No:	02
Issue Date:	1st May 2019
Effective Date:	15th May 2019

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HUMAN RESOURCE MANAGEMENT
(HRM)

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AMENDMENT SHEET

Sr.No.	Section No	Date of Amendment	Details of the amendment	Reasons	Signature of amending authority	Signature of approving authority
1						
2						
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5	Head of the Department-Oral Diagnosis and radiology
6	Head of the Department- Conservative dentistry and endodontics
7	Head of the Department-Prosthetic Dentistry
8	Head of the Department-Pediatric Dentistry
9	Head of the Department-Periodontia
10	Head of the Department-Orthodontia
11	Head of the Department-Public Health Dentistry
12	Head of the Department-Oral Pathology
13	Head of the Department-General Pathology
14	Department of General Medicine
15	Nursing in charge
16	Pharmacist
17	Administrative Officer

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**HUMAN RESOURCE MANAGEMENT
(HRM)**

Reasons for Revision: Accreditation Standards for Dental health care service providers 2nd edition January 2012

HRM Committee

Committee	Designation
Chapter Champion	Asst.Professor (Oral Pathology)
Member	Tutor(Periodontia)
Member	Tutor(Orthodontia)
Member	Administrative Officer
Member	Office Superintendent
Member	Office Superintendent
Member	Junior Clerk

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Introduction:

This hospital for dental care is a super specialty with 243 dental chairs and 22 bedded dental care set up. There are different cadres of employees ranging from Class 1 to Class 4 working in this hospital. This hospital for dental care considers its human resource as an asset. Thus the hospital has formulated various policies and procedures related to HR such as human resource planning, induction, training, performance appraisal, and grievance handling etc. so as to cover all aspects of human resource management in effective and efficient manner. All these policies and procedures have been complied under **Human Resource Manual**.

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HRM – 1 (1.1-1.3)

GDCHA HAS A DOCUMENTED SYSTEM OF HUMAN RESOURCE PLANNING.

HRM-10 (10.1-10.3)




THERE IS A PROCESS FOR COLLECTING, VERIFYING AND EVALUATING THE CREDENTIALS (EDUCATION, REGISTRATION, TRAINING AND EXPERIENCE) OF DENTAL/MEDICAL PROFESSIONALS PERMITTED TO PROVIDE PATIENT CARE WITHOUT SUPERVISION.

HRM-11 (11.1-11.2)

THERE IS A PROCESS FOR COLLECTING, VERIFYING AND EVALUATING THE CREDENTIALS (EDUCATION, REGISTRATION, TRAINING AND EXPERIENCE) OF PARA-DENTAL STAFF (NURSING STAFF/DENTAL HYGIENIST/DENTAL TECHNICIAN AND DENTAL ASSISTANT).

HRM-12 (12.1-12.3)

THERE IS A PROCESS TO IDENTIFY JOB RESPONSIBILITIES AND MAKE CLINICAL WORK ASSIGNMENTS TO ALL DENTAL AUXILIARY STAFF MEMBERS COMMENSURATE WITH THEIR QUALIFICATIONS AND ANY OTHER REGULATORY REQUIREMENTS

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PURPOSE:

To streamline the process of human resource planning by GDCHA

SCOPE:

Entire GDCHA

RESPONSIBILITY:




Government of Gujarat, Additional Director of Dental, Head of the Departments, Administrative Department of GDCHA and Other outsource agencies

GENERAL:

Manpower planning for the permanent staff to be deployed at Hospital for dental care rests with the Department of Health and Family Welfare, Government of Gujarat. The authorities at the state ensure availability of the right mix of manpower required to provide quality healthcare services taking in to consideration the patient load, number and type of procedures, type and level of care, specializations, infrastructure etc. Hospital for dental care tries to maintain appropriate mix of hospital staff which is inclusive of the outsourced manpower as well. The manpower population of the hospital comprises of full time employees as well as outsourced employees and a break up ratio of Permanent strength to rotating strength is maintained.

POLICY:

- The assessment of manpower requirement in each department/division is periodically reviewed depending on increase or decrease of workload, technological changes or any other relevant factor.

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- In case any new staff is required to affect continuity of care either directly or indirectly, the same is communicated to the state authorities who are responsible for the approval and provision of the required manpower.
- The documents related to the staff assessments as well as approvals are maintained separately as an essential element of the manpower planning process.
- The Health and Family Welfare Department has defined pre-requisite qualifications for each and every position to be filled. The criteria includes the basic educational qualifications required for each and every position, experience if any required, registration with professional bodies (such as DCI, MCI, NCI etc), special qualification in terms of training etc.
- It is mandatory to follow the policy for credentialing to fill up any vacant post either by external recruitment or by internal recruitment.
- The policy also identifies the need for verifying the credentials so as to ascertain their genuineness and thereby to avoid any fraudulent practices. Usually every employee is required to submit attested copy of the credentials as per the policy.
- The job descriptions and job specifications are well defined.
- A detailed verification of the candidate's educational qualifications, experience, background etc is carried out by the respective authorities prior to their actual job placement.(phone, reference check or letter, regulatory requirement)
- Police verification of the candidate is carried out for each category of staff.

CLASSIFICATION OF EMPLOYEES:

The hospital employees are classified into following categories:

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- a) **Permanent Staff** – The permanent staff of the hospital are grouped in four classes as per the educational qualifications, experience, seniority level, nature of work etc of the individual staff.

The four class are as follow :




- i) Class I
- ii) Class II
- iii) Class III
- iv) Class IV

The decision in relation to inclusion of an employee in a particular class depends on the policy of the primary employer i.e. the Department of Health and Family Welfare. However the above mentioned criteria provide the necessary guideline for such decisions.

- b) **Probationers** - Any newly employed staff recruited by the Department of Health and Family Welfare for the hospital is usually placed on a probationary period which is according to the rules and regulations of the government.

- c) **Outsourced Staff** - The hospital employees outsourced staff who can be further classified as :

- i) Contractual staff under the purview of Department of Health and Family Welfare, Government of Gujarat.
- ii) Staff outsourced from the Rogi Kalyan Samiti (Government sponsored NGO)
- iii) Staff outsourced from other NGOs like the Red Cross Society.
- iv) Contractual staff as per tender sanctioned to supply men power.

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Nature of Staff Outsourced:




The type of staff outsourced by the hospital is specified below:


- i) Paramedical Staff
- ii) Administrative Staff
- iii) Security Staff
- iv) Housekeeping (Sweepers, Ward Servants) etc.

In each level there are various cadres, which are as follows

- i. Clinical – Professor, Associate Professor, Assistant Professor, Tutors, Medical Officer, Resident Doctors.
- ii. Nursing- Nurse incharge, Staff Nurse
- iii. Paramedical- Laboratory technician, Laboratory assistant, X ray technician, Pharmacist
- iv. Administrative - Additional Director (Dental), Administrative Officer, Office Superintendent, Head Clerk, Sr Clerk and Jr Clerk, Data Operator, AHA
- v. Support Services- Sanitary Inspector, Linen keeper Security, Housekeeping, , Driver, Gardener

d) **Deputation:** In order to cope with immediate shortage of staff or as and when necessary the Department of Health and Family Welfare deposes the required manpower periodically to satisfy the need of the situation. However it is generally ensured to provide for permanent manpower once the immediate need is satisfied.

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e) **Contractual Labor:** The hospital recruits contractual labor on a daily wage basis for performing various unskilled jobs as and when necessary.

RECRUITMENT OF STAFF:

- The recruitment of staff for the hospital (excluding outsourced staff as mentioned) is carried out by the Department of Health and Family Welfare, Government of Gujarat.
- All vacancies arising out of creation of new positions, consequential vacancies on account of internal lateral / vertical movement, transfer, retirement, resignations etc are communicated to the state authorities who after due consideration undertakes the necessary steps to fill the gaps either by internal promotions, transfers (internal or external), deputation or by fresh recruitment.
- Positions which are outsourced and are to be filled at the hospital level, the creation of vacancy is notified to the appropriate outsourcing authority who is responsible for filling the vacant (existing /new) position.

Procedure:

- The recruitment of the staff by the State Authorities is done following the policy and procedures as per the guidelines of the State Authorities.
- In case of outsourced staff, the respective authorities (example-Rogi Kalyan Samiti, Red Cross Society etc) through which the staff is to be recruited is responsible for conducting interviews as per their policy.
- However prior to the actual job placement of the selected staff in their respective positions, they are evaluated by the Dean to ascertain the suitability of the

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selected staff for the position. This is done to ascertain whether the staff is competent enough to assume the responsibilities within the ambit of the position and thereby monitoring the quality of staff recruited by the outsourcing organization.

Credential check

- A detailed verification of the candidate's educational qualifications, experience, background etc is carried out by the respective authorities prior to their actual job placement.(phone, reference check or letter, regulatory requirement)

Appointment:

- The respective recruiting authorities (example the Health and Family Welfare Department – Government of Gujarat, Outsourcing agencies etc) are responsible for the appointment of the designated staff.
- All the appointment related procedures are satisfied as per the policy of the specific authorities.
- All the employees recruited by the Health and Family Welfare Department are required to undergo a mandatory pre-employment medical checkup. They are also required to submit name and contact of two persons who could be contacted for reference check of the candidate.
- It is also the policy of the department to conduct police verification of the candidate incase required. Only after satisfactorily clearing all the appointment related formalities along with the medical check, the appointment letters are issued to them.

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- In case of staff outsourced, they have to submit medical certificate to the hospital prior to the job placement of the staff.
- Reference check of the contractual employee is under the responsibility of the contractor.

All employees recruited by the Health and Family Welfare Department are given a copy of their job responsibilities, service conditions, benefits and other employment related issues. The staff recruited for positions which are outsourced are given a copy of their job responsibilities, general rules & regulations, job timing, holidays and reporting authority after they are interviewed by Dean.

HRM – 02 (2.1-2.5)

THE STAFF JOINING GDCHA IS INDUCTED AND ORIENTED TO THE GDCHA ENVIRONMENT

PURPOSE




To lay down policies and procedures for recruitment of staff and orienting them to the organization's environment


SCOPE

Hospital Wide

RESPONSIBILITIES

Administrative Department of GDCHA and Other respective departments

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POLICY:

To ensure that all new employees are socialized and oriented to the hospital environment and facilitate a smooth transition to ultimately achieving the objective of medical and service excellence in delivering patient care.

PROCEDURE:

- All new employees joining Hospital for Dental care (permanent or on contractual basis) shall attend an Induction Training session within 2 weeks of joining the organization.
- The Induction Training session shall be conducted at a centralized location in the conference room and the first three days shall be common for all functional categories of employees (Physicians, Nursing, Paramedics, and Support functions).
- The Induction training session for Class I to IV would be carried out. The staff would be inducted on following aspects:
 - History of Hospital for Dental Health
 - Mission and goals of the organization
 - Organization Structure
 - Services Offered at Hospital for dental Health
 - Function Specific Orientation by the head of the department

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Apart from the centralized induction, it shall be the responsibility of the Administrative department to conduct a hospital specific orientation program to familiarize all employees with the hospital environment in which they shall be working. The orientation program shall cover aspects such as




- Physical Layout of the hospital
- Key Personnel
- Medical Programs
- Hospital policies and procedures
- Quality initiatives
- Employee rights & Responsibilities
- Patient Rights & Responsibilities
- Service standards
- Safety Awareness

The employees at GDCH Hospital are also provided with an Employee Handbook after the induction program.

This handbook covers relevant information about the hospital and serves as a guide book for employees.

HRM - 03 (3.1-3.2)

THERE IS AN ON GOING PROGRAMME FOR PROFESSIONAL TRAINING AND DEVELOPMENT OF THE STAFF.

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PURPOSE

Professional training and development of the staff

SCOPE

Hospital Wide

RESPONSIBILITIES

Dean, Administrative Department and other Departments of GDCHA.




POLICY:

Hospital for Dental Care is committed to train all employees to:

- Provide excellence in patient care
- Understand and internalize the organizational vision, values, principles and policies
- Facilitate and improve job performance
- Encourage employee self development.

PROCEDURE:

- The GDCHA has documented policy for the training and development of staff. Training is imparted to all categories of staff including doctors, nurses, paramedical staff and outsourced staff.
- Once an employee is inducted and oriented to the organization, it shall be the responsibility of the respective Departmental Heads to impart function specific training before allowing an employee to function independently. The span of

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- training may vary from department to department depending on the nature of the task and the experience and learning potential of the individual.
- Under no circumstances, will an employee be allowed to impart independent patient care without relevant functional training and permission by the Superior.
 - The training module and the time table is made by the concerned department along with HR Committee and the record is maintained.
 - Besides the job specific training, all the staff employed at Hospital for Dental Care(permanent and contractual) are required to undergo in house training on following aspects:
 - 1) Employee and Patient Safety – Done by Safety Committee
 - 2) BLS training – Conducted as and when required by the trained staff.
 - 3) Infection Control Practices – Training conducted by Infection control Committee.
 - 4) Hygiene and Cleanliness – Done by Infection control Committee.
 - 5) New Equipment Installation and equipment maintenance training – By the concerned agency providing the equipment.
 - To check the effectiveness of training imparted to the employees pre and post assessment of staff in the form of a short questionnaire is done.
 - The employees performing well in this assessment are involved in training their colleagues who perform below average.
 - The staff also undergoes governmental training from time to time. The records of all such training sessions and conferences attended by the staff are maintained by a clerk in the Admin Office.

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HRM – 04 (4.1-4.4)

STAFF ARE ADEQUATELY TRAINED ABOUT THE SAFETY RELATED ASPECTS

PURPOSE

Training of staff on safety related aspects

SCOPE




Hospital Wide

RESPONSIBILITIES

Dean, Administrative Department, Safety Committee

PROCEDURE :

- GDCHA has identified the defined risks which include patient, visitors and employee related risks. All the staff of GDCHA is trained on the risk management.
- The staff can demonstrate and take actions to report, eliminate or minimize risks like blood spillage, medication errors and adverse event reporting.
- The staff is aware of the procedures to be followed in the event of an incident. They intimate the sequence of events and the eventuality of the occurrence of any adverse event.
- Staff is trained on occupational safety aspects. The GDCHA has identified the areas with potential occupational hazards and the staff is made aware of the possible risk involved and the preventive actions to avoid risks (Refer FMS

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HRM - 05 (5.1-5.4)

AN APPRAISAL SYSTEM FOR EVALUATING THE PERFORMANCE OF AN EMPLOYEE EXISTS AS AN INTEGRAL PART OF THE HUMAN RESOURCE MANAGEMENT PROCESS

PURPOSE

To lay down the policies and procedures for appraisal of employees as an integral part of human resource management process.

SCOPE

Hospital Wide




RESPONSIBILITIES


Dean, Administrative Department and Respective Head of the Departments

POLICY:

- 1) For all the staff except for class IV the appraisal system is based on annual CR as per Government norms.
- 2) For contractual employees the appraisal system is established for the need of training and also to assess the potential which can be utilized for the benefit of the hospital over and above their functional area.




PROCEDURE:

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Annual Confidential Report:

- GDCHA has a documented performance appraisal system in the form of ACR. At the end of financial year all the staff except for class IV is provided ACR form by the Administrative department for self-appraisal to be filled in defined time line as per Govt of Gujarat rule. Refer ACR form.
- The hospital management prepares and forwards an Annual confidential report (ACR) on annual basis for each employee of the hospital under the purview of Department of Health and Family Welfare, Government of Gujarat.
- The Confidential Report is a detailed report relating to the performance of the employee against certain preset criteria including the trainings attended by the concerned employee over the last one-year period.
- The Confidential Report is an objective method of evaluating the performance of the employee which the Health and Family Welfare Department takes into consideration for decisions relating to promotion, transfer, and increments and in formulating training plan for the different class of employee.
- However, the Confidential Report is not the only objective criteria for such decisions, length of service of the concerned employee is also taken into consideration while such decisions are taken.
- While the focus is on reducing subjectivity and enhancing objectivity so as to achieve fair appraisal of performance, it is also used as a tool for further development of the employee. It is done by identifying training requirements and the same is provided.
- Performance appraisal is carried out annually and is documented.
- The employees of GDCHA are made aware of the appraisal system at the time induction training

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HRM – 06 (6.1-6.6)

GDCHA HAS WELL DOCUMENTED DISCIPLINARY PROCEDURES.

PURPOSE

To lay down the policies for disciplinary procedure.

SCOPE




Hospital Wide

RESPONSIBILITIES

Dean, Administrative Department and Respective Head of the Departments, Internal complaint committee

GENERAL:

- GDCHA has documented disciplinary policies and procedures. The policies and procedures are known to all staff of GDCHA.
- The hospital's policy is to ensure fair and effective arrangements exist for dealing with disciplinary matters and that as far as possible common standards are observed for all employees. The procedure covers unsatisfactory conduct at work and unsatisfactory work performance if this is willful or caused by carelessness.
- This Disciplinary Code aims to:
 - I. Promote efficient and safe performance of work.
 - II. Maintain good employee relations within the hospital.

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III. Help and encourage staff to achieve and maintain the appropriate standards of conduct that the hospital expects of its entire staff.

PRINCIPLES:

- Minor lapses from accepted standards of behavior will normally be responded to by informal advice and encouragement.
- Formal disciplinary proceedings will not be started without prior investigation of the alleged offence.
- Employees have the right to advance notice in writing of the complaint against them and have the right to state their case, orally and/or in writing, before a decision on disciplinary action is reached.
- Employees have the right to be represented.
- Employee shall receive written confirmation of any penalty imposed.
- Matters shall be dealt with quickly and within specified time limits wherever practicable.
- Employees have the right to appeal higher level against any disciplinary penalty imposed.

GROSS MISCONDUCT:

Gross misconduct is conduct so serious that it effectively breaches the contract of employment and so justifies the employer in effecting a summary dismissal. While it is possible to give examples of actions, which may constitute gross misconduct, each case must be considered in the light of its particular circumstances. These may include the

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nature of the job as well as the details of the offence. The following list of examples of offences normally regarded, as gross misconduct is therefore illustrative and not exhaustive: -

- Theft, fraud, deliberate falsification of records.
- Fighting or assault on another person.
- Deliberate damage to hospital property.
- Serious incapability through alcohol.
- Being under the influence of illegal drugs or other deliberately misused substances.
- An act or omission at work, which results in unacceptable loss, damage or injury.
- Repeated willful disobedience of a reasonable instruction.
- Offensive behavior of a serious nature, including racial or sexual harassment.
- Serious breach of confidentiality.
- Deliberate disregard of a safety regulation or requirement.
- Improper use of the employee's position for his/her or another's private advantage, or an attempt to do so.
- Criminal activities outside work where, in the reasonable opinion of management, such conduct are incompatible with the individual's employment.
- Bringing the hospital into disrepute.

Some reasons for misconduct:

- Disobedience or willful insubordination.
- Theft, fraud or willful damage to employers goods or property
- Taking or giving any bribes or illegal gratification
- Habitual absence without leave or unauthorized absence
- Breach of any law applicable to the organization

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- Disorderly behavior during work hours at the office
 - Sleeping or dosing off during duty hours. (Applicable for Class 3 and Class 4 who are involved in direct patient care.)
 - Refusal to accept a charge sheet, order or communication.
 - Interfering or tampering with the records of the hospital.
- The above list is only indicative.




POLICY:

Permanent Staff:

GDCH has a policy to take disciplinary action against misconduct as per Government norms.

Contractual Staff:

- Any act of misconduct/indiscipline shall be reported to the Internal Complaint Committee in writing.
 - The committee would decide as to who would carry out the enquiry on the act of misconduct depending of the cadre of staff.
- Class 1, Medical Officers and Paramedics, Nurse - Dean
 - Class 4 – Sanitary Inspector
 - Admin Staff, Registration staff, Enquiry Counter Staff, Data Entry Operators, Store – Administrative Officer
- There can be more than one officer for the Enquiry if the committee so desires.

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- The employee should be given an opportunity to present his point of view on the alleged misconduct
- The punishment should be awarded on the basis of findings of the enquiry, past record of the employee and the gravity of misconduct.
- The decision about the type of punishment shall rest with the Internal Complaint Committee.

PROCEDURE:

- The disciplinary procedure is based on the principle of natural justice. It is implied to both the party employee and employer and both are given an opportunity to present their case and the decision is taken accordingly
- The disciplinary procedure is in consonance with the prevailing laws like labor laws, CCA rules and the rules made by the Internal Complaint Committee.

Informal Action:

- Minor faults will be dealt with informally by way of advice, coaching, counseling or training as appropriate. Examples of such offences would include isolated instances of poor time keeping, unauthorized absence or non-compliance with sickness notification rules.
- The immediate superior would normally have responsibility for bringing the matter to the attention of the Dean and discussing it with them. Generally, this will resolve the problem without recourse to the formal disciplinary process.

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- The member of staff should be advised clearly of the standard of behavior expected of them and informed that if he/she does not improve then they will be subject to formal disciplinary action as set out below.

Formal Stages:

- In respect of matters that are more serious than minor breaches of conduct, a memo is issued by the Dean and a written explanation is expected from the employee within 5 days.
- In case the Dean is not satisfied with the explanation received again second Memo is issued and employee is expected to submit a written explanation within 2 working days. The same step is followed in case the employee doesn't submit a written explanation within the defined time frame.
- In all total three Memos are issued to the employee.
- The disciplinary action to be taken against class – 4 employees is taken by the Disciplinary Committee headed by Dean
- In case of other cadres, a confidential report with the copy of memos is forwarded to the Commissioner Health. This report consists of remarks by the Disciplinary Committee on the matter.
- In case the employee doesn't turn up with an explanation or the explanation received was not satisfactory even after three Memos then the employee is given SHOW CAUSE Notice.
- The employee is required to respond to the notice within seven days.

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- In case the employee does not respond to the Show cause notice or the explanation furnished by the employee then the matter is referred to the Commissioner Health and appropriate action is taken.

Appeal against Formal Disciplinary Action:




- The GDCHA has made provision of appeals in all disciplinary cases. The Commissioner Health, Medical Services and Medical Education, Health and Family Welfare Department Government of Gujarat is an appellate authority.
- In case the employee is unsatisfied with the ruling given by the higher authorities at State level he/she can approach the Tribunal or the Court of Law.

For Outsourced Staff

- In case of disciplinary action in case of Minor faults verbal notice is given.
- If there is no improvement or satisfactory answer a written notice is given and that to the contractor.
- If there is no improvement after that the dismissal or decision about the disciplinary action is to be taken by the contractor.

PROCEDURE ON HANDLING SEXUAL HARASSMENT AT THE WORKPLACE:

To define mechanism for preventing and handling of sexual harassment incidences at the work place.

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PURPOSE:

The Hospital ensures that there is a mechanism to prevent sexual harassment at the workplace and to detect, enquire and take appropriate actions against such incidence.

SCOPE:




This policy and procedure is applicable to all staff working in hospital premises including outsourcing services like Housekeeping and security etc.

PROCEDURE:

- Any case of sexual harassment of female staff/ patients/ attendants is reported to the Dean at the earliest.
- The complaint is investigated by the Internal Complaint Committee in 48 hours and submits the report to the Dean.
- Local helpline 181 is displayed strategic location.

Process to lodge the complaint

- The complainant will present their written grievance about conduct of the accused to the committee. Help is given to the complainant in writing the complaint on the person's request (if person is not able to write).
- All records is to be maintained in writing, all incidents noting dates, places, descriptions of act, notification to accused and names of those connected with the incident.

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HRM – 07 (7.1-7.3)

A GRIEVANCE HANDLING MECHANISM EXISTS IN GDCHA

PURPOSE

To lay down the policies and procedure for grievance handling.

SCOPE

Hospital Wide

RESPONSIBILITIES

Dean, Administrative Department and Respective Head of the Departments




GENERAL:

The objective of the grievance redressal procedure is to provide easy and accessible process for settlement of grievances and to adopt measures in organization that would ensure expeditious settlement of grievances of employees leading to increased satisfaction on the job and resulting in improved productivity and efficiency of the organization.

All the employees are aware of the procedure to be followed in case they feel aggrieved.

Grievance:

'Grievance' for the purpose of this scheme would only mean a grievance relating to any employee arising out of the implementation of the policies/rules or decisions of the organization. It can include matters relating to leave, internal performance appraisal, acting arrangements, non-extension of benefits under rules, etc., of an individual nature.

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PROCEDURE:




Subject to the above provisions, individual grievances of employee shall henceforth be processed and dealt within the following manner:

- An aggrieved employee shall take up own grievance(s) orally with immediate superior who will give a personal hearing and try to resolve the grievance(s) at his/her level within a week.
- If the grievance is not satisfactorily redressed, the aggrieved employee may submit his grievance in writing to the immediate superior. Such Nominated Authority will record his comments on the representation within seven days, and if need refer it to the Grievance Redressal Committee in case the grievance is not resolved or settled amicably. The recommendation of the Grievance Redressal Committee will be conveyed within one month to the Dean and the decision of the Dean will be final.

The committee should consider and take a decision on the grievances within a period of one month. The Grievance Redressal Committee should meet at least once a month.

Overall guidance and conditions:

- The employee shall bring up his grievance immediately and in any case within a period of 3 months of its occurrence.
- If the grievance arises out of an order given by the management .the said order shall be complied with before the employee concerned invokes the procedure laid down herein for redressal of his grievance.

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- Grievance pertaining to or arising out of the following shall not come under the purview of the grievance procedure:
 - a. CR,
 - b. Promotions including,
 - c. Where the grievance does not relate to an individual employee, and
 - d. In the case of any grievance arising out of discharge or dismissal of an employee.
- Grievances pertaining to or arising out of disciplinary action or appeal against such action shall be channeled to the competent authority, which will be designated by Dean.
- All grievances referred to the Grievance Redressal Committee, shall be entered in a Register to be maintained for the purpose by the designated employee. The number of grievances, settled or pending will be reported to the Dean every month.

Contractual Staff:

- Contractual staff (especially Class 4 cadre), in case have any grievance will report orally or in written to their immediate supervisor or Contractor.
- The Contractor will try to resolve the grievance at his level within a week and if fails to do so then would bring it to the notice of the Grievance Redressal Committee.
- The Contractor will also be part of the Committee to present the case.
- The final decision will be made by the Committee.

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HRM – 08 (8.1-8.4)

GDCHA ADDRESSES THE HEALTH NEEDS OF THE EMPLOYEES

POLICY:

To carry out regular health examinations for the employees

PURPOSE:

- Pre employment check up
- Annual Health Checkup and Vaccination drive
- Occupational Health and Safety

SCOPE:

All employees

RESPONSIBILITY:

Dean, Administrative Department and staff




POLICY:

Policy for Pre employment check up

Policy for Annual Medical Checkup and Vaccination Drive

Policy for Occupational Health and Safety

PROCEDURES:

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Pre-employment check up

- The health and family welfare department is recognizes the importance of a healthy workforce to provide the desired services to the public.
- Each and every new selected candidate is undergoing pre-employment check before their joining
- Hospital has policy that before joining the hospital every staff should submitted their medical certificate to the clerk as pre employment health check up
- All the contractual employees are also to undergo pre-employment medical checkup. It is responsibility of contractor and document is maintained and copy of health record should be given to the HR department of hospital

Annual Medical Checkup and Vaccination Drive:

- GDCHA has introduced a system to undertake an annual health check up of all its employees so as to assess their level of fitness.
- Result of the checkup documented in the same format for all.
- Record of the same is maintained.
- Annual health check up consists
 - Blood Tests and other laboratory investigations
 - General Medical Check-up (Physical examination, Vitals, Systemic examination)
- Result of the checkup documented in the same format for all staff.
- Record of the same is maintained.
- All the contractual employees are also to undergo annual-employment medical checkup. It is responsibility of contractor and document is maintained and copy of health record should be given to the HR department of hospital

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- The hospital also conducts periodic vaccination program for its employees
- It covers vaccination against Hepatitis B & COVID-19 etc.
- Vaccination contractual employee is responsibility of hospital.

Occupational Health and Safety:

- GDCH is committed to provide quality work environment by taking adequate preventive measures to reduce occupational health hazards.
- In so far as safety of the employees in the work place is concerned the hospital has laid down policy with regard to protection against fire, infection control, handling of dangerous equipments, safety against exposure to radiation. (Refer-FMS)
- Every employee undergoes fire safety training and thereafter attends fire drills periodically.
- Employees who are exposed to patients and those required to handle waste are given proper training in handling the waste as well as universal precautions.
- In case of accidents or injury sustained (needle stick injury) by employees while at work immediate medical attention would be directed.
- The Service Rule Book addresses such incidents and the procedure to be followed in details.
- The entire hospital premise is strictly declared as no Smoking zone.
- As regards evacuation of employees in case of emergency due to fire, natural calamity or any disaster, these matters are covered in detail in the safety manual and Disaster Management Manual.

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HRM-09 (9.1-9.3)

**THERE IS A DOCUMENTED PERSONAL RECORD OF EACH
STAFF MEMBER**

POLICY:

To maintain personal record for the employees

PURPOSE:

Record of each employee with required documents is maintained in separate file

SCOPE:

All employees

RESPONSIBILITY:




Administrative Department

POLICY

Record of each employee with necessary requirement is maintained in separate file

PROCEDURE**Permanent /Probation Employee**

- The administrative department maintains a personal file and service book of each employee which is current and updated from time to time.
- Personal file of an employee starts with the employee joining the organization.

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- There is a checklist which gives information about the file contents.
- Files contains records relating to his employment , educational qualification, health status , registration with professional bodies , training record, Joining report containing the status, designation, salary details etc of the staff, Explanation letters from the employee for any misconduct or misappropriation, Any appreciation letters from the organization to the employee, all appraisal forms, Service report etc, warning or disciplinary actions taken if any, appointment letter etc. and verified whenever possible.
- However, it is the policy of the Health and Family Welfare Department to preserve the confidential reports (CR) separately as it is very confidential in nature and has very limited access.

Outsourced staff

- File contains detail of contractor, registration, reports of out sourced staff
- Detail of outsourced staff (detail provided by contractors)

Contractual Staff

- The administrative department maintains a personal file of each employee which is current and updated from time to time.
- Personal file of an employee starts with the employee joining the organization.
- There is a checklist which gives information about the file contents.
- Files contains records relating to his employment , educational qualification, health status , registration with professional bodies , training record, Joining report containing the status, designation, salary details etc of the Contractual staff, Explanation letters from the employee for any misconduct or misappropriation,

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Any appreciation letters from the organization to the employee, appointment letter etc. and verified whenever possible.

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