

**APPLICATION FORM  
AND  
SELF ASSESSMENT GUIDE  
For  
EMPANELMENT OF PRIVATE HOSPITALS,  
HEALTH INSTITUTIONS &  
DIAGNOSTIC LABS  
FOR  
TREATMENT & REIMBURSEMENT  
OF THE EXPENSES  
TO THE  
GOVERNMENT EMPLOYEES,  
THEIR DEPENDENTS AND PENSIONERS  
OF  
STATE OF HIMACHAL PRADESH  
(AS PER POLICY DATED 21<sup>ST</sup> JUNE, 2008)**

To  
The Director,  
Department of Health Safety & Regulation  
B-6 S.D.A Complex, Kasumpti  
Himachal Pradesh

Subject : Application for Empanelment as per policy dated 21/6/2008

1. Name of the Health Care Organisation:

\_\_\_\_\_

2. Address:

\_\_\_\_\_

\_\_\_\_\_

3. Ownership:

\_\_\_\_\_

4. Year in which established:

\_\_\_\_\_

5. Contact person(s):

(Please indicate [√] with whom correspondence to be made)

- Chief Executive Officer: (or equivalent)

Mr./Ms./Dr. \_\_\_\_\_

Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

- Empanelment Coordinator (if different from:5 above)

Mr./Ms./Dr. \_\_\_\_\_

Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

6. Is the Health Care Organisation having current licence under CLINICAL ESTABLISHMENT Act: \_\_\_\_\_

7. Number of Inpatient Beds: (number currently in operation) (please exclude emergency, day-care, recovery room beds etc.)

8. OPD & IPD data:

**OPD DATA (Last three years) including Day Care cases**

PERIOD	NUMBER OF PATIENTS

**IPD DATA (Last three years)**

PERIOD	NUMBER OF PATIENTS ADMITTED

9. Application is made as a (strike out which is not applicable)

**1. For Type 1: Nursing Homes /Maternity Home/Private hospitals for Specialist and Super Specialist services only.**

**(A) 10 to 25 Beds**

**(B) Above 25 Beds**

**2. For Type 2: Dental Clinics (with MDS specialty/super-specialty)**

**2(A). For Type 2A: Day Care Centers (2 to 25 Beds) for Specialist and Super Specialist services only in respect of:**

**1. Eyes (Ophthalmology)**

**2. E.N.T**

**3. Neurology (As applicable)**

**4. Cardiology**

**3. For Type 3: Diagnostic Clinics**

**(a) X-Ray Clinic**

**(b) Specialized diagnostic clinics having facilities of CT Scan/MRI/Mammography Bone Densitometry/ECHO Cardiography etc.**

**(c) Ultra Sound Clinics**

**4. For Type 4: Laboratory Services (Specialized Lab only)**

**SIGNATURE of OWNER/AUTHORISED  
SIGNATORY OF HEALTH CARE  
ORGANISATION (APPLICANT)**

**SIGNATURE OF CHAIRMAN  
DISTT. / STATE LEVEL COMMITTEE**

**10. Scope of Empanelment (Clinical services being provided by the hospital)**

<b>CLINICAL SERVICE</b>	<b>SERVICE PROVIDED (YES/NO)</b>	<b>NO. OF BEDS AVAILABLE</b>	<b>COMMENTS</b>
Cardiology			
Cardiothoracic Surgery			
Coronary Care Unit			
Day Care Treatment Endoscopy (Diagnostic & Therapeutic)			
Dentistry & Oral Surgery			
Dermatology			
Dialysis			
Emergency Medicine & Surgery			
Ear Nose and Throat			
Fertility Regulation			
Gastroenterology			
General Medicine			
General Surgery			
Gynaecology			
Intensive Care Unit adult			
Intensive Care Unit paediatric			
Intensive Care Unit neonatal			
Laser treatment			
Nephrology			
Neurology			
Neurosurgery			
Nuclear Medicine			
Obstetrics			
Oncology <ul style="list-style-type: none"> <li>• Medical Oncology</li> <li>• Radiation Oncology</li> <li>• Surgical Oncology</li> </ul>			
Ophthalmology			

**SIGNATURE of OWNER/AUTHORISED SIGNATORY OF HEALTH CARE ORGANISATION (APPLICANT)**

**SIGNATURE OF CHAIRMAN DISTT. / STATE LEVEL COMMITTEE**

Orthopaedic Surgery			
Paediatric Surgery			
Plastic & Cosmetic Surgery			
Physiotherapy & Rehabilitation Medicine			
Respiratory Medicine			
Surgical ICU			
Transplantation Services			
Others, please state			

11. Scope of Empanelment (Diagnostic Services being provided by the HCO)

<b>DIAGNOSTIC SERVICE</b>	<b>SERVICE PROVIDED (YES/NO)</b>	<b>COMMENTS</b>
<b>Diagnostic Imaging:</b>		
CT Scanning		
DSA Lab		
Gamma Camera		
MRI		
PET		
Ultrasound		
X-Ray- conventional		
X-Ray- digital		
others		
<b>Laboratory Services:</b>		
Clinical Bio-Chemistry		
Clinical Immunology		
Clinical Microbiology		
Clinical Pathology		
Molecular Diagnostics		

Blood Transfusion services		
others		

12. List Inpatient Care Units/ Wards and the Number of each Unit/ Ward.

<b>NAME OF UNIT / WARD</b>	<b>NO. OF WARDS</b>	<b>NO. OF BEDS</b>	<b>FLOOR / LOCATION</b>
Private Wards (Single occupancy)Semi Private Wards (2-3 patients occupancy)- AC			
Semi Private Wards (2-3 patients occupancy)- non AC			
General Wards(4-10 patients occupancy) AC			
General Wards(4-10 patients occupancy) non AC			
ICU			
NICU			
PICU			
ITU			
HDU			
Any others			

13. Non clinical and Administrative Departments (tick any one)

<b>SUPPORT SERVICE</b>	<b>IN HOUSE</b>	<b>OUT SOURCED</b>
Catering		
Cleaning services		
General Administration		
Medical Records Keeping		
Laundry		
Pharmacy Services		
Management of clinical waste		
Management of nonclinical waste		
Mortuary Services		
Other, please specify		

14. Staff Information (attach a separate sheet with details)

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ORGANISATION (APPLICANT)**

**SIGNATURE OF CHAIRMAN  
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<b>GROUP</b>	<b>NUMBER</b>	<b>REMARKS, IF ANY</b>
Managerial		
Doctors		
• Resident Doctors- regular appointment		
• Resident Doctors-contractual		
• Resident Doctors- part time		
• Consultants (specialty wise)		
a) Full Time		
b) Part Time		
Nurses		
Technicians		
Paramedical		
Others		

15. Furnish the list of applicable Statutory/ Regulatory requirements the organisation is governed by:

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16. Litigation, if any:

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17. Any punitive measures taken against the Hospital / Diagnostic Labs or major partners within last five years by any statutory authority. If yes, please give details.

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18. Whether the requisite fee in the form of Demand Draft for inspection/reinspection for renewal in favour of "Director Health Safety & Regulation" as per Para 6.5 of the new policy notified on 21<sup>st</sup> June, 2008 is attached ? Yes / No

If yes, then details of Demand draft:

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NAME OF BANK	SERIAL NO. & DATE	AMOUNT

I, \_\_\_\_\_, son/ daughter of \_\_\_\_\_ of \_\_\_\_\_  
 \_\_\_\_\_ do hereby affirm that the facts given above are true  
 and if any discrepancy is detected at a later date, the application form or empanelment of my  
 hospital may be rejected without any further reference to me or my organisation.

Authorised Signatory

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

\_\_\_\_\_

**CHECKLIST (SELF ASSESSMENT FORM)  
FOR EMPANELMENT OF HOSPITAL / HEALTH INSTITUTIONS / DIAGNOSTIC LABS  
IN HIMACHAL PRADESH**

**For Type 1: Nursing Homes /Maternity Home/Private hospitals for Specialist and super specialist**

**(A) 10 to 25 Beds**

**(B) Above 25 Beds**

<b>S.N</b>	<b>Parameters</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Recommendations</b>
1.	Whether proper permission obtained from Municipal Authorities, Notified Area Committees and Panchayat to run the facilities				
2.	Whether Proper authorization obtained from Himachal Pradesh State Pollution Control Board for disposal of Bio-Medical Waste				
3.	Whether proper permission obtained from competent authorities for sewerage and drainage in urban and Semi urban areas				
4.	Whether Citizen charter displayed showing the facility/ rates				
5.	Whether Doctor, paramedical staff registered with Medical & Paramedical Council of Himachal Pradesh state				
6.	Whether Pharmacist registered with Pharmacy Council of H.P State				
<b>A.</b>	<b><i>Public Area Circulation</i></b>				
	<b>a).</b> Whether adequate space devoted to stairs, ramps, Corridors for internal transportation of the patients on wheel chairs, trolleys etc. <b>b).</b> Whether separate areas earmarked for reception and information, registration and record keeping. <b>c).</b> Whether there is a Waiting				

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	<p>area for the patients and their attendants</p> <p><b>d).</b> Whether there is a Canteen &amp; drinking water facilities adjoining to waiting area.</p> <p><b>e).</b> Whether there are Public toilet and wash rooms (separate for male &amp; female)</p>				
<b>B.</b>	<b>INFRASTRUCTURE</b>				
	<p><b>a).</b> Whether there is a Provisions for OPDs, Indoor, Theatres, ICUs, Labour room etc.(depending upon the type of facilities being provided to the patients.)</p> <p><b>b).</b> i) Whether there is a working arrangements with Labs, Blood Bank and other diagnostic centres for investigation of the patients</p> <p>iii) If not do you have own Lab and Diagnostic (x-ray, Ultrasound) facilities (as per the norms indicated against such facilities)</p> <p><b>c).</b> Whether there are facilities for resuscitation of new born (In case of Nursing Homes providing facilities for delivery).</p> <p><b>d).</b> Whether there is separate dedicated Neonatology – Section (<i>Applicable only for Nursing Homes/Private Hospitals (above 25 beds) Specialist and super specialist providing obstetrics services</i>)</p>				
<b>B1</b>	<b>CONSULTATION ROOM</b>				
	<p><b>a).</b> Whether the consultation rooms equipped with doctors chair, table, chairs for patients &amp; the attendant, washbasin, examination table &amp; other equipments for examination</p> <p><b>b).</b> The average size of the cubicles (consultation rooms) (size shall not be less than 6 Ft. x 8 Ft.)</p>				
<b>B2</b>	<b>SPECIAL EXAMINATION ROOM</b>				

	<p>i) Whether the special examination room are available</p> <p>ii) The size of special examination rooms (size shall not be less than 6 Ft. x 8 Ft.)</p> <p>i) ECG Room</p> <p>ii) Audiometer Room</p> <p>iii) EEG Room</p> <p>iv) Refraction Room</p> <p>v) Operimetry room</p> <p>vi) Tonography room</p> <p>vii) Slit lamp room</p> <p>viii) Plaster rooms</p>				
<b>B3</b>	<p><b>TREATMENT / DRESSING ROOM</b></p> <p>i) Whether there is a be separately earmarked area and adequate space for: Treatment room Dressing room Pharmacy Drug store oxygen cylinder storage</p> <p>ii) Whether the in-house Pharmacy have proper license under Drug &amp; Cosmetics Act.</p>				
<b>B4</b>	<p><b>ARRANGEMENT FOR REGISTRATION OF BIRTH, DEATHS, IMMUNISATION &amp; REPORTING TO HEALTH AUTHORITIES</b></p> <p>i) Whether there is a compulsory arrangement for Registration of Birth, Death &amp; Immunization of Neonates in Nursing Home</p>				
<b>B5</b>	<p><b>INDOOR WARDS</b></p> <p>i) Whether Indoor wards are located away from main road and OPD areas</p> <p>ii) What is a approximate area bed for a general bed (70-90 Sq. Ft. per bed required)</p> <p>iii) What is a approximate area for Intensive Care Unit (120-150 Sq. Ft. per bed required)</p> <p>iii) Whether the ward have the facilities for Nursing Station, staff duty room with storage</p>				

	<p>facilities and bath &amp; WC etc.</p> <p>iii) <i>Applicable only for Nursing Homes/Private Hospitals (above 25 beds) providing Specialist and super specialist services</i></p> <p>a). No of Beds in a ward (Upper limit 30 Beds).</p> <p>b) Whether The ward is provided with the areas :</p> <p>a. Nursing station.</p> <p>b. Staff duty room with toilet and wash room.</p> <p>c. Clean utility area for storage of:</p> <p>IV sets &amp; fluids  CSSD articles  Dressing material  Drug etc.</p> <p>d. Treatment room for minor treatment including:  Dressing,  Lumbar puncture  IV injection etc.</p> <p>e. Store for keeping linen and other bulk supplies.</p> <p>f. Dirty utility area for cleaning bed pans, urinals, sputum bowls and for storage of stools and urine specimen.</p> <p>g. Whether Bath &amp; WC are provided in adequate proportions</p> <p>i) No. of Urinals per beds (1 for 16)</p> <p>ii) No of WC per beds (1 for 8)</p> <p>iii) No of Bath per beds (1 for 12)</p> <p>iv) No of Wash &amp; basin (1 for 10)</p> <p>c) What is a the minimum carpet area for the special room beds</p> <p>1. Single Bed (120 Sq Ft)</p> <p>2. Double Bed (140-160 Sq Ft)</p> <p>3. Three Beds(210-240 Sq Ft)</p> <p>4. Four beds (240-280 Sq Ft)</p> <p>5. Six Beds(380-400 Sq Ft)</p>				
<b>B6</b>	<b>OPERATING ROOMS (IF APPLICABLE)</b>				

	<p>i) No of One operation theatre</p> <p>ii) The size of the operation theatre (Minimum 18'x 18'required)</p> <p>iii) Whether the OT is air conditioned and fully equipped with mandatory equipments and Instruments.</p> <p>iii) Whether fortnightly bacteriological sampling from registered Lab is carried out and reports are maintained.</p> <p>iv) Whether the operation theatre have maximum protection from sun heat, noise, dust &amp; wind and is easily accessible to surgical wards, ICUs and Emergency of the hospital.</p> <p><i>V) Applicable only for Nursing Homes/Private Hospitals (above 25 beds) providing Specialist and super specialist services</i></p> <p>i) No of Operation theatres</p> <p>ii) Whether following four zones <i>protective zone, clean zone, sterile zone, and disposal zone</i> are there in each operation theatre</p>				
<b>B7</b>	<p><b><i>Intensive Care Beds</i></b></p> <p>i). No of Beds kept for intensive care (Minimum 2 beds for in case of hospitals with 10-25 beds &amp; Minimum 4 in case of hospitals with &gt; 25 beds)</p> <p>ii).Whether these beds are equipped with pulse oximeter, monitor oxygen, suction, trolley for emergency drugs, equipments/instruments</p> <p>iii) Whether a ventilator is located adjacent to operation theatre and recovery rooms</p> <p>iii) What is the space of intensive care room per bed area (120-150 Sq Ft per bed required)</p>				
<b>B8</b>	<b>STERLIZATION</b>				

	<p>i) Whether there are proper facilities for sterilization</p> <p>ii) Whether there adequate facilities for washing linen</p>				
<b>B9</b>	<p><b>INJECTION ROOM</b></p> <p>Whether there are separate injection rooms</p>				
<b>B10</b>	<p><b>PHARMACY</b></p> <p>i) Whether pharmacy is so located that it serves both inpatient &amp; outpatient.</p> <p>ii) Whether the Pharmacy stores have drug storage cabinets, shelves, refrigeration facilities for keeping the vaccines and other drugs in controlled temperature</p>				
<b>B11</b>	<p><b>LAB FACILITIES</b></p> <p>i) Whether nursing Home must have Lab with facilities for emergency tests and working arrangements with other Labs for other routine Lab investigations.</p> <p><i>ii) Applicable only for Nursing Homes/Private Hospitals (above 25 beds) providing Specialist and super specialist services</i></p> <p>i) Whether the central collection lab of indoor and outdoor patients is at one place &amp; report is provided from the same collection point.</p> <p>ii) What is a the No of tests conducted by one technician per month (shall be 1000 tests per technician per month)</p> <p>iii) Whether separate male/female toilets, washrooms and Bleeding Room with examination table are available</p>				
<b>B12</b>	<p><b>DIAGNOSTIC SECTION</b></p> <p>i) Whether a mobile X-ray unit is installed there</p> <p>ii) Whether the due safeguards against the radiation protection are adhered to prescribed regulations of BARC which are amended from time to time</p>				

<b>B13</b>	<b>BLOOD BANK FACILITY</b> Whether there is a tie up with Govt / Non-Govt. licensed Blood Bank to take care of the requirement of Blood to the patients.				
<b>C.</b>	<b>MANPOWER</b>				
	<p>1. Whether one MBBS Doctor is designated as Administrator</p> <p>2(i) Whether minimum of two full time resident Medical officers (one in each shift plus one night off) with MCI recognized MBBS degree are working as Resident Medical Officers (<i>For Nursing Homes/Private Hospitals having 10 to 25 beds providing Specialist and super specialist service</i>)</p> <p>(ii) Whether minimum of four full time resident Medical officers (one in each shift plus one night off) out of which at least two RMO's with MCI recognized MBBS degree are working as Resident Medical Officers (<i>For Nursing Homes/Private Hospitals above 25 beds providing Specialist and super specialist services</i>).</p> <p>3. What is the total no of Consultants/Specialist (at least one full time specialist should be available depending upon the type of specialty applied for).</p> <p>4. What is the ratio of nurses per bed (1 for 5 beds having diploma from institutions recognized by Nursing Council of India is required)</p> <p>5. No of OT Technicians, if applicable. (Minimum of one full time OT for hospitals having 10-25 beds and 2 full time OT for hospitals with &gt; 25 Beds having diploma from recognized institution)</p> <p>6. If applicable then No. of</p>				

	<p>Anesthesia Assistant / Technicians having full time diploma from recognized Institution (Minimum one full time for hospitals having 10-25 beds and 2 full time for hospitals with &gt; 25 Beds having diploma from recognized institution).</p> <p>7. No of pharmacist full time having diploma from recognized institution (Minimum one full time for hospitals having 10-25 beds and 2 full time for hospitals with &gt; 25 Beds having diploma from recognized institution)..</p> <p>8. No of nursing orderlies/Class-IV (Minimum 1 for 10 beds + 30 % extra for leave reserve &amp; night off etc)</p> <p>9. No of Sanitation staff(Minimum 1 for 10 beds + 30 % extra for leave reserve &amp; night off etc)</p> <p>10. Whether some other staff also recruited such as Lab. Assistants/X-ray technician, Medical record Keeper, Plumber, electrician, telephone operator etc to keep the support services of the nursing home running round the clock.</p>				
<b>D.</b>	<b>General Requirements</b>				
	<p>1) No of Trolley &amp; Stretcher and wheel chairs confirm to BIS standard (Minimum two for hospitals having 10-25 beds and 5 for hospitals with &gt; 25 Beds)</p> <p>2) Whether own ambulance is there.</p> <p>3)Whether there is an Working arrangement with other nursing home for providing ambulance service</p> <p>4) Whether ambulances equipped with Facilities like oxygen administration, suction, resuscitation equipment and patient monitoring equipment.</p>				

	<p>5) Whether the hospital have separate administrative area, housekeeping area, storage area (General/ drug/ linen stores etc).</p> <p>6) Whether there is a provision of Adequate ventilation and lighting as per the PWD regulations.</p> <p>7) Whether there is an adequate round the clock supply of water is required.</p> <p>8) Whether there is a provision of Electric supply with proper backup support system like standby generator /inverter should be kept in readiness</p> <p>9) Whether necessary fire safety system in conformity with fire services department regulations and all equipments are kept in ready functional condition.</p> <p>10) Whether the hospital building has got the fire safety certification from designated fire services authority</p> <p>11) Whether the Patient's record should be maintained in proper systematic manner.</p> <p>12) Whether the tables of fees, costs and rates for various services are displayed prominently in bold letters, in order to maintain due transparency</p> <p>13) Whether there is an adequate provision of cooking (LPG gas/electrical)</p> <p>14) What is the average height of all the rooms in the hospital(should be <math>\geq 3</math> mtrs &amp; <math>\leq 3.65</math> mtrs)</p> <p>15) What is the minimum width &amp; height of the doors(width should be <math>\geq 1.6</math> mtrs &amp; height should be <math>\geq 2.1</math> mtrs)</p>				
<b>E</b>	<b>BIO-MEDICAL WASTE</b>				

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	<b>MANAGEMENT</b>				
	<p>i) Whether Bio-medical waste is generated &amp; disposed off scientifically as per the Bio-medical waste (Management &amp; Handling) Rules of 1998 &amp; subsequent amendments thereof.</p> <p>ii) Whether bins/bags of different colors/sizes are used for segregation of hospital waste at source of generation.</p> <p>iii) Whether the infectious waste/sharps shall be disinfected by chemical disinfection / use of needle destroying unit.</p> <p>iv) Whether the organs / tissues / placenta etc. shall be disposed off by secure landfill, till the facilities of Common Biomedical Waste Treatment Facility (CBWTF) is operational in the area.</p> <p>v) Whether the authorization from state pollution control board for permission to generate, transport, store &amp; dispose the hospital waste is obtained.</p>				
<b>F.</b>	<b>REQUIREMENTS OF EQUIPMENTS</b>				
	<p><b>(A) Mandatory Equipments</b>  <i>Whether the following equipments are necessarily available and also write down their no.</i></p> <p>i) Boyles apparatus with complete accessories.</p> <p>ii) Multi Channel Monitor.</p> <p>iii) Pulse Oximeter.</p> <p>iv) Defibrillator with automatic external defibrillator.</p> <p>v) Suction apparatus –Electric/ Battery/ Foot operated.</p> <p>vi) Ventilator.</p> <p>vii) Fix Operating Room lights with operation.</p> <p>viii) Bipolar Electro –</p>				

<p>SurgicalCautery.  ix) Resuscitation Trolley.  x) Facilities for Blood Transfusion.  xi) Surgical operating instruments for type of surgery which is being conducted in the Nursing Home/ Hospital.  xii) High pressure autoclave with modern system of quick sterilization of surgical sterilization instruments and operating linen and other items.  xiii) Arrangements of Oxygen and Nitrous oxide.  <b>(B) ESSENTIAL EQUIPMENTS</b>  Whether the no. &amp; type of equipments are available as per the services being provided &amp; work load.</p>				
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**For Type 2: Dental Clinics (with MDS specialty/super-specialty)**

<b>S.N</b>	<b>Parameter</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Recommendations</b>
<b>A.</b>	<b>Dental Clinic</b>				
	<p>1. Whether Dental Chair Unit is fixed with accessories like good illumination, basic cutting tools, spittoon and inlet/outlet water connection.  2. Whether there is a complete facilities for complete &amp; comprehensive sterilization should be available in the clinic with modern methods of sterilization, Autoclave / Hot Air Oven, Electrical sterilization &amp; Chemical sterilization.  3. Whether there is Complete &amp; comprehensive instrumentation for:-  i) Dental extractions;  ii) Basic instrumentation for fillings of different types &amp; Oral Prophylaxis.</p>				

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	<p>iii) Basic instrumentation for clinical Prosthodontic procedures.</p> <p>4. Whether there is availability of Material: Basic dental materials required for different dental procedures.</p> <p>5. Whether enough disposable methods are adopted wherever applicable like disposable syringes, gloves &amp; face masks etc. Needle destroyer /burner should be available.</p> <p>6. Whether the Dental Clinic is well aerated, well illuminated, and spacious with minimum space as 8'x10'.</p> <p>7. Whether there is Waiting room which is well aerated, well illuminated, neat &amp; clean.</p> <p>8. Whether a qualified Dentists have at least one helping hand in his/her dental clinic.</p> <p>9. Whether the Registered Dentists attending 1000 &amp; above patients per month has obtained clearance from Pollution Control Board.</p> <p>10. Whether the Registered Dentists who engaged more than 4 auxiliaries employees have his/her clinic registered with Labour Department as well.</p> <p>11. Whether the dental clinic has Life saving /emergency drugs available in the clinic.</p> <p>12. What is the total no of Consultants/Specialist (at least one full time specialist should be available depending upon the type of specialty applied for).</p>				
<b>B.</b>	<b>Dental Laboratories</b>				
	<p>1. Whether the Dental Laboratory is established by a registered Dental Graduate with BDS &amp; above qualification / by a registered Dental Mechanic.</p> <p>2. Whether the Dental Mechanic have passed the Dental</p>				

	<p>Mechanic Course from a recognized institution.</p> <p>3. Whether a Dental Mechanic running the Laboratory is registered with the State Dental Council.</p> <p>4. Whether a Dental Mechanic running Dental laboratory have Dental Unit in his/her lab</p> <p>5. Whether the minimum basic equipment required for making or repairing dentures and dental appliances are available in the lab.</p> <p>6. Whether a Dental Laboratory is well aerated, well illuminated, spacious with minimum space as 10'x12'.</p>				
<b>C.</b>	<b>RADIOGRAPHY IN DENTISTRY</b>				
	Whether the X-ray establishments engaged in dental radiographic procedures like OPG & extra-oral radiographs is registered as a separate entity by the State Dental Council.				

**2(A). For Type 2A: Day Care Centers (2 to 25 Beds) for Specialist and Super Specialist services only in respect of:**

**1. Eyes (Ophthalmology)**

**2. E.N.T**

**3. Neurology (As applicable)**

**4. Cardiology**

<b>S.N</b>	<b>Parameters</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Recommendations</b>
1.	Whether proper permission obtained from Municipal Authorities, Notified Area Committees and Panchayat to run the facilities				

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2.	Whether Proper authorization obtained from Himachal Pradesh State Pollution Control Board for disposal of Bio- Medical Waste				
3.	Whether proper permission obtained from competent authorities for sewerage and drainage in urban and Semi urban areas				
4.	Whether Citizen charter displayed showing the facility/ rates				
5.	Whether Doctor, paramedical staff registered with Medical & Paramedical Council of Himachal Pradesh state				
6.	Whether Pharmacist registered with Pharmacy Council of H.P State				
<b>A.</b>	<b>Public Circulation Area</b>				
	<p>a). Whether adequate space devoted for internal transportation of the patients on wheel chairs, trolleys etc.</p> <p>b). Whether separate area earmarked for reception and information, registration and record keeping.</p> <p>c). Whether there is a Waiting area for the patients and their attendants</p> <p>d). Whether there are Public toilet and wash room.</p>				
<b>B.</b>	<b>INFRASTRUCTURE</b>				
	<p>a). Whether a minimum of 2 beds are available.</p> <p>b). Total no. of Beds available.</p> <p>c). Whether there is a working arrangements with Labs, Blood Bank and other diagnostic centers for investigation of the patients</p>				
<b>B1</b>	<b>CONSULTATION ROOM</b>				
	a). Whether the consultation rooms equipped with doctors chair, table, chairs for patients & the attendant, washbasin,				

	examination table & other equipments for examination b). The average size of the cubicles (consultation rooms) (size shall not be less than 6 Ft. x 8 Ft.)				
<b>B2</b>	<b>SPECIAL EXAMINATION ROOM</b> Whether the special examination room are available				
<b>B3</b>	<b>TREATMENT / DRESSING ROOM</b> Whether there is a be separately earmarked area and adequate space for Treatment room & Dressing room				
<b>B4</b>	<b>OPERATING ROOMS (IF APPLICABLE)</b> i) No of One operation theatre ii) The size of the operation theatre (Minimum 12'x 12' required) iii) Whether the OT is air conditioned and fully equipped with mandatory equipments and Instruments.				
<b>B5</b>	<b>STERILIZATION</b> i) Whether there are proper facilities for sterilization ii) Whether there adequate facilities for washing linen				
<b>C.</b>	<b>MANPOWER</b>				
	1. Whether one MBBS Doctor is designated as Administrator. 2. What is the total no of Consultants/Specialist (at least one full time specialist should be available depending upon the type of specialty applied for). 3. What is the ratio of nurses per bed (Minimum 1 GNM Nurse having diploma from institutions recognized by Nursing Council of India is required)				

	4. No of OT Technicians, if applicable. (Minimum of one full time OT / Dental Technician having diploma from recognized institution) 5. No of Sanitation staff (Minimum 1 is required)				
<b>D.</b>	<b>BIO-MEDICAL WASTE MANAGEMENT</b>				
	<p>i) Whether Bio-medical waste is generated &amp; disposed off scientifically as per the Bio-medical waste (Management &amp; Handling) Rules of 1998 &amp; subsequent amendments thereof.</p> <p>ii) Whether bins/bags of different colors/sizes are used for segregation of hospital waste at source of generation.</p> <p>iii) Whether the infectious waste/sharps shall be disinfected by chemical disinfection / use of needle destroying unit.</p> <p>iv) Whether the organs / tissues etc. shall be disposed off by secure landfill, till the facilities of Common Biomedical Waste Treatment Facility (CBWTF) is operational in the area.</p> <p>v) Whether the authorization from state pollution control board for permission to generate, transport, store &amp; dispose the hospital waste is obtained.</p>				
<b>E.</b>	<b>REQUIREMENTS OF EQUIPMENTS</b>				
	<p><b>(A) Mandatory Equipments</b> <b><i>Whether the following equipments are necessarily available and also write down their no.</i></b></p> <p>i) Suction apparatus –Electric/ Battery/ Foot operated.</p> <p>ii) Surgical operating instruments for type of surgery</p>				

<p>which is being conducted in the Nursing Home/ Hospital.</p> <p>iii) High pressure autoclave with modern system of quick sterilization of surgical instruments and operating linen and other items.</p> <p>iv) Arrangements of Oxygen and Nitrous oxide.</p> <p><b>(B) ESSENTIAL EQUIPMENTS</b></p> <p>Whether the no. &amp; type of equipments are available as per the services being provided &amp; work load.</p>				
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**For Type 3: Diagnostic Clinics**

(a) X-Ray Clinic

(b) Specialized diagnostic clinics having facilities of CT Scan/MRI/Mammography Bone Densitometry/ECHO Cardiography etc.

(c) Ultra Sound Clinics

<b>S.N</b>	<b>Parameters</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Recommendations</b>
<b>A.</b>	<b>X-RAY CLINIC</b>				
	<p><b>A. Location</b></p> <p>i). What is the location of X- Ray Clinic (should be on ground floor)</p> <p>ii). Whether it is located away as feasible from areas of high occupancy and general traffic, such as maternity and pediatrics wards and other departments of the hospital</p> <p>iii). Whether the radiation protection /safety measures laid down in BARC guidelines are strictly adhered to.</p> <p><b>B. Layout</b></p> <p>i) Whether the Waiting area is located at the entrance of the clinic</p> <p>ii) Whether the Facilities for wheel chair, stretcher and benches/ chairs are provided.</p> <p>ii) Whether there is a Reception counter, doctors viewing room, storage room, radiographic unit</p>				

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<p>dark room (100sq. ft.) film drying area, Barium facilities room (100 sq. ft.) in the clinic.</p> <p>iii) What is the no number of doors for entry to the X-ray room (should be kept to minimum)</p> <p>iv) Whether the doors and passage leading to the X-ray installation permit safe and easy transport of equipment and non-ambulatory patients.</p> <p><b>C. Room Size:</b></p> <p>i) What is the size of room meant for general purpose X-ray machine (should not be less than 25 Sq Mts)</p> <p><b>D. Registration of X-ray Machine:</b></p> <p>1). Whether the clinic is being run by a qualified Radiologists or radio technician.</p> <p>2) Whether the brick walls of the X-ray room are about 9 inches</p> <p>3) Whether the patients should be provided adequate shield for non- exposed parts like gonads, thyroid etc.</p> <p>4) Whether the X-ray equipment is bought from reputed company with BARC Certification.</p> <p>4) Whether a No objection certificate is obtained from Pollution Control Board.</p> <p>5) Whether there is provision for availability of a dark room in case the centre is not equipped with a dry view camera.</p> <p>6) Whether there is an adequate resuscitation drugs should be available and these investigations should be performed under the supervision of Radiologist, in clinics where Radiographic contrast is administered.</p> <p>7) Whether the technicians wear lead aprons while giving exposures.</p>				
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	<p>9) Whether there is a Consultation chamber for Radiologist.</p> <p>10) Whether the charges of different X-ray including special investigation and portable x-ray rate are displayed prominently in bold letters.</p> <p>13).Whether there is a safer light provision and developer tanks/tray must for Dark room.</p> <p>15). Whether a warning that x-ray's are harmful and should be done only when advised by the physician/surgeon/ orthopedic should be displayed in Hindi, English and Urdu with warning that pregnant ladies and small children and infants should not stand near the x-ray machine as a spectator/attendant with the patient when he/she is x-rayed is displayed</p> <p>18) Whether X-ray room is equipped with lead gloves, lead goggles, thyroid sheets, lead blocks and lead adaptation goggles.</p> <p>19) Whether X-ray clinics which are operational 24 hrs shall have minimum two x-ray Assistants / Radiographers shall be full time having diploma from recognized institution and there should be proof and document for reporting of x-ray by a Radiologist.</p> <p>20) Whether the radiologist in whose name the machine is registered is physically present or working in the clinic alongwith the qualified X-Ray Technician in case the proprietor of the clinic is Non-Technical person.</p>				
<p><b>B.</b></p>	<p><b>Specialized Diagnostics Clinics:</b></p> <p>i) Whether the specialized diagnostic clinics including CT scan, MRI, Cardiac Cath. Lab,</p>				

	<p>Mammography, Bone Densitometer etc. are established only under the supervision of full time qualified Radiologist possessing MD, DMRD or DNB in Radiology.</p> <p>ii) Whether there is an adequate infrastructure as per the norms of the equipment</p> <p>iii) Whether the waiting area for the patients and their attendants with facilities for toilet and clean drinking water available</p> <p>iv) Whether the radiation and other safety measures as per the guidelines of the BARC have been adhered to.</p> <p>iv) Whether the diagnostic centre have the provision for adequate lighting and ventilation.</p> <p>ii) Whether this is a Endoscopy, TMT, Echocardiography, cardiac Doppler, Coronary Angiography and EEG and are being run by the qualified and trained specialists in the respect fields.</p>				
<b>C.</b>	<b>ULTRA SOUND CLINIC</b>				
	<p><b>A. REGISTRATION OF ULTRASOUND CLINICS</b></p> <p>i) Whether the radiologist is performing USG investigations possessing DMRD or MD or DNB in radiology.</p> <p>ii) Whether the USG Clinics have adequate space to accommodate USG scanner, printer, CVT, table and couch for patient.</p> <p>iii) Whether there is an adequate space available for patients waiting with facilities for toilet and clean drinking water.</p> <p>iv) Whether an affidavit to the registering authority that they shall not indulge in prenatal sex determination of fetus unless specifically required as provided</p>				

	<p>under PNDD act.</p> <p>v) Whether the clinic maintains Records</p> <p>vi) Whether the Fee structure and slogan on non-conduction of sex-determination test is displayed in locally understandable languages.</p> <p>vii) Whether the clinic is registered with the registering authority as per the requirements of PCPNDT Act.</p>				
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**TYPE4: LABORATORY SERVICES (SPECIALIZED LAB ONLY)**

S.N	Parameters	Yes	No	Comments	Recommendations
<b>1.</b>	<b>COMPONENTS</b>				
	<p>Whether following components present:</p> <p>i) Clinical pathology including bio-chemistry to be supervised by Pathologist / Biochemist / Medical Microbiologist</p> <p>ii) Microbiology</p> <p>iii) Histopathology and cytology with immunohistochemistry and other molecular techniques.</p> <p>iv) Immunopathology</p> <p>v) Specialized Biochemistry</p>				
<b>2.</b>	<b>Space and Design:</b>				
	<p>i) What is the total area (500 sq ft required for all the above 5 components with separate sub-division or earmarking for every component)</p> <p>ii) Whether the component wise area is as per norms (Following criteria will be guiding factor):</p> <p># Clinical Pathology, Bio Chemistry and Hematology respectively (minimum 140 sq ft)</p> <p><b># Histopathology component:</b> whether it includes the following:</p> <ul style="list-style-type: none"> <li>• Gross room and specimen preservation</li> <li>• Processing and block making to sectioning and staining an area.</li> </ul> <p><b># Immunohistochemistry</b></p>				

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<p><b>component</b> Whether the FNAC room is fitted with bed.</p> <p>iii) <b>Microbiology:</b> (area of 120 Ft. Sq.)</p> <p>iv) <b>Immunopathology:</b> Whether it is with the dirty and clean area.</p> <p>v) Whether there is a provision of following in a lab</p> <ul style="list-style-type: none"> <li>• Doctors reporting room.</li> <li>• Specimen collection centre, Report dispatch and record.</li> <li>• Toilet facility.</li> </ul>				
<p><b>3. Tests to be performed:</b> <b>Whether the tests in following fields are conducted</b></p> <p>i) Clinical Pathology, Hematology and Biochemistry.</p> <p>ii) In addition to named tests in General Lab, whether the following tests also conducted or not :-</p> <ul style="list-style-type: none"> <li>• Automated hematology analyzer profiles with and without platelet count and differential count that have direct readout results and require no operational interpretation.</li> <li>• Automated and/ or direct readout prothrombin time, partial thromboplastin time, thrombin time and activated clotting time.</li> </ul> <p>iii) Rapid solubility tests for hemoglobin.</p> <p>iv) Manual differentiation that include interpretation of atypical cells.</p> <p>v) Platelet aggregometry.</p> <p>vi) Electrolytes – Na<sup>+</sup>, K<sup>+</sup>, Ca<sup>+</sup> etc.</p> <p>vii) Liver enzymes.</p> <p>viii) Amylase.</p> <p>v) Lipid Profile.</p> <p>vi) T3, T4, TSH.</p> <p>vii) Coombs test.</p> <p>viii) Hormone assay.</p> <p>ix) Histopathology.</p> <p>x) Cytology.</p>				

<p>xi) Immunopathology.  xii) Microbiology: culture &amp; sensitivity of various body fluids including urine.  xiii) Tests for presence of bacteria, dermatophytes trichomonas vaginalis, N. gonorrhoea and other organisms, if performed directly on selective media and identification by color or turbidity.  xiv) Direct acid fast smears for tubercle bacilli.  xv) Grams stains, Albert's stain.  xvi) Dark field examination.  xvii) Culture/sensitivity.  xviii) Electrophoresis etc.  xix) Ancillary testing, if available preferred.</p>				
<p><b>4. Whether following Equipments are available</b>  <b>a) For Clinical Pathology Lab.</b>  1. Binocular Microscopes.  2. Auto-analyzer/multi-functional for hematology and biochemistry.  3. Coagulometer.  4. Colorimeter.  5. Centrifuge.  6. Water bath.  7. Refrigerator.  8. ESR tubes.  9. Counting chambers.  10. Micro pipettes.  11. Preservative vials preferably vacutainers.  12. Glass slides.  13. Disposal methods for collections of specimen.  <b>b) For Histopathology lab</b>  1. Automatic tissue processor or standard methods of hand processing  2. Hot air oven  3. Hot Plate  4. Microtome (rotatory)  5. Automatic knife sharpener or standard method.  6. Water bath with thermostat.  7. Glass specimen containers</p>				

<p>(small &amp; large)</p> <ol style="list-style-type: none"> <li>8. Tissue cassettes with lids (steel made)</li> <li>9. L molds (large and small)</li> <li>10. Spirit lamps</li> <li>11. Wax (paraffin with ceresin) melting point 58 -600 c.</li> <li>12. Slides and cover slips</li> <li>13. Diamond pencils</li> <li>14. Surgical grossing instruments e.g knife, scissors, forceps, blades etc.</li> <li>15. Weighing machine (electronic preferred)</li> <li>16. Disposables gloves, masks and white coats.</li> <li>17. Kits for immunohistochemistry and other necessary equipment.</li> <li>18. Stains and other reagents</li> </ol> <p><b>c). For Microbiology Section:</b></p> <ol style="list-style-type: none"> <li>1. Various media for culture and sensitivity</li> <li>2. Swab sticks, transport media, universal containers, blood culture bottles.</li> <li>3. Antibiotics disks.</li> <li>4. Biological safety cabin II</li> <li>5. Discard jars and disinfectants.</li> <li>6. Loops, wires, spirit lamps.</li> </ol> <p><b>In addition, Whether all complex labs have:</b></p> <ol style="list-style-type: none"> <li>1. Autoclave</li> <li>2. Infection control coded bags and buckets.</li> <li>3. Equipment for collection and thereby transport of various specimens from outside the lab.</li> <li>4. Other miscellaneous necessary equipment depending upon the function of the lab.</li> </ol> <p><b>d) HAEMATOLOGY LAB:</b></p> <ol style="list-style-type: none"> <li>1. Microscope</li> <li>2. Cell Chamber</li> <li>2. Cell Counter (Optional)</li> <li>3. Haemocytometer.</li> <li>4. Haemometer.</li> </ol> <p><b>e) BIOCHEMISTRY LAB.</b></p> <ol style="list-style-type: none"> <li>1. Centrifuge.</li> </ol>				
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2. Calorimeter/Semi-auto analyzer. 3. Refrigerator. 4. Micropipettes. 5. Water bath. <b>f) SEROLOGY LAB.</b> 1. Centrifuge. 2. Refrigerator. 3. Water bath. 4. Incubator.				
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Authorised Signatory

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

RECOMMENDATION OF THE COMMITTEE :

SIGNATURE, NAME & DESIGNATION OF COMMITTEE MEMBERS :