



Inodaya
Hospitals

HOUSEKEEPING MANUAL

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Amendment/Revision Status Sheet

Sr. No.	Date	Revision No.	Section Affected	Page No. Affected	Details of Amendment	Reason for Amendment	Approval Signature
1							
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The following are the authorized holders of the controlled copy of the Departmental Manual

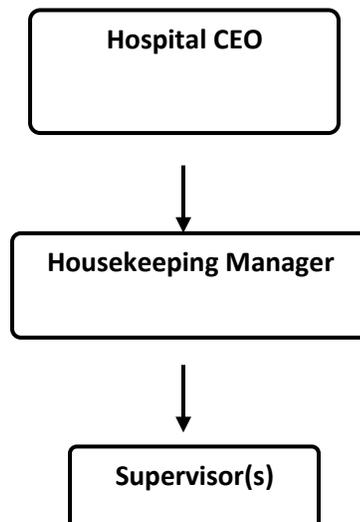
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01.	QUALITY MANAGER
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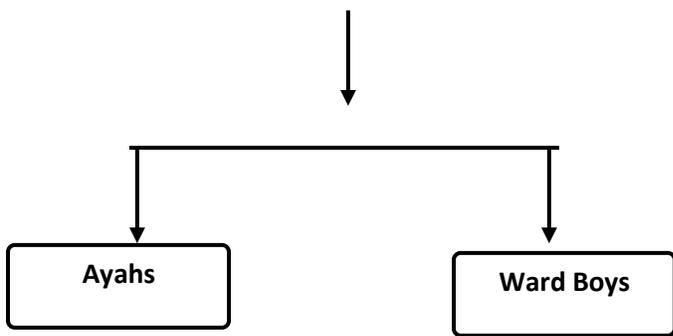
VOCABULARY AND ABBREVIATIONS

S. No	Abbreviation	Expansion
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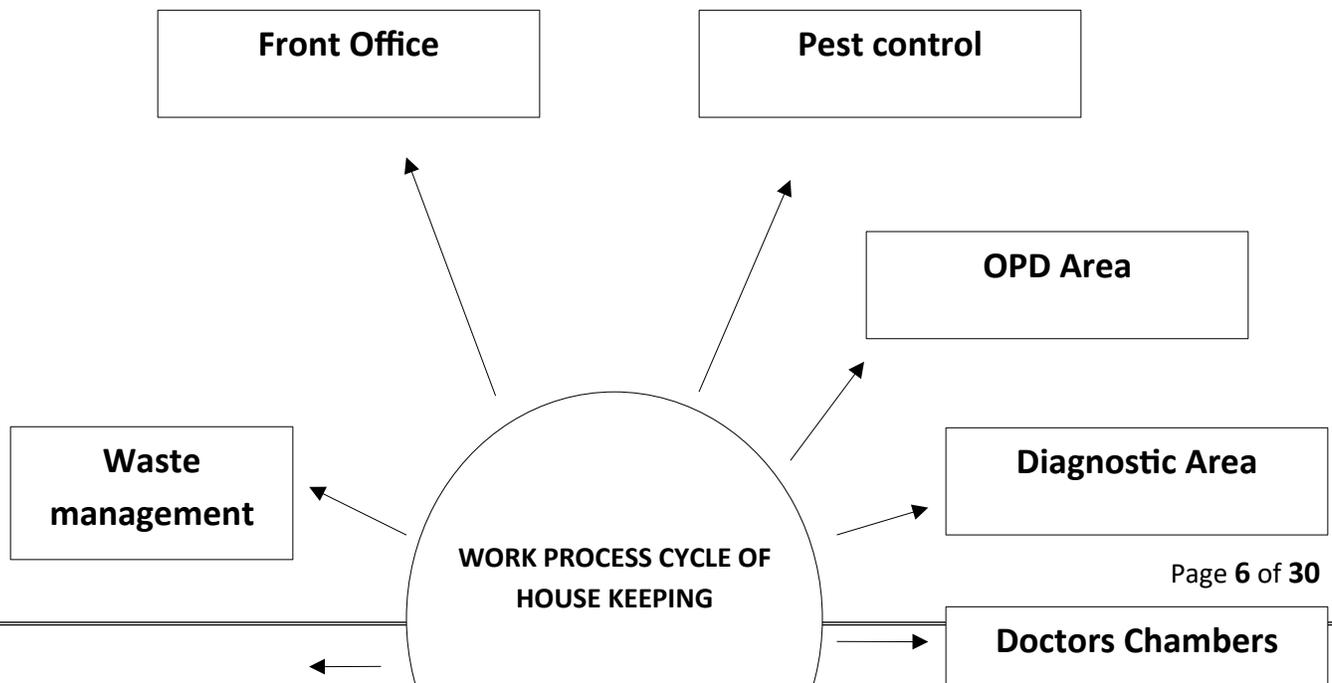
1.	IH	Inodaya hospitals
2.	NABH	National Accreditation Board for Hospitals & Healthcare Providers
3.	HK	House keeping
4.	MOEF	Ministry of Environment and Forest
5.	APPCB	Andhra Pradesh Pollution control Board
6.	PPC	Puncture proof container
7.	Amd	Amendment
8.	No	Number
9.	QSM	Quality System Manual
10.	IP	Inpatient
11.	OP	Out patient
12.	ICU	Intensive care unit
13.	CSSD	Central store sterilization department
16.	MICU	Medical intensive care unit
17.	OT	Operation theatre
18.	PPE	Personal Protective Equipment
19.	BMW	Bio-Medical Waste
20.	NC	Non-Conformance
21.	EVB	EVB TECHNOLOGIES

ORGANOGRAM





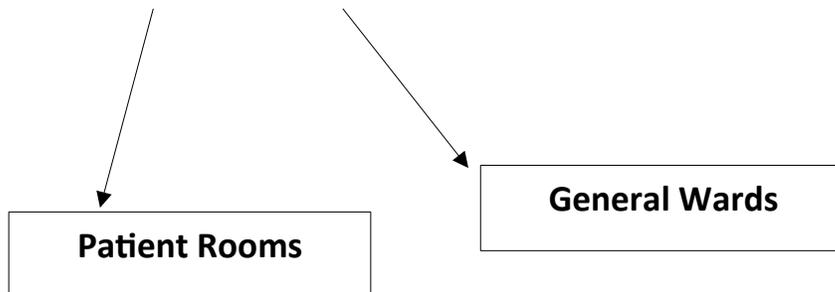
PROCESS FLOW CHART



Laundry

**Operation
Theatre**

**Admin
Chamber**



LIST OF RECORDS

S.NO	REGISTERS NAME	RECORD NO.	RESPONSIBILITY	LOCATION	RETENTION PERIOD
1	Room check list	IH//HK/R/01	House Keeping supervisor	HK Department	Permanent
2	Duty roaster	IH//HK/R/02	House Keeping Manager	HK Department	1 Year
3	Inspection register	IH//HK/R/03	House Keeping Executive	Relevant Area/ HK Department	Monthly
4	Staff duty allocation	IH//HK/R/04	House Keeping in-charge	HK Department	1 Year

	register				
5	Complaint and Feedback Register	IH//HK/R/05	House Keeping Manager	HK Department	2 Years
6	Stock register	IH//HK/R/06	House Keeping supervisor	HK Department	1 Year
7	BMW Challan File	IH//HK/R/07	House Keeping Manager	HK Department	3 months
8	BMW Waste Generation Register	IH//HK/R/08	House Keeping supervisor	HK Department	2 Years
9	Pest control check list	IH//HK/R/9	House Keeping supervisor	HK Department	6 months
10	Indent Book	IH//HK/R/10	House Keeping supervisor	HK Department	2 Years
11	Management Review Meeting File	IH//HK/R/11	House Keeping Manager	HK Department	2 Years
12	Circular File	IH//HK/R/12	House Keeping Manager	HK Department	1 year

BIOMEDICAL WASTE MANAGEMENT

1. PURPOSE:

- To ensure proper segregation, storage, transport and disposal of waste generated in the Inodaya Hospital.
- To ensure that the Waste generated in this hospital is managed and disposed of in an environment friendly manner, in conformance with the prevailing national regulations.

2. SCOPE:

Applicable to the entire hospital.

3. RESPONSIBILITY:

1. All staffs are responsible for the implementation of policy on waste management.
2. Infection control Nurse is responsible to ensure that the staffs comply with the waste disposal policy.
3. Housekeeping Manager/Executive supervisor is responsible to maintain the record of waste generation.

4. PROCEDURE:

4.1 BIO-MEDICAL WASTE MANAGEMENT

- Bio-Medical waste comprises of all the waste categories generated in the hospital, any waste that is generated during the diagnosis, treatment or immunization of human beings.
- The treatment and management of bio-medical waste has great importance in a hospital. The collection and disposal of waste is done on everyday basis
- The waste should be segregated at the source and that waste is collected and is subject to a protocol as detailed below.

4.2 CATEGORIES OF BMW

There are 10 categories of waste as per (EVN TECH.) rules.

Option	Waste Category	Treatment & Disposal
Category No. 1	Human Anatomical Waste (human tissues, organs, body parts)	Incineration @/deep burial*
Category No. 2	Human Waste Human tissues, organs, body parts carcasses, bleeding parts, fluid, blood, Blood bags ,wastes, etc.	Incineration @ / deep burial*
Category No 3	Microbiology & Biotechnology Waste (wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biologicals, toxins, dishes and devices used for transfer of cultures)	local autoclaving / micro- waving / incineration@
Category No 4	Waste sharps (Needles, syringes, scalpels, blades, glass slides, etc. that may cause puncture and cuts. This includes both used and unused sharps)	Not adding sodium hypo chloride solution according to 2018 guidelines
Category No 5	Discarded Medicines and Cytotoxic drugs (wastes comprising of outdated, contaminated and discarded medicines) directly discarding in to yellow	Incineration @/destruct
Category No 6	Solid Waste (Items contaminated with blood, and body fluids including cotton dressings, soiled plaster casts, lines, beddings, other material contaminated with blood)	Incineration @ autoclaving / micro- waving
Category No. 7	Waste (Wastes generated from such as tubing's, catheters, intravenous sets, ET tubes, urine bags, catheters, disposable syringes, etc).	disinfection by chemical treatment @ @ autoclaving/micro- waving and mutilation/

		shredding##
Category No. 8	Liquid Waste (waste generated from laboratory and washing, cleaning, house-keeping and disinfecting activities)	disinfection by chemical treatment@@ and discharge into drains.
Category No. 9	Incineration Ash (ash from incineration of any bio-medical waste)	disposal in municipal landfill
Category No. 10	Chemical Waste (Chemicals used in production of biological, chemicals used in disinfection, as insecticides, etc.)	chemical treatment @@ and discharge into drains for liquids and secured landfill for solids

@@ Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.

4.3 SEGREGATION:

The key to minimization and effective management of biomedical waste is segregation (separation) and identification of the waste. The most appropriate way of identifying the categories of biomedical waste is by sorting the waste into colour coded plastic bags or containers. Segregation is done (as per category) strictly as per BMW rule.

Colour Coding	Type of Container	Waste Category	Treatment options
Yellow	Plastic bag	Cat. 1, Cat. 2, and Cat. 5 and Cat. 9 and Cat. 10. (solid) Cat. 6.	Incineration/deep burial
Blue	Plastic bag	Cat. 3, Cat.7.	Autoclaving/Microwaving/
White translucent	puncture proof Container	Cat. 4	Autoclaving/Microwaving/ Chemical Treatment and destruction/shredding

Black	Plastic bag	General Waste	General Waste
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4.4 Prime Sources of collection of Bio Medical waste are

1. Emergency Department
2. Wards
3. ICU s
4. Operation Theatres
5. Laboratory
6. Cath lab
7. Dialysis
8. Endoscopy

4.5. Guidelines for Collection of Waste:

- Waste will be collected by housekeeping at the respective department in two shifts; morning and evening (or as required) using wheel-able garbage bins except in OT where the waste would be collected after every operation.
- Wheel-able trolleys will be used for transportation of waste from various areas of the hospital to the temporary waste storage area of the hospital.
- While collecting BMW, the housekeeping staff ensures wearing PPE (gloves, protective mask, head cap,)
- Waste will be collected in two shifts or when waste bin or sharps bin is $\frac{3}{4}$ full.
- Before plastic bags are collected, they must be properly tied in a manner that does not allow for any leaks or spillage.

4.6. Guidelines for Transport of Waste:

- When waste is collected, from a particular area, it will be wheeled downstairs to the basement where it will be weighed and transferred to the appropriate colored bin in the BMW segregation room. This will be done twice a day.
- A large plastic bag will be used to line the wheel-able bin to prevent any liquid leaks from the waste bags from soiling the bin.

- This plastic bag is to be replaced each shift.
- The wheel-able bin will be cleaned and disinfected with Sodium hypochlorite solution once in 24 hrs. This will keep the bin sterile and odorless.
- While transferring waste to storage bins in the basement, housekeeping staff will wear a protective mask, gloves & cap.

4.7. Guidelines for Storage of Waste:

- Blue, White, & Yellow will be held in the bins & kept in biomedical waste segregation room.
- Kitchen waste will be placed in designated bins and will be stored for a maximum of 24 hrs at General waste room.
- All plastic bags are to be tied securely and the lid of the bin is to be firmly shut.

4.8. Guidelines for the Safe Disposal of Waste: Waste will be handed over to the outsourced agency in the following manner:

- All waste held in the storage bins will be wheeled up to the garbage truck itself. This will be done by the outsource staff for which the details are maintained by the security staff.
- The contractors' garbage handlers will wear heavy duty gloves, mask, and rubber boots while transferring waste from the hospital's bins to the truck.
- Transfer of waste to the truck will be overseen by security.
- Security staff will maintain a log book which will document, the date, and weight of the waste collected by the contractor.
- Waste will be disposed of every 24 hrs.
- The whole day it is seen that the area is kept clean and rodent free.
- The general waste which comprises of no infectious waste and food waste is collected by Municipal Corporation of Kakinada.

The Biomedical waste of Inodaya Hospital is collected by an (Andhra Pradesh Pollution control board authorized) outsourced agency EVB Pvt Ltd.

URINE CAN

1. PURPOSE:

To maintain hygienic and sanitary conditions. This procedure explains about the provision, removal and cleaning of Urine can.

2. SCOPE:

This is applicable to the patients who require the urine can services.

3. RESPONSIBILITY:

House Keeping-Staff

4. PROCEDURE:

- Draw the curtains
- Place urinal between the thighs, position the urinal properly.
- Leave the patient alone; remove the urinal after use & wipe,
- Assist the patient to settle down & carry the urinal to the bathroom
- Do not leave the patient wet.

Cleaning of urinal/ urine can

- Empty the urinal in the flush tank which is in the bathroom
- Open the spout such the urinal is washed out of all the urine.
- Scrub the urinal from all sides with help of brush & cleaning powder.
- Rinse the urinal thoroughly; dip the urinal in the 1% Sodium Hypochlorite solution (kept in the bathroom) for 10mins.
- Remove the urinal, dry & stock it.

TRANSPORT OF LAB SPECIMENS

1. PURPOSE:

To describe the processes established by the Inodaya Hospitals for safe transport of the lab specimens

2. SCOPE:

This is applicable to the entire hospital.

3. RESPONSIBILITY:

House Keeping Supervisor and House Keeping Staff

4. PROCEDURE:

- Wear personal protective equipment and carry sample collection boxes.
- Body fluids must be handled using gloves only.
- Before carrying on the tubes, Name of the patient, IP No. / Room no. to be checked for easy reference on reporting.
- On tube tray the samples for various tests are marked on each corner of the tray and the samples are placed accordingly before transportation.
- After reaching lab, each tube is to be shown to the sample collection personnel and the placed in the respective basket.
- Do not handle body fluids with bare hands
- Do not remove the personnel protective equipment till you have completed the job or reach the nurse station and handover the sample collection box.

EASY BATH

1. PURPOSE:

To explain the procedure that is carried out for Easy Bath to the patients by the House Keeping Staff.

2. SCOPE:

This procedure is applicable for housekeeping of all the patient rooms.

3. RESPONSIBILITY:

House Keeping-Staff

4. PROCEDURE:

- Wear masks & gloves while providing basic hygiene to the patients.
- Clean the patient with support of nurses as per their instructions.
- Change the bed sheets and pillow covers and blanket if required.
- Do not use the same sponge towel for more than one patient.
- Do not use same water for wiping and cleansing.

CLEANING SCHEDULE

Areas	Activities	Frequency
General Wards Deluxe Rooms	Sweeping & mopping/ air freshening	Daily 3 times
	Wash rooms	Daily 3 times
	Beds, chairs, tables	On discharge
	Doors, windows & glass panel	Daily ONCE
	Fixtures and fittings	weekly once
	Cobwebs cleaning	On patients discharge
	Clearing of dustbins	Daily once
Corridors (whole campus)	Sweeping and mopping	Daily 3 times
	Parapet wall surface & Railings	Daily once
	Cobwebs in Ceilings	weekly once
	Clearing of dustbins	Daily 3 times
Patient waiting area	Sweeping & mopping	Thrice in a day
Reception & front office	Waiting chairs	Alternate days

throughout the hospital	Water cooler	Every 15 days
	TV	Daily once
	Clearing of dustbins	Daily 3 times
Common toilets in ground floor, laboratory areas.	Cleaning of Urinals	Continuous & ongoing every 1 hour /2 hours
	Scrubbing	Weekly once
Lifts	Sweeping, cleaning & mopping	Daily 3 times

OP consultation rooms	Sweeping & mopping	Daily twice
	Wash rooms	Daily twice
	Examination table, chairs, tables	Daily once
	Doors, windows & glass panel	weekly once
	Fixtures and fittings	weekly once
	Cobwebs cleaning	Weekly once
	Clearing of dustbins	Daily twice
	Cleaning of computer	Every two days

Nursing station	Cleaning of desk	Daily 1 time
	Sweeping and mopping	Daily 3 times
Laboratory Pathology Bio chemistry Radiology	Sweeping and Mopping	Daily 3 times
	Test Tubes, Cleaning of Bowls,	Daily and when required
	Phones, computers, electronic instrument cleaning	Daily once
	Medical instrument cleaning	Daily 1 time and when required
	Tables and chairs cleaning	Daily once
	Glass cleaning	Daily once
	Floor scrubbing	Weekly once
	Door scrubbing	Weekly

All clinical departments	Sweeping & mopping	Daily 3 times
	Wash rooms	Daily 3 times
	Beds , chairs, tables	Daily once
	Doors, windows & glass panel	Daily once
	Fixtures and fittings	weekly once
	Cobwebs cleaning	On patients discharge
	Clearing of dustbins	Daily 3 times
	Rubber sheets	Daily as and when required
OT'S	Sweeping & Mopping	Daily
	Wash rooms	Daily 3 times

	Cots, chairs, tables	Depends on the occupancy
	Doors, windows & glass panel	Daily once
	Fixtures and fittings	weekly once
	Cobwebs cleaning	Weekly once
	Clearing of dustbins	Daily 3 times
All Office Cabins	Sweeping & mopping	Daily
	Wash rooms	Daily once
	Cots, chairs, tables	Depends on the occupancy
	Doors, windows & glass panel	Daily once
	Fixtures and fittings	weekly once
	Cobwebs cleaning	Weekly once
	Class rooms, Boards, chairs, floors	Daily once
	Clearing of dustbins	Daily once
	Cleaning of computers peripherals	Daily once
	Phones, computers, electronic instruments	Daily once

Casualty	Sweeping & Mopping	Daily 3 times
	Cots, chairs, tables	Depends on the occupancy
	Doors, windows & glass panel	Daily 3 times
	Fixtures and fittings	weekly once
	Cobwebs cleaning	On patients discharge
	Clearing of dustbins	Daily 3 times
	Cleaning of bowls, stretcher,	Daily and when required
CSSD	Sweeping & Mopping	Daily 2 times
	Scrubbing of floors and walls	Daily 2 times
	Cleaning of doors, windows & glass	Daily 2 times
Exterior of building	Sweeping and mopping – Porticos	Daily
	Cleaning of Signboards	Weekly

	Cleaning of glass windows and partitions	Weekly
	Drain way	Daily
Stair Case	Steps	Daily 3 times
	Grills	Daily 3 times
	Side walls	Weekly twice

CLEANING PROCEDURE

1. PURPOSE:

- Primarily sweeping and wet mopping is done in the general areas and is maintained by dry mopping in regular intervals.
- The wash room cleaning staff should maintain the wash rooms neat and Dry. Scrubbing should be done during the night shift only and all the areas to be scrubbed in regular intervals. The staircase and crowded departments to be scrubbed every night.
- The glass cleaning inside the room is to be done every day and the outside glass is to be done in regular intervals.

2. SCOPE: This procedure is applicable for housekeeping of all the patient rooms.

3. RESPONSIBILITY: House Keeping-Staff

4. PROCEDURE:

- The outside area of the hospital within the campus is to have staff in morning and evening shift to keep the surroundings tidy
- Collect cleaning supplies before starting the actual work and reach the work place.
- Empty all trash from the room & put it in a waste bag
- Start sweeping with the sweeping brush pushing the loose soil from other end of the room to the front of the room.
- Collect the dust in a dustpan and empty it in a waste bag.
- Dusting to be done with a damp duster using germicidal solution.
- Dust the window slits, tabletop, locker, trolley, TV top, sofas, chairs etc.
- Work in a pattern, clean each item as you progress
- Mopping is done and room is made to dry

- Once the garbage bin is emptied, the cover is replaced by a fresh cover.
- Do not shake the sweeping Brush, as it will spread the dust.
- Do not flick the duster.
- Do not leave the floor wet while mopping.
- Do not clean the mops / duster in the patient's bathrooms

CLEANING OF ISOLATED PATIENT ROOMS

1. PURPOSE:

To describe the processes established by Inodaya Hospitals for maintaining the cleanliness, Hygiene of the isolated rooms.

2. SCOPE:

This is applicable to the isolated rooms in the Inodaya Hospitals.

3. RESPONSIBILITY:

- Overall responsibility is by the House Keeping in-charge / House Keeping- Supervisor, who ensures a safe, neat and clean environment within the hospital.
- The housekeeping supervisors assigned for the particular floor is responsible for assigning duties to the housekeeping staff and monitoring the activities and level of cleanliness of areas assigned under them.

4. PROCEDURE:

- Prepare the germicidal solution. Take a clean bin with lid and take sufficient water (1 bucket) and add 1 % sodium hypochlorite concentrate to make a disinfectant solution.
- Do not use hot water for making disinfected solution
- Do not keep the bin open.
- Wear personal protective equipment during the procedure

- Clean the room as routinely it is done.
- Dust the walls furniture etc, with a germicidal solution.
- Allow it to dry.
- Soiled infected clothes to be packed in a yellow plastic bag and treated separately.
- Discarded linen to be packed in a yellow bag and later carried for incineration to the concerned agency.
- Thorough cleaning of the following must be done with a clean duster and the germicidal solution.
 1. Bed frame head board and
 2. Side rails
 3. Over bed table and base
 4. Wheels
 5. Over head light and all horizontal surfaces
 6. Television
 7. Doors & walls
 8. Telephone
 9. Plug and outside
 10. Sink including taps
 11. Drains, window slits
 12. Flooring
 13. All other furniture and equipment's
 14. Toilets inside out

Instructions:

- Do not use patient linen for cleaning
- Do not flick the dust while dusting/sweeping
- Do not clean the mops/dusters in the patient sinks

CLEANING OF BATHROOMS

1. PURPOSE:

To maintain hygienic and sanitary conditions. The wash room cleaning staff should maintain the wash rooms neat and dry.

2. SCOPE:

This is applicable to the entire Hospital

3. RESPONSIBILITY:

House Keeping-Staff

4. PROCEDURE:

- Carry the basket of cleaning supplies to the bathroom.
- Scrub the toilet bowl inside out with the help of an abrasive and nylon W/C scrubbing brush.
- Flush & rinse, Wash the surrounding surface, wall etc.& wipe it dry, disinfect the toilet bowl
- Scrub the wash basin inside out with an abrasive and a nylon scrubber.
- Sprinkle germicidal solution in the shower area.
- Scrub the floor with the square nylon scrubbing hand brush, rinse and dry, clean the drain, clean the mug and the bucket, wipe the floor dry with the germicidal solution.
- Clean the mirror, counter, walls, windows slits with a damp duster and the germicidal solution; restock the liquid hand wash.
- Do not use the patient's linen for cleaning
- Do not clean the mop in the patient's wash basin

BED PAN

1. PURPOSE:

To maintain hygienic and sanitary conditions. This procedure explains about the provision, removal and cleaning of bedpan.

2. SCOPE:

This is applicable to the patients who require the bed pan services.

3. RESPONSIBILITY:

House Keeping-Staff

4. PROCEDURE:

- Bring the bedpan along with the lid, draw the curtains.
- Wear clean gloves & insert bedpan carefully and leave the patient alone.
- Collect equipment required for cleaning which includes mug with water, cotton (as required), and plastic bag for disposal of soiled cotton.
- Wet the cotton & clean the patient thoroughly & remove the bedpan & cover it with lid
- Remove the cozy sheet, if soiled & replace with fresh one.
- Carry the bedpan to the bathroom.
- Do not leave the patient wet;
- Do not leave the soiled mackintosh near the patient
- Do not put the soiled cotton in the patients' waste bin

Cleaning of bedpan

- Empty the bedpan in the flush tank in the patient bathroom.
- Open the spout such that the bedpan is cleaned of all the fecal matter
- Scrub the bedpan from all sides with the help of brush & cleaning powder, rinse the bedpan thoroughly.
- On discharge dip the bedpan in the disinfectant solution (kept in the bathroom) for 10mins, remove the bedpan, dry & stock it.
- Do not leave any fecal matter in the bedpan / flush tank in the bathroom.
- Do not reuse the bed pan without disinfecting

CLEANING PROCEDURE-PUBLIC AREAS

1. PURPOSE:

To describe the processes established by Inodaya Hospital for maintaining the cleanliness, Hygiene and aesthetics of all hospital areas.

2. SCOPE:

This procedure is applicable for housekeeping of all areas and also the hospital estate and building structure.

3. RESPONSIBILITY:

- Overall responsibility is by the House Keeping -Manager who ensures a safe, neat and clean environment within the hospital.
- The housekeeping supervisors assigned for the particular floor is responsible for assigning duties to the housekeeping staff and monitoring the activities and level of cleanliness of areas assigned under them.

3. DESCRIPTION:

1.1 STAFFING

The House Keeping Supervisor shall allot the work to Housekeeping staff based on the attendance of the House Keeping Personnel in a particular shift and the number of patients in the hospital. The staff Attendance shall be recorded in the Duty Register. The Housekeeping staff shall report to the Supervisor on the particular floor

Cleaning of all the areas of the hospital premises shall be done every day. The House keeping staff works in 3 shifts, i.e.

Morning: - 7 am - 2 pm

Evening: - 2pm - 9 pm

Night: - 9pm - 7 am

1.2 CLEANING AREAS

Level -1: Gas plant, Accounts, HR, Housekeeping, Maintenance, Electrical unit, Security. Billing, Mrd, Stores, Lab, Marketing, Manager Room, I.P.Pharmacy, Dress Changing Room, Fire Cabin.

Ground floor: Casualty, Pharmacy, Sample collection, Power Room, It, Car parking area. Carri doors, Public Toilets, BMW rooms.

Level 1: OPD chambers, I.P.Billing, Endoscopy, X-Ray, Ct scan, Ultra sound, TMT.

Level 2: ICU'S,

Level 3:OT, Cath Lab, Anesthesia room, Doctors Rest Room.

Level 4: Single rooms, General ward, OPD chambers.

Terrace: R.O Water, CSSD, Dining area.

Common Areas: Stairs, Lifts, Hospital Compound, Compound Wall, Hospital Façade, Car Parking area.

1.3 CLEANING PATTERN

The following pattern is suggested for determining the cleaning schedule at each level.

Hospital Premises:

- Grass, Weeds, Debris etc in the Hospital Compound and Compound Wall are cleaned weekly twice.
- Car Parking area and lobby inside hospital are cleaned daily.
- Hospital premises to be kept clean and neat every day.
- Posters or stickers on compound wall or inside is strictly prohibited & is removed at once and the area is cleaned.
- The waste from the hospital premises should be disposed off as per the instructions of the Housekeeping Supervisor every day and dust bins to be cleaned thoroughly.
- Security outposts and sheds in the premises to be cleaned daily.

Hospital Interior

- Glass windows, doors, staircases, railings etc., should be dusted and cleaned daily.
- All the corridors, lobby, lounges, patient waiting areas, consultation rooms, laboratories, X-ray rooms etc. are to be mopped thrice a day or more as per the requirement.
- The furniture in the above mentioned areas are to be dusted and cleaned every day. The furniture in the patient waiting areas is to be cleaned twice a day.
- Lift floors and staircases are to be mopped thrice a day and lift floors and walls once a day.
- All rooms and wards are to be mopped and twice a day or more using disinfectant.
- After the patient gets discharged, the room and bathroom, wash basin, utility area etc., to be cleaned thoroughly with disinfectant.
- Dustbins in the rooms should be emptied three times in a day and replaced after proper cleaning.
- The waste is to be disposed of as per the regulations of the hospital.
- All cupboards, lockers, chairs and other fixtures in the rooms and wards are to be dusted and cleaned daily and mopped twice a week.
- Bathrooms and toilets should be cleaned using disinfectant three times a day or more as per requirement. Walls of these areas should be cleaned using disinfectant twice a week.
- The buckets and mugs to be cleaned with soap solution daily and the availability of water to be checked.
- Malfunctioning of the flushing system, leakage of taps, electric system, television, telephone etc., should be reported immediately.
- All the office rooms to be mopped daily. The furniture and fixtures should be dusted and cleaned daily. Roof, fans etc. should be cleaned once a week.
- In case any place within the hospital or premises is found dirty, it shall be cleaned immediately.

1.4 Housekeeping Activities for the Patient Rooms

Housekeeping before the arrival of a new patient

- The Housekeeping supervisor shall receive the information from the admission counter regarding the admission of a new patient.
- The Supervisor shall check the room cleaned by the House keeping staff, and shall inform the Front Office.

- The Supervisor shall inform the Admission Counter that the room is ready and can be occupied by the patient and hand over the room key to the concerned Staff Nurse.
- The House Keeping Supervisor shall check in the patient after getting approval on the items available in the room Daily Housekeeping activities of Patient Rooms
- The Housekeeping Supervisors shall liaison with the Maintenance Department for attending to complaints in patient's rooms and wards pertaining to plumbing, electrical, civil engineering etc.
- The housekeeping staff shall maintain upkeep of the room by dusting mopping, sweeping, clearing of cobwebs, cleaning bathrooms, providing soap, tissue, drinking water, waste bin and towels.
- The Housekeeping staff shall record the details of the Housekeeping activities done in the Cleaning Chart.
- The supervisor shall check the work done by Housekeeping staff and record the details in the Room Inspection Report

Housekeeping activities after patient discharge

- The Housekeeping supervisor shall receive the information about the patient discharge.
- The housekeeping supervisor shall check out the patient after checking items in the room with checklist.
- This procedure is repeated every day and Housekeeping Supervisors shall report to the House Keeping in charge in case of any problems.

1.5 Housekeeping Rounds and Inspections

- The Housekeeping supervisor shall inspect all the areas assigned under them on a daily basis to identify malfunctioning / breakdown leaks of flushing systems, taps, electric systems, Air conditioners, Televisions, Telephone, Furniture's, Built in areas / Floorings, Cupboards /. Lockers etc.
- The Housekeeping supervisor shall interact with the patients and staff members to identify such problems / complaints in cases where he may not be able to directly inspect the site.
- The Housekeeping supervisor shall report to the Facility Maintenance Department in case of any problems regarding the engineering services on receiving compliant from the

patient. The Housekeeping supervisors shall follow up with the Maintenance Department till the Work requisition has been completed.

- The Housekeeping supervisor shall daily inspect and monitor the housekeeping activities of the areas assigned to them and report to the housekeeping in-charge through the cleaning Checklists and Room Inspection Reports.
- Housekeeping in charge shall go on rounds every day to various areas, patient rooms and wards to ensure that best services are provided to the patients and the housekeeping standards of the hospital are maintained.

5.6 Staff Coordination

- The House keeping attendants shall report to the floor supervisors at the end of their shift. Housekeeping Supervisors shall take the attendance for the next shift boys / maids, and if there are any absentees, the shift attendants are requested to continue their duty.
- If there are any hospital functions or extra work in the hospital like shifting departments, arranging a new area, the Housekeeping executive shall prepare duty chart for extra duties.
- To provide good service, 24 hours housekeeping services are provided for the patients, maintaining the patient room and waiting areas clean, providing water, soap, to the patient rooms, keeping the patient's rooms and bathrooms tidy, taking care of the patient complaints and following it up will be done by supervisors.
- The in charge- Housekeeping shall monitor the entire process, reports from the supervisor and shall solve the problems, which cannot be solved at the Supervisors level. This procedure repeats every day in every shift.
- The Housekeeping Supervisors shall raise a Material Requisition to the Stores for issue of housekeeping items. The Housekeeping supervisors shall take the approval of the Manager Housekeeping whenever he / she indent for the required items. The details of items received shall be made in the Housekeeping Items Stock Register.