

# New Residents Induction/Orientation Hand Book



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# 1. Welcome to Sharif Medical City Lahore, Pakistan

## 1.1 Introduction

The Medical City's team kept expanding from all across the globe by the time of its opening in **1997**.

**Sharif Medical City** has provided the best education to the Medical students and best care to the patients with quality health care for more than 17 years. The institution prides itself on having the latest medical technology, and the qualified physicians/Surgeons and medical professionals.

The Sharif Post graduate Medical Institute is committed to provide training of the highest quality, to lead to the emergence of a qualified academic professional who comes up to the highest professional standards of his/her chosen specialty and at the same time has developed into a humane, communicative and practical individual. The stress is on the acquisition not only of medical skills and knowledge but equally so on the development of professionalism, a scientifically rigorous mind and the skills of managing one's professional life.

## 1.2 Mission

Our mission is to contribute to the physical, emotional and psychological Well-being of our patients by providing the very best of medical care with compassion and decorum.

## 1.3 Vision

SMCH will be the recognized leader in providing comprehensive Medical care in Pakistan, also attracting patients from abroad based on services.

## 1.4 Contacts Details:

Address: Sharif Medical City,  
Sharif City Road, Jati Umrah, Raiwind Lahore

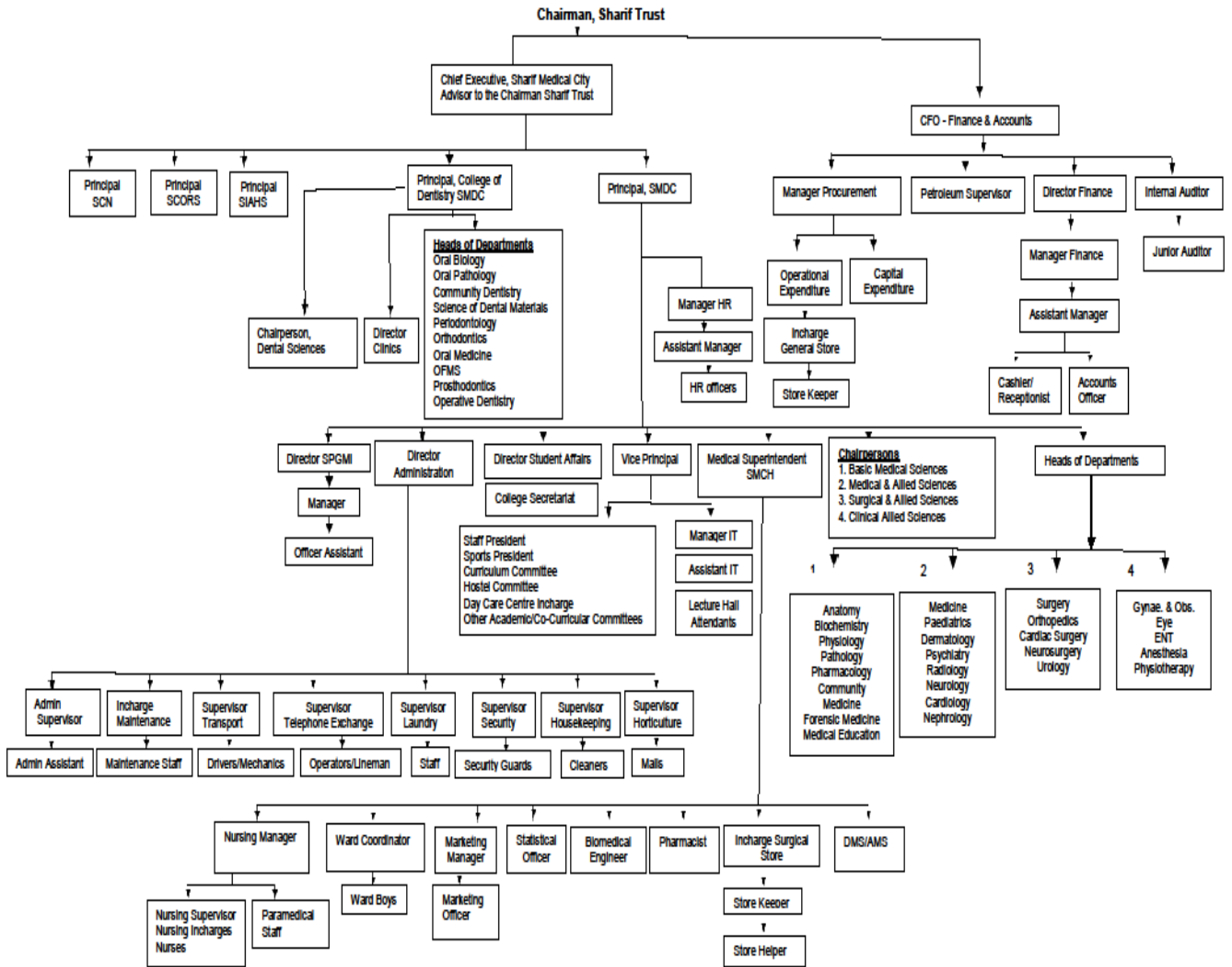
Email: [spgmi@sharifmedicalcity.org](mailto:spgmi@sharifmedicalcity.org)

Ph: 042-37860101-4: Ext: 543  
042-37860163

Fax: 042-7860105

## 2. Management at Sharif Medical City

### Organogram, Sharif Medical City



### 3. Orientations

#### 3.1 Objective of Orientation

SPGMI has designed a comprehensive program of talks, presentations the selected candidates go through to familiarize themselves with the ethos, systems and processes of the institution before they formally start their job here.

The program is constantly reviewed and revised to meet the needs of changing circumstances.

**SPGMI** holds sessions in order to welcome and acquaint new Residents to the organization's operations, program benefits and the institution's code of conduct. Policy states that all new Residents should ideally complete their orientation within 1st week of their initial hiring; the orientation session covers the following elements:

- i. Organizational Introduction
- ii. Residency at SPGMI
- iii. Compensation and Benefits
- iv. Time Schedule and other Related Policies
- v. Resident Relations
- vi. Salary Administration
- vii. Departmental Orientation

On the first day, Residents are required to report to the SPGMI and go through the Orientations. It is the responsibility of the Residents to ensure that their orientation sessions have been completed within first week of joining.

The participants are expected to attend these mandatory sessions and submit duly signed attendance to the SPGMI. Once the session has completed the attendance is verified from the respective Department.

### 4. Employment

#### 4.1 Recruitment & Selection

Sharif Post Graduate Medical Institute (SPGMI) has established a standardized Hiring Process for all applicants.

The institute aims to hire, develop and retain the best Resident for every job. We take steps to identify and encourage highly qualified applicants to apply for jobs. We try to make the hiring process as clear and as easy as possible for all applicants.

The complete application of the resident is forwarded be reviewed by the Head of the Department/ concerned Supervisor and Director PGME. All candidates who fulfill the basic criteria will undertake a panel interview to determine candidate's suitability for the position.

#### **4.2. Issuance of Offer Letter**

Each Resident shall, prior to his or her employment, receive a written offer letter which shall set forth Sharif Medical City Hospital's commitment to the Residents after acceptance of that offer letter s/he will intimate about her joining in writing within the due time mention in offer letter

#### **4.3. Source Verification**

The SPGMI will process the source verification and reference check through a specific verification form (annexure-I) regardless of their position. Joining of any resident is subject to source verification. The last degree of the applicant will be verified from the issuing authority through internet, email, post or a telephone call and it will be kept in applicant personal file for future record and references.

#### **4.4. ACLS/BLS/ATLS/PALS Certifications**

All Residents should have their valid ACLS/BLS/ATLS/PALS certifications and its copy needs to be submitted for record and future references. Residents whose ACLS certification has expired or not done before are required to attend a certification course within a period of entire training.

#### **4.5. Medical Examination**

To safeguard the health of all Residents and patients, SPGMI requires selected candidates (after acceptance of offer), to take a medical examination as a pre-requisite of employment. The medical examination will be arranged by the hospital after a conditional offer of employment has been made. Applicants will be informed of this requirement during the job interview. All are required to take a medical examination from Sharif Medical City Hospital as per the plan available with SPGMI.

#### **4.6. Report to SPGMI**

All new residents will need to report to SPGMI for further documentation required for their registration. Residents who have joined Sharif Medical City Hospital need to be reported to CPSP for their registration with concerned CPSP approved supervisor.

#### **4.7. Issuance of Appointment Letter**

Issuance of an appointment letter is the last phase of the hiring process. A contract will be drawn which will state all the terms and conditions of the employment. Resident will receive yearly contract in form of appointment letter after submission of their joining report to the SPGMI. The contract will be renewed 01 month before the expiration of current year contract.

#### **4.8. Probation & Job Confirmation**

Residents shall undergo a period of Probation for three months. During the probation period

if the performance & conduct is found unsatisfactory, his/her services shall be terminated on 24 hrs notice period.

## **4.9. Separation**

SPGMI is committed to fair and consistent Training. A Resident, who resigns, quits or fails to report after a long leave shall be regarded as “terminated” from employment with Sharif Medical City Hospital. The contents of this section do not constitute the terms of any employment contract and the hospital’s management reserves the right to change or modify these policies and procedures at any time.

### **4.9.1. No Show**

“No Show” happens when Resident do not return after their approved number of days of leave. In that case they will be contacted via letter, phone or email and be informed that they have exceeded their joining date. If the Resident does not re-join the hospital within 3 days of his/ her due joining date after leave, will undergo a disciplinary action.

### **4.9.2. Resignation**

A resignation is a voluntary termination of Training initiated by the Resident. Residents are allowed to give a 1-month or 24 hour advance resignation notification.

- **24-hours resignation** is acceptable during the probationary period (first 3 months of employment), they will not be given an experience certificate. After probation, if 24 hours resignation is given it will result in deduction of 1 month’s salary.
- **01 month resignation notification** is acceptable if the Resident has passed the probationary period. Once the 30-day period has passed, a Clearance Form needs to be filled out. The Clearance Form will then be forwarded to the SPGMI and Accounts department to be processed.

### **4.9.3. Termination**

This policy is designed to ensure that SPGMI complies with its internal requirements when making termination decisions.

Policy states that termination can be considered when a trainee receives 3 written reprimands. Terms of immediate termination can also be considered when trainees do not show up to work for 7 days without any valid explanation. However, before a written reprimand is issued the Resident will receive pre-disciplinary counseling. In case of any serious offence, immediate termination will be considered.



## **5. Compensation & Benefits**

### **5.1. Stipend to Residents**

SPGMI has a standard stipend for all Residents'. The stipend is decided by the Management Sharif Trust and the Director PGME according to the CPSP rules as per provincial government and is subject to change. (Annexure-II, Ref: Resident's Stipend Policy)

### **5.2. Deduction in Pay**

#### **5.2.1 Leave without Pay**

Leaves taken in the following situations will be considered as Leave without Pay. Any trainee who takes a vacation without going through the hospital's formal leave process will have their salary deducted. Leaves taken by Residents who have availed all allowed leaves are also considered as leave without pay.

### **5.3. Pay Periods and Time Keeping Administration**

Resident's work schedules should be established and maintained on a fair and equitable basis, in such a way to assure quality patient care, health of the Resident and efficient operation of the hospital. It is the hospital's policy to maintain records of actual time worked for, leaves, personal holidays and vacation allowances for all Residents. Residents are expected to work on time according to department schedule.

### **5.4. Work Days**

All PG trainees are required to follow 0830 to 1530 schedules for 6 days a week and are required to perform on-call duties as determined by their respective Head of Department.

### **5.5. Time Keeping Administration**

Time attendance machines have been installed at different locations within the hospital to manage the time of arrival and departure of each Resident. These recorders help to record and efficiently document multiple shifts and changing working times of each individual Resident. With the technology of biometrics, whenever an Resident enters the premise of the hospital s/he has to punch in thumb impression, the time attendance machine will identify the Resident and will keep its records. The same procedure is followed when the Resident leaves the hospital. This facilitates an accurate attendance record.. If for some reason the Resident is unable to punch in his/her thumb impression (either the machine is not working, machine not recognizing the thumb impression, etc.), it is the Resident's responsibility to inform Director PGME in writing duly verified by the concerned HOD, so that their attendance can be recorded manually.

### **5.6. Issuance of Experience / Completion of Training Certificate**

Residents will receive a certificate to verify that the Resident has demonstrated sufficient professional ability to practice medicine competently. The purpose of verification of

completion of training is to enable compliance with the accreditation standards of PMDC. Policy states that trainees may request for a certificate after the completion of their training: i.e. not less than 6 months.

Requests for a training certificate before the above stated time limit will not be entertained. These terms and conditions are a part of the PG's employment contract.

## **5.7. Leave of Absence for FCPS / MCPS Residents**

It is the policy of SPGMI to provide paid time off for absence from work. Time off and leaves of absence must be made available to all Residents in order to establish a work-life balance. There are different types of leaves made available to Residents which are governed by specific policies. These policies are established by different programs (accordance with CPSP rules) to specify the types of absence and the procedure for requesting and approval of absence. (Annexure –III, Ref: Leave of Absence Policy)

### **5.7.1. Earned Leaves**

The Residents who have successfully got registration with CPSP and complete 3 months probationary period have the privileges to take a leave of absence.

- Policy states that Residents who have successfully completed their 3 months probationary period have the privileges to take a leave of absence.
- 15 days leave is admissible during six months of training period, this leave cannot be, however accumulated and carried forward.
- Total leaves cannot be taken at one time; (i.e. 2.33 leave per month). More than three leaves a month can be calculated as leave without pay.

### **5.7.2. Designated Official Holidays**

Residents, who are not on-call, have paid designated holidays. However, if they are on-call, then they have to perform their regular duties and respond to any calls they may receive from the hospital. According to CPSP Guidelines, all Residents must have attended their in training workshops arranged by the CPSP, at regional centers. Moreover, these workshops will be part of their training so considered as Official Leaves.

### **5.7.3. Maternity Leaves**

- Only three months can be availed, as Maternity Leave, during the entire training period.
- The lapse period of training will have to be completed afterwards.  
It will be the responsibility of Resident to fulfill the deficit period of training before being eligible for the final examination

### **5.7.4. Short Leave:**

- Residents who wish to leave the institute for a few hours must get the short leave approved in advance.

- The duration of short leave must be entered in the short leave module of computerized attendance management system.
- Short leave hours will be deducted from earned leave balance.

### 5.7.5. Long-Leave

Long-leaves are extended periods of absence from work. The Residents are granted long leaves and lapse period of time will have to complete at the end of residency. Resident proceeding on long leave will be intimated to CPSP for record purpose and compensation of lapse time period.

#### Leave of Absence for MS / MD / M. Phil Residents:

##### 1. Introduction:

SPGMI provides paid time off for absence from work. Time off and leaves of absence must be made available to all Residents in order to establish a work-life balance.

##### 2. Purpose:

To implement policy & define procedure for Residents leave of absence.

##### 3. Scope:

This policy is applicable to MS/MD/M. Phil Residents at SM&DC / SMCH, Lahore

##### 4. Types of Leaves

Sr#	Type of Leaves	Duration allowed
1	Causal / Earned / Medical / Ex-Pakistan	28 days in one calendar year
2	Haj Leave / Umrah Leave	45 days
3	Maternity Leave	90 days

##### 5. Policy:

###### Causal / Earned / Medical / Ex-Pakistan:

- Maximum of four weeks of leave (28 days) shall be allowed during one calendar year. No leave over and above 28 days shall be permissible in one calendar year. All types of casual, medical, ex-Pakistan leaves are including in this 28 days permissible leave account.
- This leave cannot be, however accumulated and carried forward for MD / MS/M. Phil programs.
- The total leave cannot be taken at one time.
- The leave can be availed with the approval of HOD.

###### a. Maternity Leave:

- Maternity leave of 90 days with stipend will be given only once during the course of training.
- The lapse period of training will have to be completed afterwards.
- It will be the responsibility of the Resident to fulfill the deficit period of training before being eligible for the final MS / MD/M. Phil examination.

###### b. Short Leave:

- Residents who wish to leave the institute for a few hours must get the short leave approved in advance.
- The duration of short leave will be maximum 2 hrs & half leave maximum 3 hrs. Such leave must be entered in the short leave module of computerized attendance management system.
- Short leave hours will be deducted from **Earned Leave** balance.

**Note:** Lapse period of training will have to be completed by the resident at the end of regular training. This period of extension will be **Unpaid**.

## 5.8. Other Benefits

Apart from stipend, SPGMI provides its Residents with additional benefits. Each benefit will be granted to Residents according to the established policies and procedures.

### 5.8.1. Parking

- Parking facility is available inside the premises to all Residents.

### 5.8.2. Hostel Accommodation

Policy states that:

- Only out stationed Residents, either single or married, would be eligible for accommodation.
- This accommodation will be on charge basis and subject to availability of space.
- Only those cases who are assessed found eligible and recommended by the Department head Director PGME and other competent authority will be entertained.
- Payment would be deducted from monthly stipend by the accounts department. The policy will be revised on yearly basis for any change in the eligibility criteria.

## 6. Responsibilities:

Written descriptions of the roles, responsibilities and patient care activities Job Description must be provided to the Residents to ensure that the residents are informed about theirs as well as others.

### 6.1. Responsibilities of Supervisor

Training held under the aegis of CPSP is compulsorily supervised. A supervisor is a CPSP fellow or a specialist with relevant postgraduate qualifications recognized by CPSP.

Supervision of a trainee is a multifaceted job. Arbitrarily the task is divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance to this abstract and versatile role.

#### i. Expert Trainer

- This is the most fundamental role of a supervisor. He has to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training.
- This would entail observing the trainee's performance and rapport with all the people within his work environment.
- He / she should teach the trainee and help him / her overcome the hurdles during the learning process.
- It is the job of the supervisor to make the trainee develop the ability to interpret findings in his patients and act suitably in response.
- The supervisor must be adept at providing guidance in writing dissertation /

research articles (which are essential components of training).

- Every supervisor is expected to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/ skills in the training. It is his basic duty to keep abreast of the innovations in his field of expertise and ensure that this information percolates to trainees of all years under him/ her.

## **ii. Reliable Liaison**

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses.
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of trainee.
- They must be able to coordinate with the administration of their institutions/ organizations in order to ensure that their trainees do not have administrative problems hampering their training.

## **iii. Proficient Administrator**

- He/ she must ensure that the trainee's have completed the yearly logbooks and have submitted the summary sheets within these logbooks.
- They must provide assessment reports to the College at the end of each year or training period. These reports are used to evaluate a trainee's performance and should indicate if training has been followed satisfactorily. The report must also contain positive and negative aspects of the trainee's performance and any extra academic endeavors made by them. Prolonged absences must also be mentioned in sufficient detail. It is essential that each report be discussed and signed by both the trainer and the trainee before it is sent to the College.
- The supervisor might be required to submit confidential reports on trainee's progress to the College.
- The supervisor should notify the College of any change in the proposed approved training program.
- In case the supervisor plans to be away for more than two months, he / she must arrange satisfactory alternate supervision during the period.

## **6.2. Responsibilities of Resident**

All Residents will have the following role and responsibilities related to patient care at Sharif City Hospital;

- Perform complete history and physical examinations on all new inpatients and outpatients for whom they have primary responsibility.

- Be responsible for the follow-up of all tests and procedures ordered for patients under their care.
- Perform procedures specified by their department under supervision of appropriate certified personnel (may be a senior trainee, level faculty member, Resident) until procedural competence is obtained.
- Perform adequate documentation of all patient encounters including admissions history and physicals, progress notes, discharge summaries and operative reports as per departmental policy.
- Participate in CME activities and conferences as designated by their training program.
- Promotion of residents to the next PGY level will be based on departmental policy for advancement.
- Assume a supervisory role for medical students, if assigned.
- Provide verbal feedback about performance of junior PG residents if applicable.
- Participate in departmental Quality Assurance activities.
- All surgical patients in the ICU (primary or consult) are to be seen daily by the floor residents, in addition to the ICU resident. This consultation has to be documented in the patient's chart in the form of a progress note.
- All overnight events for ICU patients are to be reviewed and problems discussed in the morning meeting.
- Floor residents, in consultation with the ICU resident and other relevant Residents will handle any problem relating to surgical patients in the ICU during regular duty hours.
- All ICU patients will be handed over to the on-call Medical/Surgical team at the end of regular duty hours.
- Failure to comply with any of the above may result in disciplinary action.

## **7. Conduct and Ethics**

### **7.1. Code of Conduct**

Professional behavior, ethics and integrity are expected from each Resident. Code of Conduct is a statement of the ideals and guidelines for professional and personal behavior of the medical staff in all dealings with patients, their families, other health care professionals, employees, students, vendors, government agencies and society in order to promote the highest quality of patient care, trust, integrity and honesty.

Each resident has a responsibility for the welfare, well-being, and betterment of the patient being served. In addition, the medical staff member has a responsibility to maintain his/her own professional and personal well-being, in addition to maintaining a reputation for truth and honesty.

This policy applies to all Residents. If a Resident's conduct is disruptive, the matter shall be addressed in accordance with the hospital's policies. Any physician, employee, patient or visitor may report potentially disruptive conduct.

#### **7.1.1. Guidelines for Interpersonal Relationships:**

- i. Treat all medical staff, hospital staff, junior medical staff or students, and patients with courtesy and respect.
- ii. Will not engage in the following behaviours:
  - a. Sexual harassment or making sexual innuendoes.
  - b. Using abusive language or repetitive sarcasm.
  - c. Making threats of violence, retribution, litigation, or financial harm.
  - d. Making racial or ethnic slurs.
  - e. Actions that are reasonably felt by others to represent intimidation.
  - f. Using foul language, shouting, or rudeness.
  - g. Criticizing medical staff, hospital staff or students in front of others while in the workplace or in front of patients.
  - h. Embarrassing others for negative outcomes physically or verbally, slandering or threatening other physicians or health care professionals.
  - i. Developing romantic and /or sexual relationships with your current or former patients. This extends to key third parties such as spouses, children or parents of patients.
- iii. Revealing confidential patient or staff information to anyone not authorized to receive it.
- iv. Will not treat patients while under influence of alcohol, drugs, or illness.
- v. Support and follow hospital policies and procedures, address dissatisfaction with policies through appropriate channels.
- vi. Use conflict management skills and direct verbal communication in managing disagreements with associates and staff.
- vii. Cooperate and communicate with other providers and display regard for their dignity.
- viii. Be truthful at all times.
- ix. Wear attire that reflects your professional role.
- x. Respects patients
- xi. Develop and institute a plan to manage stress and promote personal well being.

#### **7.1.2. Guidelines for Clinical Practice:**

- i. Respond promptly and professionally when called upon by fellow practitioners to provide appropriate consultation or clinical service.
- ii. Respond to patient and staff requests promptly and appropriately.
- iii. Respect patient confidentiality and privacy at all times, follow all regulations for the release of information.
- iv. Treat patient's families with respect and kindness while following all applicable laws regarding such relationships (release of information, advance directives, etc).
- v. Seek and obtain appropriate coverage when not available.

- vi. Do your best to provide effective and efficient care.
- vii. Prepare and maintain medical records within established time frames
- viii. Disclose potential conflicts of interest and resolve the conflict in the best interest of the patient.
- ix. Refrain from accepting money, gift, or personal benefits from pharmaceutical companies.

### **7.1.3. Guidelines for Relationship with Hospital and Community:**

- i. Abide by all rules, regulations, policies and bylaws of the institute.
- ii. Assist in the identification of colleagues who may be professionally impaired or disruptive.
- iii. Maintain professional skills and knowledge and participate in continuing medical education.
- iv. Refrain from fraudulent scientific practices.
- v. Accurately present data derived from research.
- vi. Request appropriate approval from the Ethics Committee prior to human research activities and abide by all laws and regulations related to these activities.
- vii. Refrain from unlawful activity at all times.
- viii. Cooperate with legal professionals, including hospital legal counsel.
- ix. Participate in clinical outcome reviews, quality assurance procedures and quality improvement programs.
- x. Hold in strict confidence all information pertaining to peer review, quality assurance and quality improvement.
- xi. Protect from loss or theft.
- xii. Do not share log-ins and passwords to any information that contains patient identifiable information or other confidential hospital information.

## **7.2. Dress Code**

SPGMI has established a strict dress code policy to present a professional appearance to patients, staff and the general public. Doctor's appearance and conduct should at all times reflect dignity and standards of the medical profession. Dress guidelines assist in achieving this goal.

The following guidelines have been established for professional attire. It is recognized that each department may have requirements which may differ from the guidelines outlined in this section. It is the purpose of this policy to provide the general guidelines to assist each department to develop its own dress code policy to meet its specific needs. These guidelines apply to all Residents whenever they are on the hospital premises.

- i. Proper identification must be worn and clearly displayed above the waist at all times.
- ii. White coats are necessary, and must be clean and neat. If wearing scrubs outside the operating area, it is recommended that a clean white coat be worn over the scrubs.
- iii. Scrubs should not be worn outside the hospital premises. Scrubs are expected to be clean and ironed.



- iv. Footwear must be clean, in good condition and appropriate. Open-toes shoes and sandals are not recommended in patient care areas for safety reasons.
- v. No strong colognes or perfumes as the patients may be sensitive to strong fragrances.
- vi. Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevent glove puncture and injury to the patient. Artificial nails are not allowed under any circumstances.
- vii. Doctors with long hair should tie their hair back to avoid interfering with performance of procedure or coming in contact with the patient.
- viii. Use of jewellery should be minimized.
- ix. Professional dress code will be adopted by all Residents.
- x. Male employees are required to be clean-shaved or maintain a clean, neat and well-trimmed moustache and/or beard.

### **7.3 Patient Rights**

A patient or his career, as the case may be, or any other person to whom healthcare services are being rendered, shall have a right to;

- i. Health, well-being and safety
- ii. Easy access to registration / help desk to get registered and be guided to the respective services as per requirement.
- iii. Special arrangements like wheelchair for elderly and disabled people to have easy access to required health services.
- iv. Be attended and treated with due skill, and in a professional manner for the highest attainable standard of health in complete consonance with the principles of medical ethics.
- v. Be made aware of the full identity and professional status of the doctor and other staff providing services.
- vi. Be given information to make informed choices about his healthcare and treatment options and /or to give informed consent, in terms and in a language that he understands.
- vii. Seek second opinion when making decisions about his healthcare, and may be assisted by the hospital in this regard.
- viii. Accept or refuse any treatment, examination, test or screening procedure that is advised to him, exceptions being in cases of emergencies and/or mental incapacity in accordance with the relevant law.
- ix. Personal health information to be kept secure and confidential.
- x. Access his own medical records, including but not limited to, comprehensive medical history, examination, investigation and treatment along with the progress notes, and obtain copies thereof.
- xi. Not to be discriminated against because of age, disability, gender, marriage, pregnancy, maternity, race, religion, cultural beliefs, colour, caste and/or creed.
- xii. Expect that any care and/or treatment being received is provided by duly qualified and experienced staff.
- xiii. Expect that the hospital has the capacity and required necessary equipment in order and working condition, for rendering the requisite services, including but not limited to treatment.

- xiv. Receive emergency healthcare, unconditionally. However, once the emergency has been dealt with, he may be discharged or referred to another.
- xv. Be treated in privacy and with dignity, and have his religious and cultural beliefs respected throughout the duration of care, including but not limited to, taking history, examination or adopting any other course of action.
- xvi. Be made aware of procedures for complaints and resolution of disputes and conflicts, file a written complaint to the concerned hospital or such other organization/person, as the case may be and be associated throughout the progress of the complaint and its outcome.
- xvii. Be informed and to refuse to participate in research, or any project dealing with his disease, care and treatment.
- xviii. Be accompanied by a family member or career, as the case may be particularly in cases of children, females, elderly and disabled. The hospital, as the case may be are to ensure that in cases of children and females in the immediate post anaesthesia phase, a female staff shall be present until a family member or career can join the patient.
- xix. Hospital staff, rendering the services similar shall not misuse nor abuse.
- xx. Be informed as early as possible regarding cancellation and/or postponement of any appointment, surgery, procedure, treatment or meeting, as the case may be.
- xxi. Be made aware of the costs, fee and/or expense; prior to the consultation, treatment or other services, and/or operation, as the case may be, and receive payment receipt for the same.
- xxii. Be given written instructions regarding his treatment, including instructions at the time of discharge.
- xxiii. Examine and receive an explanation for the bill regardless of the source of payment.

## 8. Fire Fighting Plan/Emergency Evacuation Plan

- i. The first person who detects smoke / fire will report the fire incident to the telephone exchange immediately.
- ii. The telephone operator will inform the Team Leader of fire fighting and Security supervisor and housekeeping department immediately.
- iii. Telephone operator will also immediately inform the AMS immediately
- iv. The fire fighting team will comprise of followings:
 

a. Team Leader	01
b. Security supervisor	01
c. Security guards	10
d. Housekeeping staff	10
e. Maintenance staff	10
f. Gardeners	10
- v. The team leader will be over all in charge of the proceedings and will ensure that fire fighting kits and fire extinguishers are ready for use.
- vi. Fire fighting kits consisting of helmet, light goggle, mask, gloves and shoes will be available in the utilities & maintenance department of the hospital.
- vii. The fire fighting team will immediately rush to the fire site to control the fire.

- viii. If the fire is not controlled despite the efforts of the team, team leader will contact the Rescue – 1122/fire brigade for help.
- ix. In such situation, patients will be evacuated from different floors of the hospital through designated exits and a special counter at an appropriate place will be established to facilitate the patients and their attendants. AMS will coordinate and monitor this activity.
- x. AMS and security supervisor will ensure security of building, patients and staff. If required they will also ensure coordinated evacuation of the building as per plan.
- xi. All the designated emergency exits and hospital gates will be kept clear.
- xii. The sister in charge of each floor will carry out counselling of the patients and their attendants to alleviate their anxiety. Moreover she will also keep complete record of the patient leaving the hospital. Matron will coordinate and monitor
- xiii. A fire fighting drill will be conducted on quarterly basis,
- xiv. Additional Medical Superintendent will act as spokesman before media in case of need.

