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# ***NURSING HOME/ PRIVATE HOSPITALS***

The Nursing Homes/ Hospitals must be categorized according to the number of beds, specialty and type of services being provided, location in rural, urban and semi urban areas. It must also be certified that the premises of the Nursing Home/ Hospitals will be used exclusively for the purpose, it has been established i.e providing patient care and for no other purpose. Nursing Homes/ Private Hospitals will be centres which will provide the therapeutic services after admitting the patients and where the patients stay for more than 24 hours.

*All such Clinical establishments shall follow the local acts and rules as regard to allied facilities like land, water supply, electricity etc and fulfill the following conditions :-*

- i) The Nursing Home must have proper permission from Municipal authorities, Notified Area Committees and Panchayat as the case may be.
- ii) It must have proper authorization from State Pollution Control Board for disposal of Bio-Medical Waste.
- iii) It must have proper permission from UEED for sewerage and drainage in urban and Semi-urban areas.
- iv) They must have the facilities for giving the first aid / emergency treatment to all medical/ surgical emergencies for stabilizing the cases before referring to higher centres.

Most of the Nursing Homes in the State of Jammu & Kashmir are having bed capacity upto 20 beds. Depending upon the bed strength, the Nursing Homes will be categorized as follows :

**1. Nursing Homes upto 25 beds.**

**2. Nursing Homes above 25 beds**

***The Nursing Homes and other health care establishments which are already registered with Directorate of Health Services Jammu/Kashmir under Jammu & Kashmir Nursing Home & clinical Establishment (Registration & Licensing) Act of 1963 and have not got themselves registered under new norms, will have to get themselves re-registered under the revised norms and will have 25% relaxation on the parameters/ minimum standards wherever prescribed for infrastructure only, as the scope of making changes in already existing buildings is limited, but such Nursing Homes/other health care establishments will have to meet all other parameters/minimum standards in terms of manpower, equipments and general conditions etc. prescribed in the Revised Norms.***

**This relaxation will be valid only till October 2008.**

The parameters/ minimum standards in terms of infrastructure, equipments/ instruments and manpower will vary in such institutions.

S.No.	Infrastructure/ Equipments/ Manpower	Nursing Homes upto 25 beds (Parameters/Minimum Standards)	Nursing Homes above 25 beds (Parameters/Minimum Standards)
A.	<b>Public Areas / Circulation</b>	<p>Such Health care establishments shall have adequate space devoted to stairs,ramps, corridors for internal transportation of the patients on wheel chairs, trolleys etc.</p> <ul style="list-style-type: none"> <li>• Separate areas earmarked for reception and information, registration and record keeping.</li> <li>• Waiting area for the patients and their attendants (8 sq. ft per patient for 1/3<sup>rd</sup> of average daily attendance.</li> </ul>	<p>Minimum of 30-40% of the available space must be devoted to the stairs, ramps, corridors and the following areas :-</p> <ul style="list-style-type: none"> <li>• <b>Reception &amp; Information:</b> It is for providing information to the patients and their attendants.</li> <li>• <b>Registration and Record Areas:</b> This area should be located near the entrance provided with a counter with</li> </ul>

		<ul style="list-style-type: none"> <li>• Canteen &amp; drinking water facilities adjoining to waiting area.</li> <li>• Public toilet and wash rooms (separate for male &amp; female )</li> </ul>	<p>facility of drawers etc. The area and the number of desks will depend upon patient load. For the <b>load of 12-30 patients per hour, one desk is sufficient.</b></p> <ul style="list-style-type: none"> <li>• <b>Waiting area:</b> Approximately eight sq ft. per patient for 1/3<sup>rd</sup> of the average daily attendance.</li> <li>• <b>Public toilets &amp; wash rooms:</b> Separate for male &amp; female )</li> <li>• <b>Canteen facility:</b> there must be canteen facility and adequate drinking water arrangements in the waiting areas.</li> </ul>
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<p><b>B.</b></p>	<p><b>Clinical areas</b></p>	<p>Provisions for OPDs, Indoor, Theatres, ICUs, Labour room etc. depending upon the type of facilities being provided to the patients. Working arrangements with Labs, Blood Bank and other diagnostic centres for investigation of the patients can be made or can have their own Lab and Diagnostic (x-ray, Ultrasound) facilities which shall be established as per the norms indicated against such facilities. In case of Nursing Homes taking care of Obstetrics patients should have facilities for resuscitation of new born under the supervision of preferably a paediatrician.</p>	<p>Provisions of OPDs, Indoor, Theatres, ICUs, Labour room, Labs, Diagnostics areas, Blood Bank etc. depending upon the type of the Nursing Home and the specialty it is catering to. <b>In case of Nursing Homes taking care of obstetrics patients, it will be mandatory for them to have Neonatology - Section</b> with facilities for Neonatal Intensive Care. Must have provision for emergency lab. tests and mobile x-ray machine for emergency x-ray and for other Lab. &amp; Diagnostic facilities can have working arrangements with other Diagnostic centre or can have</p>
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<p><b>i)</b></p>	<p><b>Consultation room</b></p>	<ul style="list-style-type: none"> <li>• Consultation room in such Nursing Homes will depend upon the type and number of specialties being offered to the patients but every consultant's room shall be provided with doctors chair, table, chairs for patients &amp; the attendant, washbasin, examination table &amp; equipments for examination.</li> </ul>	<p>their own facilities which shall be established as per the norms indicated against such facilities</p> <ul style="list-style-type: none"> <li>• The Nursing Home must have consultation rooms depending on services of the different specialties being offered. Each cubical should be provided with doctors chair, table and chair for patients and the attendant, washbasin, examination table and the equipments for the examination. Size of the cubical should be approx. 160 sq ft. On an average each cubical is able to handle 100 cases/ day.</li> </ul>
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<b>ii)</b>	<b>Special Examination Rooms</b>	<ul style="list-style-type: none"> <li>• Depending upon the facilities being provided the Nursing Home can have the special rooms like ECG Room, Audiometry Room, Refraction Room etc. The size of room mentioned in column against in Nursing Home with 26-50 beds shall be guiding principle. Such rooms shall be well equipped and furnished to conduct the tests accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>• Certain departments like Medicine, Eye, ENT will require special examination rooms like ECG Room (150 sq ft) Audiometry Room ( 120 sq ft) EEG Room ( 100 Sqft) Refraction Room (160 sq ft) perimetry room (120 sq ft) Tonography room (120 sq ft) slit lamp room (120 sq ft) orthopedics (150 sq ft) &amp; so on. Such rooms shall be well equipped and furnished to conduct the tests accordingly.</li> </ul>
<b>iii)</b>	<b>Treatment/ Dressing Room</b>	<ul style="list-style-type: none"> <li>• The area for Treatment room/Dressing room/ Pharmacy/Drug store/ oxygen</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment/ Dressing Rooms (140 Sq. ft) Pharmacy/ Drug store with proper license under</li> </ul>

iv)	<b>Arrangements for Registration of Birth, Deaths, immunization &amp; Reporting to Health authorities</b>	<p>cylinder storage shall be separately earmarked and have adequate space for smooth operation. Pharmacy shall have proper license under Drug &amp; Cosmetics Act.</p> <ul style="list-style-type: none"> <li>• There shall be compulsory arrangement for Registration of Birth, Death &amp; Immunization of Neonates in Nursing Home and all such cases shall be reported to prescribed Health Authority.</li> </ul>	<p>Drug and Cosmetics Act and facilities for Oxygen/ Nitrous Oxide storage. The size and the number will depend upon the patient load.</p> <ul style="list-style-type: none"> <li>• There shall be compulsory arrangement for Registration of Birth, Death &amp; Immunization of Neonates in Nursing Home and all such cases shall be reported to prescribed Health Authority.</li> </ul>
v)	<b>Indoor Wards</b>	<ul style="list-style-type: none"> <li>• Indoor wards should be located away from main road and OPD areas to avoid</li> </ul>	<ul style="list-style-type: none"> <li>• The Indoor blocks constitutes about 1/3<sup>rd</sup> of the hospital area and should be located away</li> </ul>

		<p>disturbances and cross infection to the patients. Approximate area of 70-90 sq. ft per bed for a general bed, whereas for Intensive Care bed area of 120-150 sq-ft per bed is recommended. The ward shall have the facilities for Nursing Station, staff duty room with storage facilities and bath &amp; WC etc. as per the norms mentioned in the Nursing Home with 26-50 beds.</p>	<p>from the main roads and OPD area to avoid disturbances and the cross infection. Approx. area of 70-90 sq. ft. per bed is required for a general bed whereas in the specialized/ superspeciality/ Intensive Care bed area of 120-150 sq. ft. per bed is sufficient. The upper limit for the size of the ward be 30 beds. The ward should be provided with the areas :</p> <ol style="list-style-type: none"> <li>a. Nursing station.</li> <li>b. Staff duty room with toilet and wash room.</li> <li>c. Clean utility area for storage of IV sets &amp; fluids, CSSD articles, dressing material, drug etc.</li> </ol>
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			<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. Bath &amp; WC should be provided in adequate proportions as per the following scales :</p> <p>Urinals : 1 for 16 beds.</p> <p>WC : 1 for 8 beds.</p> <p>Bath : 1 for 12 beds</p> <p>Wash &amp; basin : 1 for 10 beds.</p> <p>The minimum carpet area</p>
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vi)	<b>Operating Rooms</b>	<ul style="list-style-type: none"> <li>• One operation theatre, air conditioned, fully equipped with mandatory equipments and Instruments. High standards of asepsis, safety from environmental, anaesthetic, radiological &amp; post operative hazards shall be ensured. To ensure</li> </ul>	<p>prescribed for the special room beds may be as under:</p> <table data-bbox="1346 315 1923 724"> <thead> <tr> <th><b>Beds</b></th> <th><b>Area</b></th> </tr> </thead> <tbody> <tr> <td>Single Bed :-</td> <td>120 Sq ft.</td> </tr> <tr> <td>Double Bed :-</td> <td>140-160 Sq ft.</td> </tr> <tr> <td>Three Beds :-</td> <td>210- 240 Sq ft.</td> </tr> <tr> <td>Four beds :-</td> <td>240- 280 Sq ft.</td> </tr> <tr> <td>Six Beds :-</td> <td>380- 400 Sq ft.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Two operating rooms (clean + septic) fully equipped with mandatory equipments and Instruments. High standards of asepsis, safety from environmental, anaesthetic, radiological &amp; post operative hazards shall be ensured. In the theatres to ensure the minimum</li> </ul>	<b>Beds</b>	<b>Area</b>	Single Bed :-	120 Sq ft.	Double Bed :-	140-160 Sq ft.	Three Beds :-	210- 240 Sq ft.	Four beds :-	240- 280 Sq ft.	Six Beds :-	380- 400 Sq ft.
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		<p>minimum risk and infection to the patients, fortnightly bacteriological sampling from registered Lab. should be carried out and reports maintained for inspection on demand. The operation theatre should have maximum protection from sun heat, noise, dust &amp; wind and should be easily accessible to surgical wards, ICUs and Emergency of the hospital. The recommended size of the general operation theatre is 18'x 18'.</p>	<p>risk of infection to the patients. <b>Nursing Homes with 26-50 beds should preferably have four zones</b> including :- protective zone, clean zone, sterile zone, and disposal zone. Fortnightly bacteriological sampling should be carried out from registered Lab. and reports maintained for inspection on demand. The operation theatre should have maximum protection from sun heat, noise, dust &amp; wind and should be easily accessible to surgical wards, ICUs and Emergency of the hospital. The recommended size of the general operation</p>
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vii)	<b>Intensive Care Beds</b>	<ul style="list-style-type: none"> <li>• Minimum of two beds should be provided for patients, each bed equipped with pulse oximeter, monitor oxygen, suction, trolley for emergency drugs, equipments/instruments and at least one ventilator shall be located adjacent to operation theatre and recovery rooms. Space of 120-150 sq. ft per bed area is sufficient.</li> </ul>	<p>theatre is 18'x 18' whereas for CTVS and Neurosurgery operations, it is 500-600 sq ft. Minimum twenty Air Charges per hour should be the criteria for air conditioning with positive pressure ventilation.</p> <ul style="list-style-type: none"> <li>• Minimum four beds should be provided for patients, each bed equipped with pulse oximeter, monitor, oxygen, suction, trolley for emergency drugs, equipments/instruments and at least one ventilator. Assess to ICU should be regulated. It should be on the same floor as the OTs and recovery ward. On an average 120-150 sq ft per</li> </ul>
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viii)	<b>Sterilization</b>	<p>Temperature should be 60-70<sup>0</sup> FH. Humidity should be 50-60%. The noise level should not be above 50 db. If possible central oxygen &amp; suction points should be provided.</p> <ul style="list-style-type: none"> <li>• The Nursing Home must have the proper facilities for sterilization and also the adequate facilities for washing linen.</li> </ul>	<p>bed area is required. Temp. should be 60-70<sup>0</sup> FH) and humidity (50-60%). The noise level should not be above 50 db. If possible central oxygen &amp; suction points should be provided.</p> <ul style="list-style-type: none"> <li>• The Nursing Home must have the proper facilities for sterilization and also the adequate facilities for washing linen.</li> </ul>
ix)	<b>Injection Room</b>	<ul style="list-style-type: none"> <li>• Space requirement will depend upon the work load but separate room is preferred.</li> </ul>	<ul style="list-style-type: none"> <li>• Space requirement will depend upon the work load but separate room is preferred.</li> </ul>
x)	<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>• Pharmacy should be so located that it serves both inpatient and outpatients. The</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy should be so located that it serves both inpatient and outpatients. The drug storage</li> </ul>



<p><b>xi)</b></p>	<p><b>Lab. Facilities</b></p>	<p>drug storage cabinets, shelves, refrigeration facilities for keeping the vaccines and other drugs in controlled temperature should be provided.</p> <ul style="list-style-type: none"> <li>• The Nursing Home must have Lab with facilities for emergency tests and working arrangements with other Labs for other routine Lab investigations.</li> </ul>	<p>cabinets, shelves, refrigeration facilities for keeping the vaccines and other drugs in controlled temperature should be provided.</p> <ul style="list-style-type: none"> <li>• The central collection lab. of indoor and outdoor patients should be at one place and the reports shall be provided from the same collection point, after it was tested in the lab. The number of technicians should be based on a maximum of 1000 tests per technician per month. It should be preferably provided with the separate male/female toilets, washrooms</li> </ul>
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<p><b>xii)</b></p>	<p><b>Diagnostic Section</b></p>	<ul style="list-style-type: none"> <li>• Must have a mobile X-ray unit and due safeguards against the radiation protection and shall adhere to prescribed regulations of BARC/DAE which are amended from time to time.</li> </ul>	<p>and Bleeding Room with examination table.</p> <ul style="list-style-type: none"> <li>• Facility like X-Ray and ultrasound could be so located to serve both indoor and outdoor patients. Due safeguards against the radiation protection and shall adhere to prescribed regulations of BARC/DAE which are amended from time to time.</li> </ul>
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i)	<b>Consultation room</b>	<ul style="list-style-type: none"> <li>• Consultation room in such Nursing Homes will depend upon the type and number of specialties being offered to the patients but every consultant's room shall be provided with doctors chair, table, chairs for patients &amp; the attendant, washbasin, examination table &amp; equipments for examination.</li> </ul>	<p>their own facilities which shall be established as per the norms indicated against such facilities.</p> <ul style="list-style-type: none"> <li>• The Nursing Home must have consultation rooms depending on services of the different specialties being offered. Each cubical should be provided with doctors chair, table and chair for patients and the attendant, washbasin, examination table and the equipments for the examination. Size of the cubical should be approx. 160 sq ft. On an average each cubical is able to handle 100 cases/ day.</li> </ul>
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<p><b>xiii)</b></p>	<p><b>Blood Bank Facility</b></p>	<ul style="list-style-type: none"> <li>• For Blood Bank facility, there should be tie up with Govt/Non-Govt. licensed Blood Bank to take care of the requirement of Blood to the patients.</li> </ul>	<ul style="list-style-type: none"> <li>• There should be 24 hours Blood Bank facility available in the Nursing Home, either liaison with the Government/ Non-Govt. licensed Blood Bank or own blood bank duly licensed by the competent authority.</li> </ul>

S.No.	Parameters/Minimum Standards	Nursing Homes upto 25 beds	Nursing Homes with 26-50 beds
C.	<b>MANPOWER</b>		
i)	<b>Administrator</b>	<ul style="list-style-type: none"> <li>• One of the R.M.O can be designated as Administrator.</li> </ul>	<ul style="list-style-type: none"> <li>• M.B.B.S from institution recognized by MCI.</li> </ul>
ii)	<b>Resident Medical Officer</b>	<ul style="list-style-type: none"> <li>• Minimum of four resident Medical officers (one in each shift plus one night off) with MCI recognized MBBS degree.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of four resident Medical officers (one in each shift plus one night off) with MCI recognized MBBS degree.</li> </ul>
iii)	<b>Consultant/ Doctors</b>	<ul style="list-style-type: none"> <li>• Depending upon the type of services provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Depending upon the type of services provided. The number of doctors required in the Nursing Home will depend upon the services being provided</li> </ul>

iv)	<b>Nurses</b>	<ul style="list-style-type: none"> <li>• One for 5 beds (having diploma from State Medical Faculty or institutions recognized by Nursing council of India)</li> </ul>	<p>(general/ superspeciality). All doctors must have proper qualifications recognized by MCI.</p> <ul style="list-style-type: none"> <li>• One for 5 beds (having diploma from State Medical Faculty or institutions recognized by Nursing council of India)</li> </ul>
v)	<b>O.T Staff</b>	<ul style="list-style-type: none"> <li>• Minimum of one full time O.T Technician full time having diploma from recognized Institution.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of two full time O.T Technician full time having diploma from recognized Institution.</li> </ul>
vi)	<b>Anesthesia Assistant/ Technicians</b>	<ul style="list-style-type: none"> <li>• Minimum of one Anesthesia Assistant/Technicians full time having diploma from recognized Institution.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of two Anesthesia Assistant/Technicians full time having diploma from recognized Institution.</li> </ul>

vii)	<b>Pharmacist</b>	<ul style="list-style-type: none"> <li>• Minimum of one pharmacist full time having diploma from recognized institution.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of two pharmacist full time having diploma from recognized institution.</li> </ul>
viii)	<b>Nursing orderlies/ class IV</b>	<ul style="list-style-type: none"> <li>• One for 10 beds + 30% extra for leave reserve &amp; night off etc.</li> </ul>	<ul style="list-style-type: none"> <li>• One for 10 beds + 30% extra for leave reserve &amp; night off etc.</li> </ul>
ix)	<b>Sanitation Staff</b>	<ul style="list-style-type: none"> <li>• One for 10 beds + 30% extra for leave reserve and night off etc .</li> </ul>	<ul style="list-style-type: none"> <li>• One for 10 beds + 30% extra for leave reserve and night off etc</li> </ul>
x)	<b>Other Staff members</b>	<ul style="list-style-type: none"> <li>• Shall be arranged depending upon the type of facilities being offered like Lab. Assistants/X-ray technician, Medical Record</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Laboratory Assistants/ Technicians:</b> Minimum of two technician having diploma from recognized institution, if the</li> </ul>



		<p>Keeper, Plumber, electrician, telephone operator etc. to keep the support services of the Nursing Home running round the clock.</p>	<p>nursing home is having its own Lab.</p> <ul style="list-style-type: none"><li>• Hospital support staff including Medical Record keeper, Plumber, Electrician, Telephone operator, Central heating/AC operators etc. shall be arranged to run the support services round the clock.</li></ul>
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## D. GENERAL REQUIREMENTS

S.No.	Parameters/Minimum Standards	Nursing Homes upto 25 beds	Nursing Homes above 25 beds
1.	<p><b>Arrangements for Transport</b></p> <p><b>i) Trolley &amp; Stretcher</b></p> <p><b>ii) Ambulance</b></p>	<ul style="list-style-type: none"> <li>• Minimum of two stretchers/ trolleys and two wheel chairs should be provided. These stretchers/ trolleys/ wheel chairs should conform to BIS standards and should always be functional in noiseless condition.</li> <li>• Working arrangement with other nursing home for providing ambulance service or one ambulance with driver</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum five stretchers cum trollies and five wheel chairs should be provided. These stretchers/ trolleys should conform to BIS standards and should always be functional in noiseless condition.</li> <li>• One ambulance with driver is required. It should be equipped with stretcher-cum trolley. All necessary paramedical staff</li> </ul>

		<p>shall be arranged which shall well equipped with Facilities like oxygen administration, suction, resuscitation equipment and patient monitoring equipment.</p>	<p>and equipment should be provided for the safe transport of the patient, as may be required. Facilities like oxygen administration, suction, resuscitation equipment and patient monitoring equipment shall be provided in the ambulance.</p>
<b>iii)</b>	<b>Administrative Areas</b>	<ul style="list-style-type: none"> <li>• A hospital should have separate administrative area, house keeping area, storage area (General/ drug/ linen stores etc).</li> </ul>	<ul style="list-style-type: none"> <li>• A hospital should have separate administrative area, house keeping area, storage area (General/ drug/ linen stores etc).</li> </ul>
<b>iv)</b>	<b>Ventilation and Lighting</b>	<ul style="list-style-type: none"> <li>• Adequate ventilation and lighting as per the CPWD</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate ventilation and lighting as per the CPWD</li> </ul>

<p><b>v)</b></p>	<p><b>Water Supply</b></p>	<p>regulations, as amended from time to time. The size of the window should be 20% of the floor area.</p> <ul style="list-style-type: none"> <li>• Adequate round the clock supply of water is required. Minimum 350 ltr. of water per bed/day and 450 ltr per bed per day if the washing is done in the same premises. The storage capacity for minimum 48 hours is essential. The nursing home authorities shall ensure supply of safe potable water supply.</li> </ul>	<p>regulations, as amended from time to time.. The size of the window should be 20% of the floor area.</p> <ul style="list-style-type: none"> <li>• Adequate round the clock supply of water is required. Minimum 350 ltr. of water per bed/day and 450 ltr per bed per day if the washing is done in the same premises. The storage capacity for minimum 48 hours is essential. The nursing home authorities shall ensure supply of safe potable water supply.</li> </ul>
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vi)	<b>Electricity Supply: Two- Three phased</b>	<ul style="list-style-type: none"> <li>• .Electric supply with proper backup support system like standby generator /inverter should be kept in readiness.</li> </ul>	<ul style="list-style-type: none"> <li>• Electric supply with proper backup support system like standby generator /inverter should be kept in readiness. Minimum 23 KV generator should be installed. Availability of qualified electrician is essential.</li> </ul>
vii)	<b>Fire Extinguisher</b>	<ul style="list-style-type: none"> <li>• Necessary fire safety system in conformity with fire services department regulations and all equipments should always be kept in ready functional condition. In such multistorey buildings, due to use of many electrical and electronic equipment, the fire safety, fire</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary fire safety system in conformity with fire services department regulations and all equipments should always be kept in ready functional condition. In such multistorey buildings, due to use of many electrical and electronic equipment, the fire safety, fire</li> </ul>

viii)	<b>Air-Conditioning/ Central heating</b>	<p>detection, fire alarm and fire fighting system must be incorporated. The fire safety certification of the building from designated fire services authority is mandatory.</p> <ul style="list-style-type: none"> <li>• Centralized positive pressure air conditioning of hospital (if possible) helps in patient comfort and reducing hospital infection rate.</li> </ul>	<p>detection, fire alarm and fire fighting system must be incorporated. The fire safety certification of the building from designated fire services authority is mandatory.</p> <ul style="list-style-type: none"> <li>• Centralized positive pressure air conditioning of hospital (if possible) helps in patient comfort and reducing hospital infection rate.</li> </ul>
ix)	<b>Medical Record</b>	<ul style="list-style-type: none"> <li>• Patient's record should be maintained in proper systematic manner and also</li> </ul>	<ul style="list-style-type: none"> <li>• It should maintain the patient's record in proper systematic manner and also reports shall</li> </ul>

x)	<b>Costs &amp; Rates</b>	<p>reports shall be submitted to the concerned authorities.</p> <ul style="list-style-type: none"> <li>• The tables of fees, costs and rates for various services should be displayed prominently in bold letters, in order to maintain due transparency.</li> </ul>	<p>be submitted to the concerned authorities.</p> <ul style="list-style-type: none"> <li>• The tables of fees, costs and rates for various services should be displayed prominently in bold letters, in order to maintain due transparency.</li> </ul>
xi)	<b>Pantry facilities</b>	<ul style="list-style-type: none"> <li>• Adequate provision of cooking (LPG gas/electrical) may be made available.</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate provision of cooking (LPG gas/electrical) may be made available.</li> </ul>
xii)	<b>Height of the rooms</b>	<ul style="list-style-type: none"> <li>• The <b>height of all the rooms</b> in the hospital should not be less than 3 mtrs and not more than 3.65 mtrs.</li> </ul>	<ul style="list-style-type: none"> <li>• The <b>height of all the rooms</b> in the hospital should not be less than 3 mtrs and not more than 3.65 mtrs.</li> </ul>
xiii)	<b>Dadooing</b>	<ul style="list-style-type: none"> <li>• Should be generally upto a height of 1.2 mtrs. In</li> </ul>	<ul style="list-style-type: none"> <li>• Should be generally upto a height of 1.2 mtrs. In bathrooms</li> </ul>

<p><b>xiv)</b></p>	<p><b>Doors</b></p>	<p>bathrooms and upto 2.0 mtrs or full length in operation theatre and delivery rooms.</p> <ul style="list-style-type: none"> <li>• The minimum width of doors should not be less than 1.6 mtrs and height 2.1 mtr.</li> </ul>	<p>and upto 2.0 mtrs or full length in operation theatre and delivery rooms.</p> <ul style="list-style-type: none"> <li>• The minimum width of doors should not be less than 1.6 mtrs and height 2.1 mtr.</li> </ul>
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## **E. BIO- MEDICAL WASTE MANAGEMENT:**

Every nursing home/ health care establishment will ensure that the Bio-Medical Waste is generated and disposed off scientifically in the healthcare institution as per the Bio-Medical Waste (Management & Handling) Rules of 1998, Amendment of 2000. The bins/bags of different colours/ sizes shall be used for segregation of hospital waste at source of generation. The infectious waste/sharps shall be disinfected by chemical disinfection/ use of needle destroying unit. The organs/ tissues/ placenta etc shall be disposed off by secure landfills, till the facilities of Common Biomedical Waste Treatment facility (CBWTF) is operational in the city.

The generation, transportation, storage and final disposal will be the responsibility of Nursing Home/Health Care establishment. The Authorization from State Pollution Control for permission to generate, transport, store & dispose the hospital waste shall be obtained by Health Care establishment. The Annual report shall be submitted by 31<sup>st</sup> January, every year on form II and Accident reporting on form III is also the responsibility of healthcare institution.

## F. REQUIREMENT OF EQUIPMENT:

S.No.	Parameters/Minimum Standards	Nursing Homes upto 25 beds	Nursing Homes above 25 beds
a)	<b>Mandatory Equipments</b>	i) Boyles apparatus with complete accessories. ii) Multi Channel Monitor. iii) Pulse Oximeter. iv) Defibrillator with automatic external defibrillator. v) Suction apparatus – Electric/ Battery/ Foot operated. vi) Ventilator. vii) Fix Operating Room lights with operation. viii) Bipolar Electro –Surgical Cautery. ix) Resuscitation Trolley.	i) Boyles apparatus with complete accessories. ii) Multi Channel Monitor. iii) Pulse Oximeter. iv) Defibrillator with automatic external defibrillator. v) Suction apparatus – Electric/ Battery/ Foot operated. vi) Ventilator. vii) Fix Operating Room lights with operation. viii) Bipolar Electro –Surgical Cautery. ix) Resuscitation Trolley.

		<p>x) Facilities for Blood Transfusion.</p> <p>xi) Surgical operating instruments for type of surgery which is being conducted in the Nursing Home/ Hospital.</p> <p>xii) High pressure autoclave with modern system of quick sterilization of surgical sterilization instruments and operating linen and other items.</p> <p>xiii) Arrangements of Oxygen and Nitrous oxide.</p>	<p>x) Facilities for Blood Transfusion.</p> <p>xi) Surgical operating instruments for type of surgery which is being conducted in the Nursing Home/ Hospital.</p> <p>xii) High pressure autoclave with modern system of quick sterilization of surgical sterilization instruments and operating linen and other items.</p> <p>xiii) Arrangements of Oxygen and Nitrous oxide.</p>
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**b. Essential Equipments :** The number and type of such equipments shall vary with the services being provided and work load in the Nursing Home, but to provide the optimal services and to maintain the sterility of the equipment/ instruments before every operation, the following number of sets / equipment/instruments shall be the guiding principle :-

<b>S.No.</b>	<b>Parameters/Minimum Standards</b>	<b>Nursing Homes upto 25 beds</b>	<b>Nursing Homes with 26-50 beds</b>																																								
1.	<b>Gynae &amp; Obst. Department</b> <b>i) Labour Room :</b>	<table border="0"> <thead> <tr> <th data-bbox="682 747 1050 795"><i>Name of the Item</i></th> <th data-bbox="1050 747 1325 795"><i>Qty.</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="682 820 1050 868">Delivery sets.</td> <td data-bbox="1050 820 1325 868">04</td> </tr> <tr> <td data-bbox="682 893 1050 941">Fetal Doppler</td> <td data-bbox="1050 893 1325 941">Optional</td> </tr> <tr> <td data-bbox="682 966 1050 1015">Cardiogram Machine</td> <td data-bbox="1050 966 1325 1015">01</td> </tr> <tr> <td data-bbox="682 1039 1050 1088">Portable Ultrasound</td> <td data-bbox="1050 1039 1325 1088">Opt.</td> </tr> <tr> <td data-bbox="682 1112 1050 1161">High Suction Machine</td> <td data-bbox="1050 1112 1325 1161">01</td> </tr> <tr> <td colspan="2" data-bbox="682 1185 1325 1234"><b>General :</b></td> </tr> <tr> <td data-bbox="682 1258 1050 1307">Speculums and</td> <td></td> </tr> <tr> <td data-bbox="682 1331 1050 1380">Retractors</td> <td data-bbox="1050 1331 1325 1380">10</td> </tr> <tr> <td data-bbox="682 1404 1050 1453">EA + ECC sets.</td> <td data-bbox="1050 1404 1325 1453">05</td> </tr> </tbody> </table>	<i>Name of the Item</i>	<i>Qty.</i>	Delivery sets.	04	Fetal Doppler	Optional	Cardiogram Machine	01	Portable Ultrasound	Opt.	High Suction Machine	01	<b>General :</b>		Speculums and		Retractors	10	EA + ECC sets.	05	<table border="0"> <thead> <tr> <th data-bbox="1341 747 1709 795"><i>Name of the Item</i></th> <th data-bbox="1709 747 2003 795"><i>Qty.</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="1341 820 1709 868">Delivery sets.</td> <td data-bbox="1709 820 2003 868">10</td> </tr> <tr> <td data-bbox="1341 893 1709 941">Fetal Doppler</td> <td data-bbox="1709 893 2003 941">01</td> </tr> <tr> <td data-bbox="1341 966 1709 1015">Cardiogram Machine</td> <td data-bbox="1709 966 2003 1015">03</td> </tr> <tr> <td data-bbox="1341 1039 1709 1088">Portable Ultrasound</td> <td data-bbox="1709 1039 2003 1088">01</td> </tr> <tr> <td data-bbox="1341 1112 1709 1161">High Suction Machine</td> <td data-bbox="1709 1112 2003 1161">01</td> </tr> <tr> <td colspan="2" data-bbox="1341 1185 2003 1234"><b>General :</b></td> </tr> <tr> <td data-bbox="1341 1258 1709 1307">Speculums and</td> <td></td> </tr> <tr> <td data-bbox="1341 1331 1709 1380">Retractors</td> <td data-bbox="1709 1331 2003 1380">25</td> </tr> <tr> <td data-bbox="1341 1404 1709 1453">EA + ECC sets.</td> <td data-bbox="1709 1404 2003 1453">10</td> </tr> </tbody> </table>	<i>Name of the Item</i>	<i>Qty.</i>	Delivery sets.	10	Fetal Doppler	01	Cardiogram Machine	03	Portable Ultrasound	01	High Suction Machine	01	<b>General :</b>		Speculums and		Retractors	25	EA + ECC sets.	10
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<b>ii)</b>	<b>Main OT</b>	PCT foreceps.	05	PCT foreceps.	05
		Ayers Spatula	07	Ayers Spatula	15
		Cyptology bottle	07	Cyptology bottle	15
		Microscope	opt.	Microscope	01
		Abdominal Hysterectomy set.	01	Abdominal Hysterectomy set.	03
		Vaginal Hysterectomy set.	01	Vaginal Hysterectomy set.	03
		Tuboplasty set	01	Tuboplasty set	02
		Diagnostic set.	01	Diagnostic set.	02
<b>iii)</b>	<b>Maternity Operation Theatre</b>	Electroxcautery.	01	Electroxcautery.	01
		Sets for LSCS	02	Sets for LSCS	05
		D&C sets	02	D&C sets	05
		MTP set	02	MTP set	06
		High suction machine	01	High suction machine	02

<b>iv)</b>	<b>Ward</b>	Cervical exploration set	01	Cervical exploration set	02
		Uterine packing forecep	01	Uterine packing forecep	01
		Laprocator for tubal ligation	01	Laprocator for tubal ligation	02
		Post partum ligation set	01	Post partum ligation set	02
		Low mid cavity foreceps/ kielland forecep	01	Low mid cavity foreceps/ kielland forecep	02
		Vacuum extractor and suction machine	01	Vacuum extractor and suction machine	02
		Oldham perforator	01	Oldham perforator	01
		Infusion pump	01	Infusion pump	03
		EB set	01	EB set	04
		OT table & OT lights		OT table & OT lights	
		B.P apparatus	04	B.P apparatus	10
		Weighing machine	03	Weighing machine	06
		Height scale	01	Height scale	01
		Speculum & retractors	10	Speculum & retractors	40

		Glucometer	01	Glucometer	01
		Suture removal sets.	02	Suture removal sets.	05
		Dressing sets	04	Dressing sets	10
		Cutdown sets	01	Cutdown sets	01
		Suction machine	01	Suction machine	02
		Resuscitation tray.	01	Resuscitation tray.	02
		View box.	01	View box.	02

# LABORATORY



## **LABORATORY SERVICES:**

**There are two types of Lab : -**

1. General Lab.
2. Specialized Lab.

### **1. GENERAL LAB. :**

General Lab. must have the space of 200 sq. ft. There must be a testing area, bleeding area and waiting area alongwith a toilet attached with rooms and adequate water supply and electricity.

#### **A. The following types of tests can be made:**

- i) Routine Urine examination ; Dipstick or tablet reagent analysis of PH, Specific gravity, glucose, protein, bilirubin, ketone, leukocytes, nitrite and urobilirubin etc.
- ii) Routine hemogram including Hb, TLC, DLC, platelets, BT, CT, Blood grouping and cross matching.
- iii) Blood glucose, urea, creatinine, cholesterol, lipid profile, LFT, Amylase, Electrolytes, PTI, Rapid test for all kinds of diseases.
- iv) Spun microhematocrits, Hb by colorimetry method.
- v) Fecal occult blood and routine stool examination.

- vi) Urine pregnancy test by visual colour comparison (kit method)
- vii) Visual color ovulation tests for human luteizing hormone (kit method)
- viii) ESR
- ix) Wet mounts including preparation of prostate, vaginal, cervical or skin specimens.
- x) Potassium hydroxide preparations for fungal infections of skin.
- xi) Stool examination of ova and cysts.
- xii) Postcoital direct, qualitative examination of vaginal and cervical mucus.
- xiii) Fern tests
- xiv) Urine sediment examination (microscope examination)
- xv) Nasal granulocytes.
- xvi) Fecal leukocytes.
- xvii) Semen analysis.

**B. Manpower :**

- i) Lab. Technologist having Diploma from recognized institution.
- ii) Helper : One

### **C. EQUIPMENT :**

Binocular Microscope, Haemocytometer, Hb. Meter, Centrifuge, refrigerator, Incubator, water bath, colorimeter, glassware, glass pipettes and micro pipettes hand cell counter, autoclave (Optional), needle destroyer stopwatch, slid trays, test tube stands, stop watch, BP apparatus, disposal methods of specimen collection and discarding etc. In addition any advance equipment can be added as optional feature.

### **GENERAL CONDITIONS :**

- **Every Lab** Should obtain authorization/permission from J&K State Pollution control Board, if the number of the samples in the Lab. Exceed 1000 per month.
- For the disposal of Lab material every Lab should have needle destroying unit, sodiumhypochlorite solution, lab wash and formalin solution for fumigation of the Lab.
- The Charges of the different tests conducted in the lab should be displayed in bold letters.
- The proper maintenance of the record of the tests undertaken should be maintained in serial number w.e.f 1<sup>st</sup> January to 31<sup>st</sup> December every years.

**QUALITY CONTROL :** To have accuracy and precision, the external and internal quality control measure shall be adopted. Atleast two samples/ month shall be sent to the other registered Labs with in the State and two samples outside the State and the results shall be compared and recorded properly in the Quality Control Register, which shall be produced on demand for inspection.

## **2. SPECIALIZED LAB.**

### **A. The components include :**

- i) Clinical Pathology including Biochemistry to be supervised by Pathologist/Biochemist/Medical Microbiologist.
- ii) Microbiology.
- iii) Histopathology and Cytology with immunohistochemistry and other molecular techniques.
- iv) Immunopathology.
- v) Specialized Biochemistry.

### **B. Space and Design :**

In case a specialized Lab is to be established with all the four components mentioned above, the total area required shall be 500 sq ft. with separate sub-division or earmarking for every component. The following criteria for the space will be the guiding factor :-

- i) Clinical Pathology, Biochemistry and Hematology (140 sq. ft space).
- ii) **Histopathology** : (120 sq ft area) which should be include the following :-
  - Gross room and specimen preservation
  - Processing and block making to sectioning and staining an area.
  - **Immunohistochemistry**
  - FNAC room with bed.

iii). Microbiology : an area of 120 sq. ft .

iii) **Immunopathology** : (120 sq ft) with dirty and clean area.

iv) In addition to above the following are as prerequisite :

- Doctors reporting room.
- Specimen collection centre, Report dispatch and record.
- Toilet facility.

### **C. Tests to be performed :**

i) Clinical Pathology, Hematology and Biochemistry.

ii) **In addition to named tests in General Lab, the following tests shall be conducted :-**

- Automated hematology analyzer profiles with and without platelet count and differential count that have direct readout results and require no operational interpretation.
- Automated and/ or direct readout prothrombin time, partial thromboplastin time, thrombin time and activated clotting time.

iii) Rapid solubility tests for hemoglobin.

iv) Manual differentiation that include interpretation of atypical cells.

v) Platelet aggregometry.

vi) electrolytes – Na<sup>+</sup>, K<sup>+</sup>, Ca<sup>+</sup> etc.

- vii) Liver enzymes.
- viii) Amylase.
- v) Lipid Profile.
- vi) T3, T4, TSH.
- vii) Coombs test.
- viii) Hormone assay.
- ix) Histopathology.
- x) Cytology.
- xi) Immunopathology.
- xii) Microbiology : culture & 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, Alberts stain.
- xvi) Dark field examination.
- xvii) Culture/sensitivity.
- xviii) Electrophoresis etc.

xix) Ancillary testing, if available preferred.

The tests mentioned and the newer upcoming tests depends upon the availability of space and equipment and how much a lab can function. The concerned specialist shall have the option to practice all or any of the components of his specialized Lab mentioned above and for the component for which he/she does not have the facilities in the Lab, tie up with higher centres/ Labs for the benefit of the patients.

## **D. Equipments**

### **a) Clinical Pathology Lab.**

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) For Histopathology**

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 (small & large)
8. Tissue cassettes with lids (steel made)
9. L molds (large and small)
10. Spirit lamps
11. Wax (paraffin with ceresin) melting point 58 -60<sup>0</sup> c.
12. Slides and cover slips



13. Diamond pencils
14. Surgical grossing instruments e.g knife, scissors, forceps, blades etc.
15. weighing machine (electronic preferred)
16. Disposable gloves, masks and white coats.
17. Kits for immunohistochemistry and other necessary equipment.
18. Stains and other reagents

**c). For Microbiology Section :**

1. Various media for culture and sensitivity
2. Swab sticks, transport media, universal containers, blood culture bottles.
3. Antibiotics disks.
4. Biological safety cabinet
5. Discard jars and disinfectants.
6. Loops, wires, spirit lamps.

**In addition all complex labs should have :**

1. Autoclave
2. Infection control coded bags and buckets.
3. Equipment for collection and thereby transport of various specimens from outside the lab.
4. Other miscellaneous necessary equipment depending upon the function of the lab.

**d) HAEMATOLOGY LAB :**

1. Microscope
2. Cell Chamber
2. Cell Counter (Optional)
3. Haemocytometer.
4. Haemometer.

**e) BIOCHEMISTRY LAB.**

1. Centrifuge.
2. Calorimeter/Semi-autoanalyzer.
3. Refrigerator.
4. Micropipettes.
5. Water bath.

**f) SEROLOGY LAB.**

1. Centrifuge.
2. Refrigerator.
3. Water bath.
4. Incubator.

**Quality Control :**

To have accuracy and precision, the external and internal quality control measure shall be adopted. At least two samples/ month shall be sent to the other registered Labs with in the State and two samples outside the State and the results shall be compared and recorded properly in the Quality Control Register, which shall be produced on demand for inspection.

# ***DIAGNOSTIC CLINICS***

## **The diagnostic clinics will include :-**

1. X-ray Clinics
2. Specialized diagnostic clinics having facilities of CT Scan / MRI/Mammography/ Bone Densimetry / Echo Cardiography etc.

### **1. X-RAY CLINIC**

**X- Ray Clinic** should be located preferably on ground floor and the machine should be placed at the end of the clinic so as to have less lead shielding of the walls. All radiation protection /safety measures laid down in BARC/DAC guidelines to be strictly adhered to.

**A. Location of X-Ray Installation:** The room housing diagnostic X-Ray units and related equipment should be located as far away as feasible from areas of high occupancy and general traffic, such as maternity and pediatrics wards and other departments of the hospital that are not directly related to radiation and its use.

### **B. Layout**

- i) Waiting area should be located at the entrance of the clinic and the size will depend on the patient load. Facilities for wheel chair, stretcher and benches/ chairs should be provided.

- ii) Reception counter, doctors viewing room, storage room, radiographic unit dark room (100 sq. ft.) film drying area, Barium facilities room (100 sq. ft.)
- iii) The number of doors for entry to the X-ray room should be kept to the minimum.
- iv) The doors and passage leading to the X-ray installation should permit safe and easy transport of equipment and non-ambulatory patients.

**C. Room Size :** The room size must not be less than 25 sq. m for a general purpose X-ray machine. The room housing the X-ray equipment must be spacious enough to permit installation, use and servicing of the equipment with safety and convenience for the operating personnel, the servicing personnel and the patient.

**D. Registration of X-ray machine :**

- 1). To uphold the standard quality of X-ray clinics, the registration shall be given only to centres having qualified Radiologists possessing DMRD or MD or DNB Degree in radiology.
- 2) The brick walls of the X-ray room should be about 9 inches thick to give adequate protection against the primary and 4.5 inches for secondary radiation in most of the diagnostic X-ray installations. The patients should be provided with adequate shield for non- exposed parts like gonads, thyroid etc.
- 3) The X-ray equipment should be from reputed company with BARC Certification.
- 4) No objection certificate should be obtained from Pollution Control Board.

- 5) Provision should be made for availability of a dark room in case the centre is not equipped with a dry view camera.
- 6) In clinics where Radiographic contrast is administered, adequate resuscitation drugs should be available and these investigations should be performed under the supervision of Radiologist.
- 7) The safe guard of the patients and staff members against the radiation problems must be ensured as per the guidelines of BARC/DAE.
- 8) The technicians must wear lead aprons while giving exposures. The MAS exposures given by the X-Ray technician should be displayed so that the higher radiation does is not given to the patient.
- 9) Consultation chamber for Radiologist.
- 10) It should be ensured that the Radiologist in whose name the machine is to registered must be physically present / working in the clinic along with the qualified X-ray technician in case the proprietor of the clinic is a Non-Technical person.
- 11) Reporting of X-Ray film by a person other than Radiologist should be discouraged and this should be displayed prominently in the clinic, so that the patient understands the value of reporting.

- 12) Charges of different X-ray including special investigation and portable x-ray rate should be displayed prominently in bold letters.
- 13) Intensifying screens and x-ray cassettes should be changed after two years or earlier in case they are not giving proper results and the Radiologist must certify it.
- 14) Safe light provision and Developer tanks/tray must for Dark room.
- 15) Dark room should be large enough to have two stations for loading and unloading the films.
- 16) Complete record of the x-ray done along with duplicate report duly signed by the radiologist should be mandatory.
- 17) 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.
- 18) X-ray room must be equipped with lead gloves, lead goggles, thyroid sheets, lead blocks and lead adaptation goggles.
- 19) X-ray clinics which are operational 24 hrs shall have minimum of 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.



20) X-ray clinics which are operated only in fixed hours in the evening by the Radiologist, shall have atleast one Radiographer having diploma from recognized institution and the timing of the Radiologist shall be mentioned outside the Clinic & other than those hours, the clinic shall remain closed.

## **2. Specialized Diagnostics Clinics :**

- i) The specialized diagnostic clinics including CT scan, MRI, Cardiac Cath. Lab, Mammography, Bone Denometry etc. will be established only under the supervision of full time qualified Radiologist possessing MD, DMRD or DNB in Radiology. The adequate infrastructure as per the norms of the equipment shall be provided for setting up of such facility. The waiting area for the patients and their attendants with facilities for toilet and clean drinking water. The radiation and other safety measures as per the guidelines of the BARC have to be adhered to. The diagnostic centre should have the provision for adequate lighting and ventilation.
- ii) Endoscopy, TMT, Echocardiography, cardiac dopler, Coronary Angiography and EEG Diagnostic centres shall be registered only subject to the condition that these are run by the qualified and trained specialists in the respect fields.

***ULTRA SOUND  
CLINIC***

## **ULTRA SOUND CLINICS**

### **A. REGISTRATION OF ULTRASOUND CLINICS**

- i)** To uphold the standard quality of USG clinics, The registration will be given to centres who have radiologist performing these investigations possessing DMRD or MD or DNB in radiology or an MBBS doctor having sufficient experience and having undergone training for 03 months in ultra sonography from Govt. or Govt. recognized institution.
- ii)** USG Clinics should have adequate space to accommodate USG scanner, printer, CVT, table and couch for patient. The room should be large enough to allow trolley to be wheeled and the patient to be transferred to the couch.
- iii)** Adequate space for patients waiting be made available with facilities for toilet and clean drinking water. There should be adequate ventilation and lighting.
- iv)** Every clinic will have to give an affidavit to the registering authority that they shall not indulge in prenatal sex determination of fetus unless specifically required as provided under PNDDT act. This would include - previous child/ children with chromosomal disorders, metabolic disorders, congenital anomaly, mental retardation, hemoglobinopathy, sex linked disorders, single gene disorder, any other (specify). Further more it would also include cases with advanced maternal age (35 years above) or mother/father/ sibling having genetic disease (which need to be specified).

- v) Records to be maintained. Fee structure and slogan on non-conduction of sex-determination test should be displayed in locally understandable languages.
- vi) Radiologist to give the timings of his visit to the clinic, so that mis-use of their name is avoided.
- vii) **Sale of USG machine** - No manufacturers, importer, dealer or supplier of USG machines/ imaging machines shall sell, distribute, supply, sent allow or authorize the use of any such machine in any manner, whether on payment or otherwise to any USG clinic/imaging centre or any other body or person unless such centres, laboratory, clinic, body stands registered with the registering authority.

# ***PHYSIOTHERAPY CENTRE***

## **1. PHYSIOTHERAPY CENTRE**

- i) To be run by a physiotherapist having diploma or degree from recognized institution.
- ii) Minimum space of 400 sq ft, should have equipment for exercises, hydrotherapy, traction equipment, ultra sonic therapy, shortwave diathermy and other essential equipment required for performing different physiotherapy procedures.

## **2. REHABILITATION CENTRE**

- i) **Physiotherapy Section** : Cubical for each equipment with dimension 10' x 10' with a patient bed.
- ii) **Gym** : full exercise equipments.
- iii) **Hydrotherapy Section**: Electrically run Hydrotherapy pool.
- iv) **Occupational Therapy Centre** : Hall with dimension 20' x 20' feet.
- v) **Orthoprosthetic Section**: three rooms
  - a) 10' x 10'
  - b) 10'x 10'
  - c) 20'x20' workshop for splint preparation.
- vi). **Lab. Areas**:
  - a) E.M.G
  - b) Gate
  - c) Balance Lab.

- vii) **Speech Therapy Section** : 10' x 10' room with a bed having a facility of tape recorder.
- viii) **ICU Section**: not required separately if functioning in nursing home.

**Manpower :**

- i) Qualified doctors with qualification of physical medicine (MD) or (MS) Ortho with special training in PMR 2 years or MD Medicine with Diploma in PMR.
- ii) Paramedical Staff:
  - a) Physio / occupational therapist.
  - b) Ortho Prosthatic
  - c) Speech Therapist.
  - d) Vocational Counsellor.
  - e) Clinical Psychologist.
  - f) Rehabilitation Nurse.
- iii) Class IV.

# **PHYSIOTHERAPY CENTRE**

## **A. PROCEDURES**

Occupational Therapy

## **B. Equipments:**

### **Hydrotherapy pool and equipment / Multi Gym**

- a) Lumbar and Cervical traction systems
- b) Infrared
- c) Parallel bars and other ambulatory aids
- d) Various exercise therapy like dumbbells, pulleys, weights, suspension systems.
- e) Quadriceps table
- f) Shoulder wheel
- g) Ramp & stairs
- h) Exercise mats
- i) Hand grip strength measurement kit.
- j) Finger climber (vertical and horizontal)
- k) Sanding, Medicinal Ball
- l) Standing coordination



m) Activity board

n) Coordination activities kit for hand functions.

**C. Speech Development and treatment kit:-**

i) Swallowing assessment kit

ii) Tape Recorder

**D. Teaching Aids and Books:**

i) overhead projector

ii) Library with 100 books and periodicals.

iii) TV set and VCR

iv) computer with printer

**3. Gyms:**

The gyms with full exercise equipments and adequate space will be allowed to run only under the technical expertise of qualified Physiotherapist having diploma from recognized institution.

All the exercise equipments shall be ISO certified or certified by any other quality control procedures.

# ***EYE CLINIC***

## EYE CLINIC

### 1. Without operating facility

### 2. With operating facility

**1. Without operating facility:** Refractionist / Ophthalmic Assistants have to practice refraction alone and prescribe glasses. Prescription of treatment done by the specialist alone.

- i) **Space:** Adequate waiting space with good ventilation (according to the number of patients).
- ii) **Consultation Room:** one dimension minimum 3.2 Mtr.

#### iii) Minimum requirements

- a) Vision Drum Distance
- b) Vision Drum Near
- c) Trial test
- d) Ophthalmoscope
- e) Retinoscope.
- f) Tonometer

## **2. With operating facility**

### **i) Operation theatre:**

- a) operation room with no direct entry of air or personel change room and scrubbing facility.
- b) Operation table (simple where only surgery under local anesthesia is used)
- c) Operating microscope.
- d) Sterlisation facility (Autocalaving/ Boiling sterliser)
- e) Fumigation facility (fumigator)

### **ii) Equipments :**

- a) A-Scan Biometer
- b) Keratometer
- c) Vision Drum Distance
- d) Vision Drum Near
- e) Operating microscope
- f) Instruments for surgeries ( Cataract set with IOL instruments, Der set, Squint set)
- g) Strelization facility at the operation theatre (avtoclaving done separately for ophthalmology supervised by adequately trained staff I.e theatre assistant.
- h) Separate ophthalmic operation room in the centre where surgery is conducted.
- i) Pulse oximeter

- j) Boyles Apparatus
- k) Ophthalmoscope
- l) Retinoscope.
- m) Tonometer

- iii) **Availability of Anesthetist** as and when required.
- iv) All the life saving equipments/ instruments/drugs as per standard norms shall be made available in such Eye Clinic before putting the patients for surgery.
- v) The Bio- Medical Waste generated in such clinics shall be handled as the Bio-Medical Waste (Management and Handling) Rules of 1998.

**Manpower :**

Doctors with post graduation in ophthalmology having the supportive staff of O.T Technician having diploma from recognized institution and minimum of two nurses for 10 beds.

***DENTAL  
CLINIC***

## **DENTAL CLINICIS/ESTABLISHMENTS**

### **Registration of Dental Clinics/Establishments**

The State Dental Council will register such Dental Clinics, Dental Laboratories & Extra-oral Dental X-ray Units in the State with following basic requirements to be adopted by each such dental clinic/establishment.

#### **A. Dental Clinic**

1. Dental Chair Unit with accessories like good illumination, basic cutting tools, spittoon and inlet/outlet water connection.
2. Facilities for complete & comprehensive sterilization should be available in the clinic with modern methods of sterilization. Autoclave / Hot Air Oven, Electrical sterilization & Chemical sterilization.
3. Complete & comprehensive instrumentation for:-
  - i). dental extractions;
  - ii). Basic instrumentation for fillings of different types & Oral Prophylaxis.
  - iii). Basic instrumentation for clinical Prosthodontic procedures.
4. Material: Basic dental materials required for different dental procedures.

5. Disposable methods shall be adopted wherever applicable like disposable syringes, gloves & face masks etc. Needle destroyer /burner should be available.
6. A Dental Clinic shall be well aerated, well illuminated, spacious with minimum space as 8'x10'.
7. Waiting room well aerated, well illuminated, neat & clean.
8. A qualified Dentists shall have at least one helping hand in his/her dental clinic.
9. Registered Dentists attending 1000 & above patients per month shall be required to obtain clearance from Pollution Control Board.
10. Registered Dentists who engage more than 4 auxiliaries employees shall have his/her clinic registered with Labour Department as well.
11. Life saving /emergency drugs should be available in the clinic.

**B. Dental Laboratories**

1. Dental Laboratory can be established by a registered Dental Graduate with BDS & above qualification / by a registered Dental Mechanic.
2. A Dental Mechanic should have passed the Dental Mechanic Course from a recognized institution.
3. A Dental Mechanic running the Laboratory should be registered with the State Dental Council.



4. A Dental Mechanic running Dental laboratory shall not have Dental Unit in his/her lab and he/she shall not attend to the patients or practice dentistry.
5. Minimum basic equipment required for making or repairing dentures and dental appliances shall be available in the lab.
6. A Dental Laboratory shall be well aerated, well illuminated, spacious with minimum space as 10'x12'.

### **C. DENTAL HYGIENIST**

In no case a Dental Hygienist can establish dental clinic or practice dentistry. He/she can only work under a qualified/registered Dentist.

### **D. RADIOGRAPHY IN DENTISTRY**

Intra-Oral X-ray units in dentistry in recent times have become an important accessory with most of the dental chair units and the x-ray units of this nature is of very low intensity. It is only 10mA as compared to 100-500 mA general purpose machines. Such intra-oral X-ray units can not be registered as a separate entity. X-ray establishments engaged in dental radiographic procedures like OPG & extra-oral radiographs can be registered as a separate entity by the State

Dental Council. Basic minimum requirement for such procedures will be same as is in the case of other x-ray establishments. However, in such x-ray establishment dentistry can not be practiced.

**General Rules & Regulations for Registration Dental Clinics/Establishments.**

01. All such Dental Establishments which includes Dental Clinics/ Dental Laboratories/ Extra-Oral Dental X-ray units , presently run by registered/qualified persons shall have to register their clinics/establishments.
02. Registered/qualified persons wanting to establish a new Dental Clinic/establishment shall have to register their clinics before starting such Dental Clinics/establishments.
03. State Dental Council shall be the Registering Authority to register all Dental Clinics/ Dental Laboratories/ Extra-Oral Dental X-ray units in the State of J&K.
04. Registered/qualified operators of Dental Clinics/ Dental Laboratories/ Extra-Oral Dental X-ray units shall apply on prescribed form with prescribed fee to State Dental Council for registration of their clinics/establishments.
05. **Eligibility:-**
  - a). Dentists registered with State Dental Council shall be eligible to apply for registration of his/her Dental Clinic.
  - b). Registered Dentists/qualified Dental Mechanics shall be eligible to apply for registration of his/her Dental Laboratory.

- c). Registered Dentist/ Registered Radiologist/qualified X-ray Technician with diploma in radiography shall be eligible to apply for registration of his/her Extra-oral Dental X-ray Unit.
06. State Dental Council shall send a team of Inspectors who shall verify & report to State Dental Council about the infrastructure, manpower & other facilities/requirements available as per the minimum norms proposed above.
  07. State Dental Council if satisfied with the report shall issue a registration certificate to the eligible persons.
  08. Dental Clinics/establishments already being run by the registered Dentists & not fulfilling the minimum prescribed norms at the time of first registration shall be given three months time to make up the deficiencies. A provisional registration certificate shall be issued to such Dental Clinics/establishments in the first instance. If they fail to make up the deficiencies at the end of prescribed time action may be initiated as per rule 9 of these rules.
  09. State Dental Council shall seal the clinic if the basic minimum prescribed facilities are not available till such time the deficiencies pointed out are not met.
  10. Unregistered Dental Clinics established by unqualified/unregistered persons shall be confiscated by the State Dental Council and shall be the property of State Dental Council

who can auction the same & the money so raised shall go the account of the State Dental Council.

11. State Dental Council shall also initiate legal action against unregistered/unqualified persons as per Dentist Act,1948 & Jammu & Kashmir State Dental Council Rules,2004 .
12. Registered Dentists involved in group practice shall have to register their clinic with name of all registered dentists practicing in that clinic.
13. Appointment of Inspectors for surveillance in different areas of the State to check the illegal & unregistered Dental Clinics/establishments be done by the State Dental Council from time to time or as it deems fit to such surveillance.
14. State Dental Council shall publish in local dailies the name alongwith address of the dental clinics/establishments confiscated by it for information of the general public.
15. Registration shall remain valid for three years and shall be renewed on payment of prescribed fee .
16. The money raised through registration/renewal fee shall be maintained under a separate account by the State Dental Council.
17. The money so raised shall be utilized by the council for carrying out the additional functions proposed herein.

18. Inspectors shall be paid remuneration for the job & also TA/DA as per prescribed norms by the State Dental Council.
19. The Certificate of registration of Dental Clinic/establishment shall be signed by the Registrar/Secretary of the council.
20. Under no circumstances any registered/qualified persons shall be allowed to sublet his/her Dental Clinic/ Dental Laboratory/ Extra-Oral Dental X-ray unit to any un-registered/un-qualified person. In the event of anybody found violating this rule, his/her Dental Clinic/ Dental Laboratory/ Extra-Oral Dental X-ray unit shall be confiscated & his/her registration shall be cancelled forthwith.
21. If the name of any dentist is removed from the State Dentists Register under section 41 (1) (i), his/her clinical registration shall be deemed to have got cancelled.
22. If it comes to notice of the Council that the Inspector so appointed has falsely/intentionally submitted wrong report/information, the matter shall be referred to the Vigilance Organization/Crime Branch.
23. The Bio-Medical waste generated in such establishments will be disposed off scientifically as per Bio-Medical Waste (Management and Handling) Rules of 1998. Such establishments will also seek authorization from J&K State Pollution Control Board.

# ***FEE STRUCTURE***

While there will be no compromise on the quality of services to be provided in the urban, rural and semi-urban areas. However the registration/renewal fee which will vary in urban and rural areas and it will be as follows: -

- a. Registration Fee
- b. Renewal Fee

**a. Registration Fee**

The registration fee will be deposited alongwith application for registration by the applicant. In order to encourage the creation of infrastructure in the rural areas, the fee will be charged in three categories: -

1. Fee for Health care establishments in cities of Jammu and Srinagar.
2. Fee for health care establishments at District Headquarters.
3. Fee for health care establishments at rural areas (other than District Headquarters).

**The Registration fee for the different Health Care institutions will be as under: -**

<b>Type of facilities.</b>	<b>Jammu/ Srinagar Cities.</b>	<b>District Headquarters</b>	<b>Rural areas (Other than District Hqtr</b>
Nursing Homes upto 50 beds	Rs. 10,000/-	Rs. 7,500/-	Rs. 5,000/-
Nursing Homes more than 50 beds	Rs. 20,000/-	Rs. 15,000/-	Rs. 10,000/-
<b>Laboratories</b>			
Clinical Lab.	Rs. 5,000/-	Rs. 3,000/-	Rs. 2,000/-
Specialized Lab.	Rs. 8,000/-	Rs. 5,000/-	Rs. 3,000/-
X-Ray Clinic	Rs. 5,000/-	Rs. 3,000/-	Rs. 2,000/-
Specialized Radio Diagnostic Centre	Rs. 10,000/-	Rs. 8,000/-	Rs. 5,000/-
Ultra-Sound Clinic	Rs. 5,000/-	Rs. 3,000/-	Rs. 2,000/-
Specialized Procedural Centres	Rs. 5,000/-	Rs. 3,000/-	Rs. 2,000/-
a. Cath Lab	Rs. 20,000/-	Rs. 15,000/-	Rs. 10,000/-
Physiotherapy Centre	Rs. 5,000/-	Rs. 3,000/-	Rs. 2,000/-
Rehabilitation Centre	Rs. 5,000/-	Rs. 3,000/-	Rs. 2,000/-
Eye Clinic	Rs. 3,000/-	Rs. 2,000/-	Rs. 1,000/-
Eye Clinic with OT facility	Rs. 10,000/-	Rs. 7,500/-	Rs. 5,000/-
Dental Clinic	Rs. 5,000/-	Rs. 3,000/-	Rs. 2,000/-

- i. Dental Lab. & Dental Radiography will be treated at par with the Lab and X-Ray Clinic.
- ii. The Collection Centres will be treated at par with the Clinic Lab. and they shall have the qualified staff and proper infrastructure.

**b. Renewal Fee:**

The registered health care institutions will have to deposit the renewal fee every three years and the health authorities will be at liberty to inspect these institutions any time in the year.



**The renewal fee structure every three years will be as under: -**

Type of facilities.	Jammu / Srinagar	District Headquarters	Rural areas (Other than Distt; Headquarters)
Nursing Homes upto 50 beds	Rs. 5,000/-	Rs. 3,500/-	Rs. 2,500/-
Nursing Homes more than 50 beds	Rs. 10,000/-	Rs. 7,500/-	Rs. 5,000/-
<b>Laboratories</b>			
Clinical Lab.	Rs. 2,500/-	Rs.1,500/-	Rs.1,000/-
Specialized Procedural Centres	Rs. 2,500/-	Rs.1,500/-	Rs.1,000/-
a. Cath Lab	Rs. 10,000/-	Rs. 7,500/-	Rs. 5,000/-
Specialized Lab	Rs. 4,000/-	Rs. 2,500/-	Rs. 1,500/-
X-Ray Clinic	Rs. 2,500/-	Rs. 1,500/-	Rs. 1,000/-
Specialized Radio Diagnostic Centre	Rs. 5,000/-	Rs. 4,000/-	Rs. 2,500/-
Ultra-Sound Clinic	Rs. 2,500/-	Rs. 1,500/-	Rs. 1,000/-
Physiotherapy Centre	Rs. 2,500/-	Rs. 1,500/-	Rs. 1,000/-
Rehabilitation Centre	Rs. 2,500/-	Rs. 1,500/-	Rs. 1000/-
Eye Clinic	Rs. 2,500/-	Rs. 1500/-	Rs. 1000/-
Eye Clinic with OT facility	Rs. 5,000/-	Rs. 3,500/-	Rs. 2,500/-
Dental Clinic	Rs. 2,500/-	Rs. 1,500/-	Rs. 1,000/-

**Fee Structure for the Govt. doctors who are allowed private practice.**

Doctors working in the govt. sectors who are allowed to do private practice after duty hours will be regulated as follows:-

S.No.	Category	Fee (Rupees)
1	Assistant Surgeons with MBBS/BDS	Rs.50/-
2.	Assistant Surgeons with PG and above qualification / Lecturer	Rs.75/-
3.	B-Grade Spl. / Asstt. Professor	Rs.100/-
4.	Associate Professors/ Professor/ A-Grade Specialist and special Scale specialist.	Rs.150/-

Note :- The fee will be valid for two weeks with total of three visits within week.

***GENERAL  
CONDITIONS***

**1. Un-athuorised / illegal Health Care Establishments/quacks;**

The functionaries of department of health Director, HS, Srinagar / Jammu / Dy. Director, HS, Srinagar / Jammu / CMO's / BMO's/Officers authorized from time to time and Director ISM (for specialties like Ayurveda, Unani, Homeopathy, Sidha, Yoga, etc.) will be empowered to take the punitive action against the defaulters like: -

- i. Doctors registered for one system of medicine and prescribing the medicine of other system of medicines.
- ii. Un-qualified persons (quacks) practicing medicine in various forms.
- iii. Un-registered Clinics/establishments.
- iv. Institutions registered for one purpose and are performing other health care activities for which they are not registered.

Principals of Govt. Medical Colleges, Jammu / Srinagar and Medical Superintendents of Associated Hospitals Srinagar / Jammu shall be empowered to take punitive action against the defaulters working in their jurisdiction on reference, shall if necessary, take help of Police to close down such establishments.

The following punitive actions will be initiated: -

- i) De-registration.

- ii) Closure/sealing of Institutions under rules.
- iii) Action under Section 420 of RPC.

If the health care functionaries mentioned above, notice any un-authorized/un-registered/quack doing any type of medical practice shall take help of the concerned Police Station to restrain such person/institution from such activity and initiate action under rules.

2. The Health care establishments will be inspected by Health authorities periodically (at-least once in a year) for verification of the prescribed standards/ norms.
3. The Nursing Homes/Private Hospitals/Health Care establishments will participate in National Health Programmes on the directions of the Health authorities.
4. The Health care establishments will follow the provision of various enactments already in existence like Organ Transplantation Act, Drugs and Cosmetics Act, MTP Act, PNDT Act etc.
5. The Clinics/Consultation Chambers, where procedures/interventions are carried out by doctors will have to get their clinics registered. They will ensure the safety of the patients during such procedures and adhered to the prescribed standards in terms of instruments/equipments, life saving drugs, infrastructure and other safety norms. The registration and renewal fee of such clinics will be on the pattern of X-Ray Clinic/Eye Clinic/General Lab.

6. No registration /renewal certificate will be issued unless the owner produced clearance from Income Tax Department for last three years.
7. The Nursing Homes/Clinical Establishments will maintain regular bill books/receipt books which should be available 24 hours to the Inspecting Team.
9. All charitable Institutions getting subsidy from the Central /State Government should adhere to the prescribed norms by way of keeping a provision for free service to 25% of the patients attending to the Institutions.
10. Every Nursing Home/Private Hospital should tie up with one of the registered Blood Bank for the purposes of safe blood transfusion and charges for the same should be fixed and displayed in bold.
11. The certificate of Registration of the Nursing Home/Clinical Establishment, having its registration Number and date of validity shall be displayed prominently.

**PRESCRIBED APPLICATION FORMS PRICE = RS. 200/-**  
**APPLICATION FOR REGISTRATION / RENEWAL OF REGISTRATION UNDER SECTION 4 OF J&K NURSING**  
**HOMES AND CLINICAL ESTABLISHMENTS (REGISTRATION AND LICENSING) ACT, 1963 AMENDMENT**  
**2006**

<b>S.NO.</b>	<b>PARTICULARS</b>	<b>DETAILS</b>
1	Name of applicant	
2.	Residential address	
3.	Technical Qualification	
4.	Nationality of the Applicant	
5.	Locality of the registered society / association /corporate body/Company.	
6.	Name and other particulars of the Nursing Home in respect of which registration is applied for.	
7.	Place where Nursing Home is situated.	
8.	Brief description of the infrastructure and equipments of the Nursing Homes/Clinical establishments or any premises used in connection there with. (Submit copies of Building Plan alongwith permission from Competent authority)	
9.	Floor space per bed for the patient with total no. of beds.	
10.	Arrangements for Medical check-up and immunization of employees.	
11.	Floor space of service and utility areas like kitchen, canteen and Landry etc.	
12.	Details of arrangement made for public convenience alongwith total number of such units.	
13.	Details of arrangement made for storage and service of food.	
14.	No. of beds speciality-wise	
15.	Name with age and qualification of Members of the Nursing Staff.	
16.	Place where Nursing Staff is accommodated. (Give full address and details)	
17.	Name with age and qualification of the Resident or the visiting Physician/Surgeon in the Nursing Homes (Copies of the certificates duly	

	attested and permission from the Competent authority in respect of Govt. doctors/Para-Medics.)	
18.	Whether the Nursing Home is under the supervision of qualified Hospital administrator/ practioner/ doctor. If so, his/her name and qualification alongwith the copies of the certificates.	
19.	Proportion of qualified and semi-skilled Nurses on the Nursing Staff	
20.	Whether any un-registered medical practioner or un-qualified midwife is employed for the Nursing Home	
21.	Whether any person of alien nationality is employed in the Nursing Home, if so, his name and other particulars.	
22.	Fee charges for patients (Category-wise for procedures/admissions/investigations etc.	
23.	Whether the applicant is involved in any other Nursing Home or Business, if so, the place where such place is situated.	
24.	If registered, No. & date of expiry of registration.	
25.	Whether ambulance is available in the Hospital ( indicate make, model, and registration No.)	
26.	List of equipments available in the Hospital.(Enclose copy of bills and detail specifications, make /model and Number).	
27.	Whether blood Bank/ transfusion /storage facilities are available, if not, whether register with some authorized blood bank.	
28.	Availability of Oxgeon and Nitrious Oxide Cylinders.	
29.	Details of arrangement of medicines/disposables and dressing /suturing material indicating sources and attach copies of the bills.	
30.	Arrangement for landry services for washing of linen.	
31.	Arrangement for heating/cooling system ( Give details)	
32.	Indicate arrangement for Electricity supply alternate source, stand by Generators and their capacity.	
33.	Indicate arrangement for water supply, alternate source and total storage capacity.	

34.	Indicate arrangement for disposal of Bio-Medial Waste ( enclose copy of authorization from J&K State Pollution Control Board).	
35.	Indicate communication facilities (Telephone, fax, inter-net etc.)	
36.	Whether arrangement for medical record keeping, retrieval of records has been made.	

### UNDERTAKING

I solemnly declare that above statements are true to the best of my knowledge and belief. Nothing has been cancelled and in case of any false statement, I will be liable for action under rules.

APPLICANT

Dated: \_\_\_\_\_

Note: -

In case the application is made on behalf of a Company, society, association or any other Corporate body, the name and the residential address of the person incharge of the management of such company/society should be given. This item is applicable only when the application is made on the behalf of a company/society/association or any other corporate body.



The application should have following enclosures: -

1. Building Plan and details thereof.
2. Permission of Building plan from the competent authority.
3. Registration certificate from Industries Department/Labour Department.
4. List of equipments with specification, Number, model and make.
5. List of manpower alongwith their attested copies of their qualification/Technical certificates.
6. Para-medics working in the Hospital shall have passed the diploma from SMF or any other recognized institute. In case of doctors a degree recognized by MCI.
7. Details of full time Resident Medical Officers and other staff.
8. Name /Bank with whom the accounts are maintained.
9. Authorization from J&K State Pollution Control Board.
10. Source of purchase of medicines/dressing/disposables/sutures material/oxygen and nitrous oxide re-filling.
11. In case visiting specialists/doctors/para-medics working in the Nursing Homes are in Govt. Service, the copy of permission from appointing authority be also enclosed.
12. Original receipt of fee deposited in the Government Treasury under Acctt. Head No. 0210-Medical to be enclosed.
13. In case of X-Ray Clinics, the Radiological safety measures as per BRAC to be ensured and details provided.

**APPLICATION FORM FOR REGISTRATION OF DENTAL CLINICS / ESTABLISHMENTS**

*(Enclose photocopies of all requisite documents)*

\*\*\*\*\*

- 1. Name of the clinic : \_\_\_\_\_
- 2. Name of the Dentist : \_\_\_\_\_
- 3. State Dental Council Regn. No. : \_\_\_\_\_
- 4. Qualification : \_\_\_\_\_
- Year of passing B.D.S : \_\_\_\_\_
- Year of Passing M.D.S. : \_\_\_\_\_
- 5. Residential Address : \_\_\_\_\_
- 6. Clinical Address: : \_\_\_\_\_
- 7. Owned/Rented ( enclosed Rented Deed if rented) : \_\_\_\_\_
- 8. Telephone Nos:  
a) Residential \_\_\_\_\_ b) Clinic \_\_\_\_\_ c) Mobile \_\_\_\_\_
- 9. Consultation Hours : \_\_\_\_\_
- 10. Description of Clinic : \_\_\_\_\_
- 11. Main Operatory : \_\_\_\_\_
- 12. Waiting room : \_\_\_\_\_
- 13. List of Equipments : \_\_\_\_\_
- 14. List of Instruments : \_\_\_\_\_



- 15. List of materials : \_\_\_\_\_
- 16. Auxiliary staff with name : \_\_\_\_\_
- 17. Pollution Certificate if applicable : \_\_\_\_\_
- 18. Registration Certificate of State Labour Department if applicable.

**DECLARATION**

The information given by me in this form and enclosures is true and correct to the best of my knowledge and I have not concealed or misrepresented any facts. In the event of anything found false I undertake that I shall be personally responsible for the consequences whatsoever.

**Signature of the Applicant**

Inspection Report of State Dental Council.  
**APPLICATION FORM FOR REGISTRATION OF DENTAL LABORATORY**  
*(Enclose photocopies of all requisite documents)*

\*\*\*\*\*



1. Name of the Lab : \_\_\_\_\_
2. Name of the Dental Surgeon/  
Dental Mechanic : \_\_\_\_\_
3. State Dental Council Regn. No. as Dentist/  
Dental Mechanic : \_\_\_\_\_
4. Qualification:-  
Year of passing B.D.S ( if applicable) : \_\_\_\_\_  
Year of Passing M.D. ( if applicable) : \_\_\_\_\_  
Year of passing of Dental Mechanic course in case of Mechanics : \_\_\_\_\_
5. Residential Address : \_\_\_\_\_
6. Address of the Lab : \_\_\_\_\_
7. Owned/Rented ( enclosed Rented Deed if rented) : \_\_\_\_\_
8. Telephone Nos:  
a). Residential \_\_\_\_\_ b) Clinic \_\_\_\_\_ c) Mobile \_\_\_\_\_
9. Working Hours : \_\_\_\_\_
10. Description of Lab : \_\_\_\_\_
11. Main Operatory : \_\_\_\_\_
12. List of Equipments : \_\_\_\_\_

- 13. List of Instruments : \_\_\_\_\_
- 14. List of materials : \_\_\_\_\_
- 15. Auxiliary staff with name : \_\_\_\_\_
- 16. Pollution Certificate if applicable : \_\_\_\_\_
- 17. Registration Certificate of State Labour Department if applicable.

**DECLARATION**

The information given by me in this form and enclosures is true and correct to the best of my knowledge and I have not concealed or misrepresented any facts. In the event of anything found false I undertake that I shall be personally responsible for the consequences whatsoever.

**Signature of the Applicant**

Inspection Report of State Dental Council  
**APPLICATION FORM FOR REGISTRATION OF DENTAL X-RAY UNIT**

*(Enclose photocopies of all requisite documents)*

\*\*\*\*\*

1. Name of the X-ray Unit : \_\_\_\_\_
2. Name of the Dental Surgeon/ Radiologist/ X-ray Technician : \_\_\_\_\_
3. State Dental Council Regn. No. as Dentist : \_\_\_\_\_
4. Qualification:-  
Year of passing B.D.S (If applicable) : \_\_\_\_\_  
Year of Passing M.D.S. (If applicable) : \_\_\_\_\_  
Year of passing of radiology course : \_\_\_\_\_
5. Residential Address : \_\_\_\_\_
6. Address of the Lab : \_\_\_\_\_
7. Owned/Rented ( enclosed Rented Deed if rented) : \_\_\_\_\_
8. Telephone Nos:  
a). Residential \_\_\_\_\_ b) Clinic \_\_\_\_\_ c) Mobile \_\_\_\_\_
9. Working Hours : \_\_\_\_\_
10. Description of X-ray Establishment : \_\_\_\_\_
11. Main Operatory : \_\_\_\_\_
12. Capacity of the X-ray Unit : \_\_\_\_\_



- 13. Waiting room : \_\_\_\_\_
- 14. List of Equipments : \_\_\_\_\_
- 15. List of Instruments : \_\_\_\_\_
- 16. List of materials : \_\_\_\_\_
- 17. Auxiliary staff with name : \_\_\_\_\_
- 18. Pollution Certificate if applicable : \_\_\_\_\_
- 19. Registration Certificate of State Labour Department if applicable.

**DECLARATION**

The information given by me in this form and enclosures is true and correct to the best of my knowledge and I have not concealed or misrepresented any facts. In the event of anything found false I undertake that I shall be personally responsible for the consequences whatsoever.

**Signature of Applicant**