



Date:-21/07/2025

भारत सरकार
GOVERNMENT OF INDIA

VMMC & SAFDARJUNG HOSPITAL
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल

Medical Social Welfare Department
चिकित्सा समाज कल्याण विभाग

Central Office

Standard Operating Procedure (SOP) for Unknown and Destitute Patients

INTRODUCTION:

This Standard Operating Procedure (SOP) is established to ensure the systematic care, rehabilitation, and welfare of unknown and destitute patients admitted to Vardhman Mahavir Medical College and Safdarjung Hospital. The primary objective is to provide these patients with appropriate care and facilitate their rehabilitation while safeguarding the hospital's legal and institutional interests.

At Vardhman Mahavir Medical College & Safdarjung Hospital, the Medical Social Welfare Department focuses on helping unknown and destitute patients, transition from hospital care to a safe and supportive environment. Rehabilitation means restoring a patient's health and well-being by ensuring they have access to basic needs like healthcare, shelter, and emotional support. For patients who have no family or resources, this process is essential to ensure they are not left vulnerable after discharge.

DEFINITION OF A DESTITUTE PATIENT IN HOSPITAL SETTING

any homeless person who is found without any known identity and unable to take care of themselves, seeking medical care in Safdarjung Hospital is considered as a destitute.

This SOP serves as a step-by-step guide to ensure a smooth and structured process, from assessment to transfer. It explains eligibility criteria, required documentation, and collaboration with NGOs and other authorities to provide the best care for these patients.

REHABILITATION PROTOCOL

- Rehabilitation is done only for admitted destitute/homeless patients who are fit for discharge.
- Rehabilitation to NGO homes cannot be done for the walk-in homeless individuals who enter hospital premises, seeking food and shelter. Rehabilitation of such individuals does not come under purview of Medical Social Welfare Department of Safdarjung Hospital.
- **It is should be hospital security policy to identify such individuals and prohibit them from entering the hospital premises, as is done in all other hospitals, unless they are seeking active medical care, in which case, patients may be guided.**

Role of MSW Department in care of Admitted Destitute/Unknown Patients.

1. Financial assistance in terms of medicines/ implants/ Surgical items (provided they are not available in hospital stores) /clothing/ any investigations not done in hospital which may be provided with the help of NGOs.
 2. Counselling/psychosocial support.
 3. Rehabilitation to NGO home, following protocol, as laid down in SOP.
- **Providing nursing attendants does not come under the purview of Medical Social welfare department. Patient shifting and the day-to-day nursing**

care of such patients admitted in various wards is the responsibility of Nursing staff/Nursing-Attendants posted in respective wards.

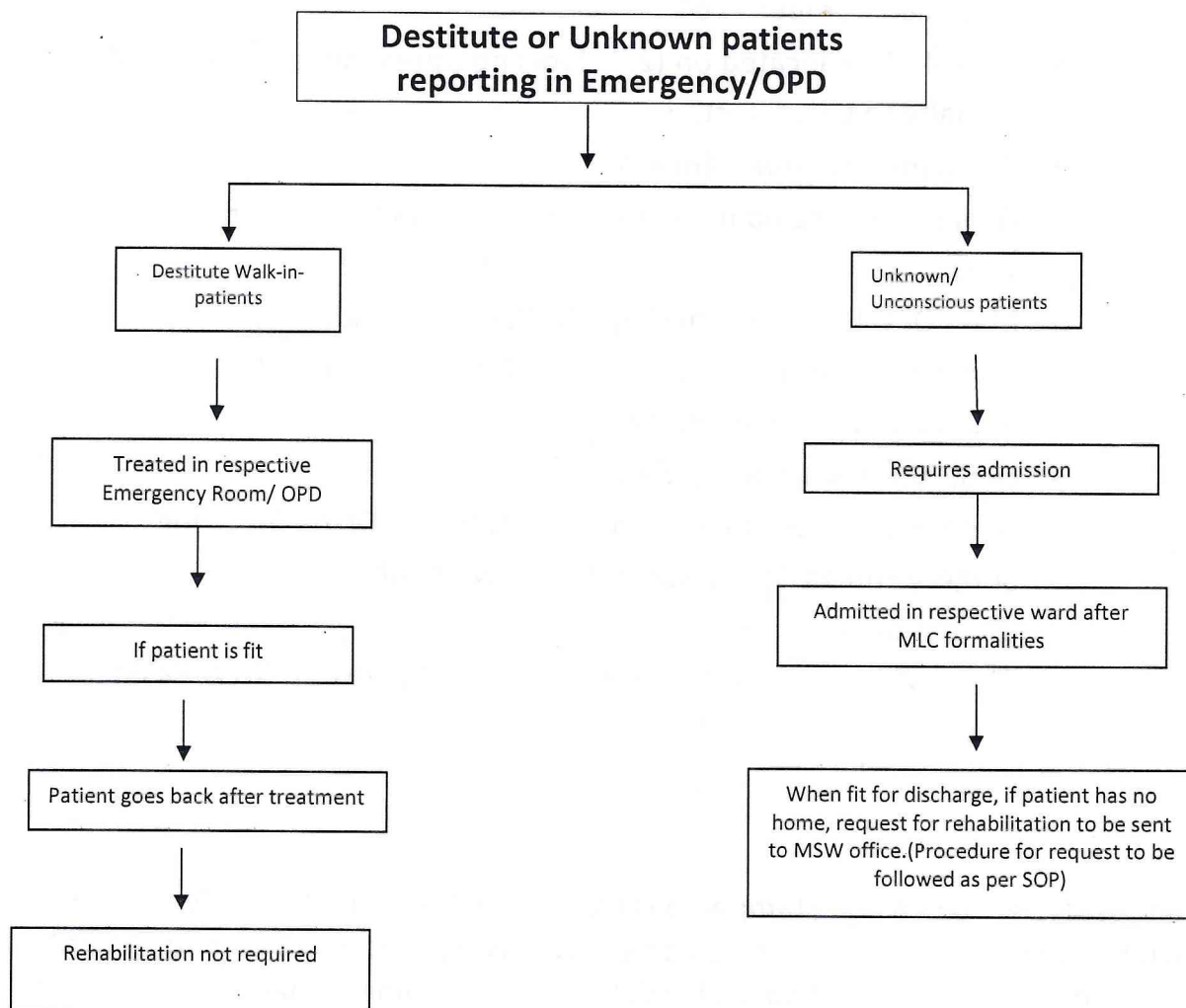
- The Medical Social Welfare Department is divided into 5 Zones.
 - Central Office - located in room 5(Main OPD Building Ground Floor) extension number 7263
 - Zone SSB - located in room no 344(3rd Floor, SSB) extension number 6330
 - Zone A - located in room 30(PMR Department, Ground Floor, Main OPD Building) extension number 7476
 - Zone B - located in room 5(Main OPD Building Ground Floor) extension number 7264.
 - Zone 4 - NEB located on (2nd Floor) no phone number provided, CMO casualty to be contacted.
 - Departments under Zone A :
Gynae Block including one stop centre & excluding Surgery female ward.
Main OPD Building including PMR Department and Ward-33
Psychiatric Ward, Blood Bank, SIC, Dharamshala, VMMC Girl's Hostel and Nursing college/ Hostel.
 - Departments under Zone B:
H Block & H Block extension Surgical block/ Orthe Block including Surgery Female Ward Burns, Plastic & Maxillofacial Deptt.
Dental Department.
Old Casualty (Skin Ward), ART Centre , Boys Hostel & PG Resident Hostel

Request letter signed and stamped by Head of the Department (HOD)/ senior faculty under whom the patient is admitted, may be sent to concerned zone MSW office, for requirement of financial assistance/ counseling/ rehabilitation during working hours of the hospital.

- In New Emergency Building (NEB), the MSWs are on duty from 8:00 AM to 8:00 PM.

Also, there is a provision of imprest money under CMO that can be utilized for emergency medications (not available in hospital) for destitute patients

Protocol for Rehabilitation of Unknown / Destitute Patients in Any Department



Rehabilitation of destitute patients will be carried out by Medical Social Welfare Department only once the patient has been admitted, and is fit for discharge and after due clearances as tabulated in SOP.

1. Admission and Initial Notification

- Upon admission of an unknown or destitute patient, all necessary documentation must be completed.
- The treating faculty sends a referral call to designated Medical Social Welfare Officer (MSWO) in writing, including details of the patient's physical and medical condition, circumstances of admission, and preliminary medical findings.
- The notification must be validated with the signature and official stamp of the Unit In-Charge or a senior faculty member.

2. Intervention from Medical Social Welfare Department

- To note the referral call and ask about photo copy of necessary documents for rehabilitation, including:
 - Formal Referral Call
 - Front Admission Sheet
 - Medical condition Report
 - Psychiatric Evaluation Report
 - Patient Consent Letter
 - Investigating Officer (IO) Clearance (On Format provided by MSW deptt).
 - Supporting Documents from treating department.
- Conduct a comprehensive patient assessment, considering psychological, social, environmental, and biological factors.
- Coordinate with concerned faculty and doctor on duty to understand the patient's medical history, medication, and any relevant conditions affecting rehabilitation.

3. I/O Clearance.

- The assigned Investigation Officer must provide written clearance before any transfer.

- The IO is responsible for attempting to locate the patient's home and family. If the patient's home and family are not traceable, the IO must issue a written statement confirming efforts were made, but no relatives were found.
- The clearance must also confirm that there are no pending criminal cases against the patient and must include the IO's name, signature, police station details, belt number, DD number, designation, and contact information.

4. Comprehensive Medical Assessments

- **Viral Marker Test:** All patients must undergo a viral marker test to ensure they can safely cohabit with others in a rehabilitation facility, preventing the spread of infectious diseases. Most of the NGOs do not accept patients who have reactive viral markers.
- **Psychiatric Evaluation:** A detailed psychiatric evaluation must be conducted by a faculty psychiatrist to assess the patient's mental health and determine if any psychological conditions require specialized care.

5. Patient Consent Letter

- A written consent letter from the patient is required before transfer to a rehabilitation shelter home/NGO.
- The patient must acknowledge that they have no place of residence and no one to care for them, and they voluntarily request to be transferred to an NGO or shelter home for accommodation and food arrangements.
- Minors and psychiatric patients are exempted from providing consent, to follow the SOP for Rehabilitation of psychiatric patients.

6. Further Process

- **Ensure All Documents Are Complete:** The MSWO must verify that all required documents are in place before proceeding with the transfer.
- **Coordinate with NGOs:** The MSWO must liaise with rehabilitation shelter homes/NGOs to discuss the case, medical, social, and psychological condition of the patient, and identify a suitable placement.

- **Coordinate with Hospital Staff:** The MSWO must monitor the patient's medical condition in coordination with treating doctors to determine if they are fit for transfer.
- **Discharge Process:** The designated medical social welfare officer to coordinate with treating doctor and shelter home/NGO person for smooth rehabilitation of patient.

Specific Protocols for Special Categories of Patients

- **Unconscious Patients:** These patients shall not be transferred to a rehabilitation shelter home until they are declared medically stable and regain their consciousness. The care of these patients remains the responsibility of the hospital.
- **Foreign Nationals:** For foreign national patients, the treating clinical department must contact the Investigating Officer and the concerned Additional Medical Superintendent handling foreign national cases. The hospital must coordinate with the respective embassy or consulate through the IO. Rehabilitation of Foreign Nationals does not come under the purview of Medical Social Welfare Department
- **Adult Psychiatric Patients:** Treating department to contact the concerned IO of the case and IO collects the reports from doctor and presents the case in court. These patients will be referred exclusively to the Institute of Human Behavior and Allied Sciences (IHBAS). The referral will involve coordination between the treating department, the IO, and a resident doctor to ensure safe transfer. Assistance may be taken from the Medical Social Welfare Department from time to time. During transfer of female patient, female resident doctor{from psychiatry deptt.} is required to accompany and during transfer of male patient male resident doctor has to accompany.

- **Minors/Children:** These patients can only be transferred after obtaining a formal order from the Child Welfare Committee (CWC). The IO must acquire necessary documents from concerned department and present the case to the CWC. Once the order is received, the IO will transfer the child to a suitable home as per CWC guidelines.
- **Psychiatric Children:** These patients can only be transferred after obtaining a formal order from the CWC. The MSWO and IO must facilitate the process to comply with child welfare laws and ensure the best interests of the child.

PROTOCOL FOR FINAL RITES OF DESTITUTE

In case of ,a destitute /unknown who dies in hospital or is brought dead in hospital/ found dead in hospital premises , after medico legal formalities, the dead body is shifted to mortuary for autopsy. After autopsy, the cremation is carried out under supervision of police. Medical Social Welfare Department is not involved in this whole process.

This SOP aims to streamline the process, leading to faster and more efficient outcomes and to standardize the process for dealing with unknown and destitute patients, ensuring that no patient is discharged without proper follow-up care and rehabilitation measures in place. The hospital is committed to ensuring that these patients are not abandoned after receiving medical treatment but are instead rehabilitated into a safe and supportive environment that enables them to lead a dignified life.

Ultimately, the implementation of this SOP is not just a procedural necessity but a reflection of the hospital's commitment to humanitarian service, social responsibility, and medical ethics. By adhering to the guidelines outlined in this SOP, all stakeholders involved—Medical professionals, MSWO, law enforcement authorities, and NGOs—can work collectively to ensure that no unknown or

destitute patient is left without care, support, or the opportunity for a better future.

With compassion, diligence, and commitment, Safdarjung Hospital, through its Medical Social Welfare Department, strives to uphold the fundamental right to healthcare, dignity, and rehabilitation for every patient, regardless of their social or economic background. This SOP reaffirms the institution's role as not just a provider of medical treatment, but as a provide guidance or a promise of good things during difficult times of hope, care, and social justice for the most vulnerable members of society.

The Standard Operating Procedure (SOP) is being issued with the approval of Director, VMMC & Safdarjung Hospital.

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