

GOVERNMENT OF INDIA
OFFICE OF THE MEDICAL SUPERINTENDENT
SAFDARJANG HOSPITAL & V.M.M.C.
NEW DELHI-110029.

No. NABH/Progress/2020/4

Dated: 20.05.2020

CIRCULAR

Subject: Submission of progress on Manuals, SOPs and implementation of NABH Standards

We all passing through an unprecedented turbulent times under COVID19 pandemic and uncertainties. But we have to keep sailing ourselves to reach safe and silent waters quickly for continuum of life. However, despite difficult times, your departments may be working untiring on implementation of the NABH entry level standards.

We request you all to forward soft copies of manuals, SOPs and forms/formats to update on progress for application to NABH for initiation of assessment of patient care services under your control. A model formats for SOPs & manuals are enclosed here for drafting manuals/SOPs.

Please share only soft copy on **to undersign on mail qualitycell@vmmc-sjh.nic.in** or **drkctamaria@vmmc-sjh.nic.in**.


(Dr. K.C. TAMARIA)
OI/C, Quality Cell

Copy to:

1. All HODs
2. Mrs. Rekha Rani, ONS
3. Officer In-charges, stores/CSSD/Laundry/Kitchen/BMW/Infection control/Server Room.
5. OI/c NEB
6. OI/c SSB
7. PS to MS
9. Guard file.

Use standard respiratory precautions!

Keep safe and protected yourself!

DEPARTMENT OF

**VMMC & SAFDARJUNG HOSPITAL, ANSARI
NAGAR, RING ROAD, NEW DELHI-110029**

Document Name:	SOPs for triage
Document No.:	E / DEPT./ SJH / triage / 01
No. of Pages:
Date Created:	16/05/2020
Date of Implementation:	18/05/2020
Prepared By:	Designation: Name: DR. ----- Signature:
Approved By:	Designation: M S NAME: Signature:
Responsibility of Updating:	Designation: HOD Name: DR. Signature:

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The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.

The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.

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The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.

The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
HOD Dr.....	Medical Superintendent	OI/C, Quality Cell

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

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S.No.	Designation
1	Medical Superintendent
2	HOD
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S.No.	Topics	Page Number
1.0	Purpose	
2.0	Scope	
3.0	Responsibility	
4.0	Abbreviations	
5.0	Reference	
6.0	Policy	
7.0	Procedures	

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VardhmanMahavir Medical College & Safdarjung Hospital	, Department of XXX	
	Document Name	SOP for Cleaning of tables
	Document Number	SJH/XXX/XX

Objective: To establish the procedure for cleaning of tables

Scope: Applicable to all the tables in the department of XXXX...

Personnel Responsible: BVG staff under the supervision of xx.....

Procedure:

The following procedure to be followed for cleaning of tables

Refererence :

Issue No. 01	Amendment No: 00	Prepared by	Approved by	SOP for table cleaning
Issue Date	Amendment date:	Reviewed by		Page no. 1