



**STANDING ORDERS**

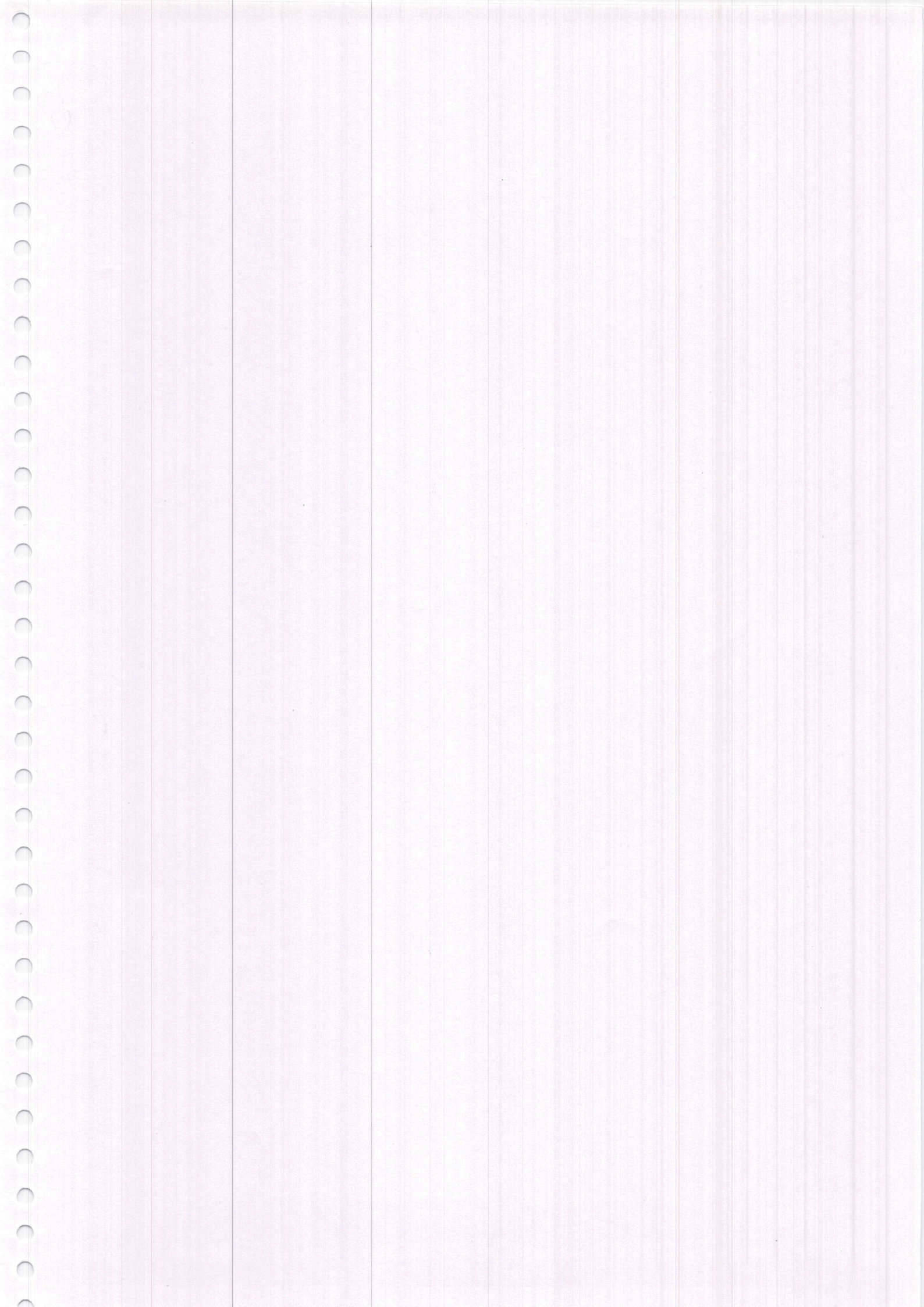
**BY**

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## PART ONE: OUT PATIENT DEPARTMENT

### 1.1. Registration :

- a. Timing: 9 - 2 p.m. Registration counter will be closed at 2 p.m.
- b. Process: All new as well as follow up cases need to be registered by the following process -
  - i. E – Registration via [www.ors.gov.in/](http://www.ors.gov.in/).
  - ii. Manually at the Registration counter.

Those who have already registered online, need to undergo the requisite procedure at the specified registration counter in the hospital.

- c. Fees: The patients have to be required to pay very nominal charges for the registration process. However, exemption of registration fee depends on the decision of hospital (Institute) authority on certain circumstances.
  - d. Demographic details: During the registration process, patients and their family members should provide the correct demographic details. It is essential for the patients seeking treatment here and their family members and significant others to bring their relevant documents for ID Proof and Address Proof. Hospital staff at registration counter have every right to ask the patients or their attendants for their ID Proof and Address proof if required.
- 1.2. While attending the hospital, patients need to be accompanied by a responsible attendant who will assist him/her and if needed, take any decision on behalf of the patient.
  - 1.3. Patients should bring all relevant medical documents (investigation reports, X-ray, /CT/MRI plates & reports, previous treatment records, referral notes from treating physician/institution and relevant others with them while coming for consultation at the Out Patient Department (OPD).
  - 1.4. Patients or their informants should disclose/ provide correct information on their knowledge during any kind of assessment, consultation, and investigation process.
  - 1.5. As proper psychiatric /psychological /psychosocial assessment/treatment takes considerable time span, so the patients and their family members or significant others need to cooperate with the hospital staffs in this regard.
  - 1.6. Everyone should respect the situations when the medical condition of another patient may become more urgent, respect the doctor's ability to judge and accept the fact that the Doctor may need to attend him/her first.



- 1.7. At any OPD room, the mobile phones need to be switched off / remained in silent mode.
- 1.8. The number of family members, attendants or significant others may be limited during any kind of assessment/evaluation/investigation process at OPD.

## **PART TWO: ADMISSION RULES**

- 2.1. All admission in the Institute will be made as per the provisions of the Mental Healthcare Act, 2017 (MHCA, 2017).
- 2.2. A written order for admission must be mentioned by psychiatrist/psychiatrist s.
- 2.3. All relevant documents as per the provision of the act have to be filled up prior to the admission.
- 2.4. Any patient admitted in the Institute should be accompanied by a care giver.
- 2.5. A copy of relevant photo ID and address proofs of the caregiver have to be submitted at the time of admission.
- 2.6. It is mandatory for the caregiver to accompany the patient during his stay at the Institute as per the attendant/ caregiver rule (rule 4.2.) of the Institute.
- 2.7. For patients admitted u/s 102 of MHCA, 2017, an attendant should stay with the patient as per attendant rule 4.2. (i).
- 2.8. For any patient brought by NGO or other Govt. Or Non-Govt. Organisation, a care giver has to be nominated by the said organisation for accompanying the patient in the Institute. An undertaking in this regard has to be submitted by the said organisation as to whom they approve as caregiver.
- 2.9. Any patient admitted u/s 103 of MHCA, 2017, has to be accompanied by police personals and a designated personal has to carry out the formalities of the caregiver as per hospital rules and accompany the patient during his/her hospital stay.
- 2.10. All admission should be made during OPD hours. However, any patient brought during period other than OPD hours can be kept under observation in Emergency ward if the psychiatrist considers so. Such patients then may get admitted if required through subsequent OPD.
- 2.11. After admission, any unauthorised leave by the patient or caregiver from the Institute may be regarded as absconded and shall be dealt accordingly.
- 2.10. At the time of admission, an advance directive if any should be made aware to the treating team and a copy of it has to be submitted.
- 2.11. During admission, if patient requires any diagnostic/ therapeutic and/or services for co-morbid physical ailment or related others that are not available at this Institute, then the patient along with his/her attendant and designated hospital staff, can be referred to nearest and relevant multidisciplinary facility for the same and the said patient will be returned back to the Institute whenever all these above-mentioned procedures will be



over. This is not considered as transfer of patient as mentioned in the transfer rule (rule 6.2.) of the Institute.

### **PART THREE: DISCHARGE RULES**

- 3.1. Discharge of the patients should be done as per the provision of MHCA, 2017.
- 3.2. All discharges should be done at OPD hours only.
- 3.3. The order for the discharge of the patient from the Institute should be mentioned in the patient's file by the concerned Senior Resident /Consultant.
- 3.4. A patient can be discharged only on the basis of a written order mentioned in the patient's file by the attending psychiatrist and in compliance with discharge criteria, as applicable.
- 3.5. At the time of discharge, a certificate containing patient's identification data, date of admission & discharge, case summary, relevant diagnostic reports, diagnosis, and treatment plan, duly signed by concerned psychiatrist will be handed over to the patient and a similar copy should be kept attached to respective patient's file.
- 3.6. At the time of discharge, the patient's file and other required documents should be duly completed.
- 3.7. When a patient needs transfer to another facility for whatever reason it should be considered as discharge as per discharge rule (rule 6.2) of the Institute.

### **PART FOUR: RULES & RESPONSIBILITIES OF PATIENTS, THEIR ATTENDANTS AND VISITORS**

#### 4.1. Patients /Family members /Attendants Responsibilities

- i. A patient and her/ his attendants have the responsibility to address any concern that he/she may have.
- ii. They should provide complete and accurate information including full name, address and other relevant information.
- iii. They should provide complete and accurate history and information about their health, including present condition, past illnesses, hospitalizations, medications or any other matter that pertains to their health.
- iv. They should follow the prescribed treatment plan, carefully follow all the instructions given and attend follow up appointment as requested.
- v. They should ask for clarifications/queries when they do not understand any detail given by doctor or other members of the mental health care team. They should inform the doctors or other mental health professionals if they anticipate any problem in the prescribed treatment or are considering alternative therapies.
- vi. They should accept responsibility for the decisions they make regarding their treatment.



vii. They should abide by all hospital rules and regulations.

4.2. Attendants/Caregivers/Visitors Rule: It has been developed to ensure that the care of patients is not disrupted. Attendants or Caregivers or Visitors to patients must abide by these rules.

- i. Staying of attendants with the patient during in – patient care: It becomes the obligatory requirement for the guardians or attendants to stay along with the in-patients during their entire period of admission for indispensable care giving and management planning thereafter. For admission of minor under Sec.87, MHCA, 2017, it should be in accordance of the said act. For admission of prisoner with mental illness under Sec.103, MHCA, 2017, attendants should be provided by the respective authority (Jail/Air force/Army/Navy/Paramilitary force etc.). For admission of unknown homeless mentally ill person, Director, Department of Social Welfare or his/her designated representative (as nominated representative appointed by respective mental health board as per sec.14(e),MHCA,2017) should take the responsibility to appoint/provide attendant for the patient care. For admission of the persons in custodial institution as per MHCA, 2017, an attendant /attendants should be nominated, in order by the in-charge of that institution who will accompany the said patient during his/her hospital proceedings and entire hospital stay.
- ii. Only one attendant, not being minor is allowed to stay with the patient during the entire period of patient stay. If it is difficult for the said attendant, then he/she should engage/appoint/provide any other relative or related others with prior notification and approval from on-duty sister in charge for the same purpose. For exceptional circumstances (mentally ill prisoner, seriously ill patients, difficult to control patients etc.) more than one attendant can be provided with approval of hospital authority.
- iii. At night hours attendants have to stay at designated rest room or waiting areas of the wards. They can't stay inside the indoor wards.
- iv. If patient's attendant is found to be absconded from the hospital without any information, a First information report (FIR) will be lodged to the local police station and subsequent strict action will be taken against the said attendant for not abiding by the hospital rule.
- v. Visiting hours in the hospital are 11am to 1pm & 4pm to 6pm. Visitors should visit during the "Visiting hours" only. However, no visitors are permitted in the ITU and post-ECT ward.
- vi. Attendant & Visitor's Pass – Stay & Visit to admit patients will be based on entry passes. Separate attendant and visitor pass (1 each) will be issued to designated persons at the time of admission. However, if need be, transfer of passes to other individuals may be allowed after information to In-charge of the respective nursing station. One Visitor pass may allow entry of 2 (two) visitors at one point of time. These passes must be handed over at the time of Discharge.



- vii. The number of visitors in a patient room is limited to two; apart from the attendant who stays with the patient for 24 hrs a day. Patients treated in LGBRIMH should be careful about accepting no more than two visitors to the patient's room for the comfort of other patients and not to make any noise. For safety and health reasons, visits may be limited when the patient is in isolation.
- viii. Children below 12 years of age are not permitted in the adult inpatient areas.
- ix. All attendants/visitors must wash their hands before contact with the patients.
- x. People with colds, sore throats or any contagious diseases should not stay/visit patients to avoid spread of further infection.
- xi. Attendants/Visitors should respect privacy of patient's roommates and rights of others by assisting in noise control and the number of visitors.
- xii. It is advised not to keep any valuables in the hospital. The management will not be responsible for any loss of belongings either in cash or valuables.
- xiii. They should not tip any hospital employee for services provided by the hospital.
- xiv. No outside food or beverage shall be given to the patient without prior approval of consulting physician or staff nurse.
- xv. They should not handover their mobile phones/valuables to any unknown persons or Hospital Staff.
- xvi. Attendants in Single, Deluxe Rooms are advised not to leave the room unattended.
- xvii. Whenever the patient is shifted to any other ward/ITU attendants are required to vacate the previous ward. The attendants are required to proceed to the designated waiting rooms/halls.
- xviii. Attendants should keep minimum luggage with them in the ward/room. A separate almirah is available by the side of patient's bed.
- xix. They should treat hospital staff, other patients, and visitors with courtesy and respect.
- xx. Nursing staff may restrict the number of visitors if the condition of the patient in the room requires it.
- xxi. Visitors should refrain from sitting or lying on floors of patient rooms.
- xxii. During the treatment and examination procedures of our patients, visitors are expected to pay attention to patient privacy.
- xxiii. To prevent any infection, please do not sit or lie down on the patient's bed.
- xxiv. Carrying of arms and weapons in the hospital premises is strictly prohibited.
- xxv. To afford more privacy and to cut the risk of cross-infection, visitors should, wherever possible, use the visitor's toilets, rather than the patient's toilet.
- xxvi. Anything regarding attendants/family members not mentioned above that disturbs the fellow patients will not be encouraged.



## PART FIVE: INFORMED CONSENT

- 5.1. Patients have the right to consent to or to refuse treatment. Practitioners performing procedures or administering treatments are responsible for explaining the risks, benefits and alternatives of such treatment. The process of informed consent or informed refusal should be documented in the medical record in accordance with the Hospital's Informed Consent Policy.
- 5.2. Informed consent should be taken in the following prescribed format as per MHCA, 2017 -
- a) Admission of independent patient - Form C
  - b) Admission of minor ( by nominated representative) - Form D
  - c) Supported admission ( by nominated representative) - Form E
  - d) Supported admission beyond 30 days ( by nominated representative) -Form F
  - e) Discharge of independent patients - Form G
  - f) Discharge of minor ( by nominated representative) - Form H
  - g) Request for leave of absence (by nominated representative) - Form I.

## PART SIX: TRANSFER OF PATIENTS

- 6.1. Internal Physical Transfer of Patients:  
Internal transfers from one patient care to another shall take place in accordance with the below-mentioned conditions -
- a. After 72 hours of each admission in the short stay wards in the ground floor, patients should be shifted to other respective long termin -patient wards if in -patient care requires beyond 72 hours. Transfers of medically unstable patients should be avoided, whenever possible, especially if it is within the capacity of the hospital to care for the patient.
  - b. As per treatment requirement of the patients, they can be shifted to the ITU units in accordance to availability.
- 6.2. Transfer to Another Facility with or without The Expectation of Returning:  
Patients with other physical ailments may be transferred to another multidisciplinary facility for better diagnostic or therapeutic procedures and/or services that are not available at this Institute with/without an expectation that the patient will return. Prior to the patient leaving the Institute, the respective Senior Resident/ Consultant psychiatrist should be notified and proper case summary & other indispensable arrangements should be made to ensure that the patient is safely transported to the other facility.

When a patient is being transferred to another facility without expectation that the patient will be returning to the Institute, the patient will be discharged as per the discharge norms of the Institute.



All pertinent medical information necessary to ensure continuity of care must accompany the patient.

6.3. Request for Leave of Absence:

The respective Senior Resident/ Consultant, Psychiatry of the Institute may grant leave to any person with mental illness admitted under section 87 or Section 89 or section 90, to be absent from the Institute subject to such conditions, if any, and for such duration as such psychiatrist may consider necessary on receipt of duly filled up format by nominated representative as per MHCA, 2017.

On request by independent patient admitted under section 86, MHCA, 2017, patient can be discharged from the Institute if the psychiatrist considers necessary and if required, readmission of the person would be as per MHCA, 2017.

6.4. Transfer of persons with Mental illness from one Mental health establishment to another Mental health establishment:

It should be done as per the provision of MHCA, 2017, section 93(1) and 93(2) for those admitted under section 87 or section 89 or section 90 or section 103 as the case may be.

## **PART SEVEN: HOSPITAL DEATHS AND AUTOPSIES**

7.1. HOSPITAL DEATHS:

i. Pronouncement:

In the event of a death, the deceased shall be pronounced dead by the attending physician. The body may not be released from the Hospital until an entry has been made and signed in the deceased's medical record by the individual pronouncing. Following that, the on-duty registered nurse may release the body to the family member after having signed the death certificate on the designated line.

ii. Death certificate:

The attending physician is required to complete the appropriate and pertinent sections of the death certificate following the guidelines on the prescribed death certificate form.

iii. Unnatural death:

Any unnatural death including suicide should be immediately informed to the local police officer in charge and subsequent proceeding should be carried out as per law and judiciary procedure.



iv. Death of an unknown patient:

It should be immediately informed to the local police officer in charge and /or appropriate state authority at district level and /or judiciary personal according to the nature and consequence of death and subsequent procedures should be done as per order by above mentioned appropriate authorities.

v. Death conference:

A death conference should be done at hospital conference room with relevant hospital staffs within 3 days of death of a patient to discuss the significant circumstances leading to death and to prevent such incidents in near future.

## 7.2. AUTOPSIES:

i. Autopsy criteria:

- a. Deaths in which the autopsy may help to explain unknown and unanticipated medical complication to the attending physician;
- b. Death in which the cause of death is unknown or unexpected;
- c. Any suicidal or unnatural deaths;
- d. Cases in which the family might have some special realistic concern or 'questions';
- e. Other cases that the clinician feels might be helpful.

ii. Responsibility:

It is the responsibility of the treating physician to send the deceased to the nearest Civil Hospital or Medical College & Hospital for the autopsy. The order and reason for requesting the autopsy shall be documented in the medical record. Proper consent for an autopsy shall be obtained in accordance with the applicable law.

## **PART EIGHT: RIGHTS OF PERSONS WITH MENTAL ILLNESS**

8.1. The following rights of the person with mental illness should be fulfilled as per provision of MHCA, 2017 –

- i. Right to access mental health care
- ii. Right to community living
- iii. Right to protection from cruel, inhuman and degrading treatment
- iv. Right to equality and non – discrimination
- v. Right to information
- vi. Right to confidentiality



- vii. Restriction on release of information in respect of mental illness
- viii. Right to access medical records
- ix. Right to personal contact and communication
- x. Right to legal aid
- xi. Right to make complaints about deficiencies in provision of services.

8.2. For (8), there should be appropriate filled up format by the respective personals (as per MHCA, 2017) given below -

- i. Application for basic medical records - Form A
- ii. Basic medical records - Form B  
Basic medical records of OPD - B (1)  
Basic medical records of IPD - B (2)  
Basic psychological assessment report - B (3)  
Therapy report - B(4).

## **PART NINE: DUTIES AND RESPONSIBILITIES OF HOSPITAL STAFFS**

### A. Medical Superintendent (MS):

- i. Administrative control of the Hospital.
- ii. He /She should make proposal for expansion, improvement of existing facilities, and implementation of same.
- iii. Co-ordinates with Deputy MS, AMS, Head of the Department of various specialties, faculties, other staffs of the Institute.
- iv. Co-ordinates with district administration, judiciary and other relevant functionaries related to public health in the State.
- v. He /she will report to the Director and higher authorities.

### B. Deputy Medical Superintendent (DMS):

- i. He/she should assist Medical Superintendent in formulating and ensuring requisite implementation of policies, procedures and administrative rules.
- ii. Grant of EL/ Commuted and all kinds of leave (except study leave) to all employees (except officers). Officer's/ faculties leave will be granted by the Director.
- iii. Responsible for effective communication between the employees of the Institute and thus attends interpersonal and departmental meetings.
- iv. Adopts systems to monitor and improve the quality of care. utilization of facilities, turnover and performance of staffs.
- v. He/she should assist the Medical superintendent in handling the medical staffs in the Institute and is responsible for the effective functioning of clinical, administrative and ancillary services.



- vi. Any other role to be allotted by higher authority.
- vii. He /she will report to the Director through MS.

C. Assistant Medical Superintendent (AMS):

- i. He/she should assist the Medical superintendent and Deputy Medical Superintendent in handling the medical staffs in the Institute and is responsible for the effective functioning of clinical, administrative and ancillary services.
- ii. He / She should work closely with the heads of clinical and ancillary services, diagnostic and treatment facilities and prepare protocols for efficient patient care & with administrative service in developing proper procedure for effective service delivery of the Institute.
- iii. Adopts systems to monitor and improve the quality of care, utilization of facilities, turnover, and performance of staffs.
- iv. To assist in ensuring that medical and paramedical staffs function effectively and thereby run hospital smoothly and efficiently.
- v. Responsible for effective communication between the employees of the Institute and thus attends interpersonal and departmental meetings.
- vi. Assist Medical Superintendent in the Medicolegal, ethical and relevant other issues concerned with patient care and coordinate with respective staff/staffs of the Institute in this regards.
- vii. Promotes continuing professional education of medical and paramedical staffs.
- viii. To assist in ensuring safe utilization of equipments and proper waste disposal system.
- ix. To coordinate activities of Hospital infection control and safety programmes.
- x. To assist in designing, interpreting and ensuring effective implementation of policies, procedures, administrative rules.
- xi. He/she will report to the Director through MS/DMS.

D. **DEPARTMENT OF PSYCHIATRY**

9.1. Professor:

- i. He/she will be the HOD on rotation & will work under the Director.
- ii. To provide theoretical and practical trainings to Post-graduate medical students (M.D.) of the Institute.
- iii. To render patient care services in the Out Patient Department, Indoor and Community Clinics.
- iv. To organize lecture programmes/ Seminar/ Workshop/ CME Programme etc. by inviting Visiting Professors/ Experts from outside the Institute.
- v. Conducting/collaborating/guiding the Research work of the department.
- vi. To coordinate the University examination held for the Post-graduate students.
- vii. Planning and implementation of the future development of the department.
- viii. Any other duties that may be assigned by the authorities from time to time.



9.2. Associate Professor:

- i. He/she will work under the Professor/HOD of the department.
- ii. To render patient care services in the Out Patient Department, Indoor and Community Clinics.
- iii. To provide theoretical and practical trainings to Post-graduate medical students (M.D.) of the Institute.
- iv. To prepare teaching Programmes for P.G. students doing M.D. course in Psychiatry.
- v. Conducting/Collaborating/Guiding the Research work of the department.
- vi. To deliver lectures to student's pursuing M. Phil course in Psychiatric Social Work, Clinical Psychology, M. Sc. and DPN course in Psychiatric Nursing of the Institute.
- vii. To coordinate in Psycho-diagnostic testing, Psychotherapy, Behaviour Therapy, family and group therapy organized by allied Mental Health Disciplines.
- viii. To coordinate University examinations held at the Institute.
- ix. He/she will officiate as in-charge of the department in the absence of Professor/ Unit in-charge.
- x. Any other duties assigned by higher authorities.

9.3. Assistant Professor:

- i. He/she will be working under the Professor/Associate Professor of the department.
- ii. To render patient care services in the Out Patient Department, Indoor and Community Clinics.
- iii. Teaching the postgraduate students of M.D. in Psychiatry and allied disciplines.
- iv. Conducting/collaborating/guiding/supervising the Research work of Post-graduate students and others.
- v. To coordinate Psycho-diagnostic testing and psychotherapy and Behaviour Therapy organized by other allied Mental Health department.
- vi. To organize Community Mental Health Programme in collaboration with allied Mental Health discipline.
- vii. Any other duties assigned by higher authorities.

9.4. Senior Residents:

9.4.(1) Ward Duties:

- i. Senior Residents posted in the unit will divide patients' beds among themselves in consultation with Unit I/C.
- ii. Senior Resident should examine and supervise each of the patients allotted to him and regularly put down notes in the patients file.
- iii. Senior residents will specifically look after the following administrative and clinical services:
  - a. Care of the entire patient under him.



- b. During the round of consultant, Senior Resident of the Unit will accompany the Consultant with the whole treating team.
  - c. Allocation of beds and duty to Junior Residents and other trainees.
  - d. Supervise ECT session.
  - e. Management of leave of JR and arrangement of leave substitutes for smooth functioning of the patient care services under the Unit.
  - f. Duty roster should be circulated by 30<sup>th</sup> of every month.
  - g. Supervision of medicine and linen stock of the Pavilion.
  - h. Prepare report of legal matters in due time.
  - i. Senior Resident shall monitor completion of file work.
  - j. Assisting the consultant whenever necessary.
- iv. Senior Residents will individually examine each of the tests/procedures reports of their patients from allied departments.
  - v. Senior Residents will thoroughly acquaint himself with the contents of the Mental Healthcare Act, 2017 and will follow instructions accordingly.
  - vi. To participate in all community Mental Health Programmes as per requirement.
  - vii. Any other duties allotted by the higher authority.
  - viii. To conduct death conference.

#### 9.4. (2) Academic Teaching:

- i. He should take classes for all groups of students as allotted to him.
- ii. Senior Residents of the respective units shall prepare the teaching and training schedule of the particular unit in the last week of every month and submit it to unit I/C with one copy to the I/C Academic.
- iii. Senior Residents should supervise all the Post Graduate trainees posted in the departments routinely and include them in teaching activities.
- iv. He should attend all the Academic programmes organized by the department as well as intra departmental programmes.

#### 9.4. (3) Emergency Duties:

- i. He should provide emergency care to the patients in need with the help of Junior Residents posted with him.
- ii. Senior Resident must take rounds during emergency duty and sign in the emergency register.
- iii. He should inform higher authorities/consultants in case need arise.
- iv. He should report to Police if any patients abscond from the hospital.

#### 9.4.(4) OPD Duties:

- i. To do and supervise all the clinical works in the OPD.
- ii. Allotment of new cases/follow up cases to Junior Residents and other students of allied Mental Health Disciplines.
- iii. To conduct special Clinics at the OPD.

#### 9.5. Junior Residents:



#### 9.5.(1) Ward Duties:

- i. Specific number of beds in Pavilion will be allotted to JR and he/she will be responsible for the management of patient under him/her.
- ii. JR will have to examine his / her patients daily and following parameters will have to be noted down in the Resident Sheet.
  - a. Presenting symptoms.
  - b. Side effect profile.
  - c. New sign and symptoms.
  - d. Physical status examination.
  - e. Any other observation. – Any acute problems are to be highlighted.
- iii. Junior Resident will be responsible for routine investigations of all the patients under him/her.
- iv. Advice for laboratory test and collection of report is the responsibility of Junior Residents.
- v. During case presentation in ward round JR will inform about the physical and laboratory report status.
- vi. The JR will accompany patients under his / her care for EEG / US examination to have a firsthand knowledge of the condition.
- vii. JR will complete patient's file work within two days of admission.
- viii. Junior Residents will thoroughly acquaint himself with the contents of the Mental Healthcare Act, 2017 and will follow instructions accordingly.
- ix. Junior Residents will select patient in consultation with seniorresident/consultant for Occupational Therapy and will write note in Case Sheet before sending the patient for Occupational Therapy.
- x. Junior Residents will supervise patient's hygiene and diet regularly with detail notes in Case Sheet.
- xi. Junior Resident will require carrying out other duties besides his / her regular duties as instructed by the higher authorities whenever required.
- xii. The MD Residents will join Unit round by Consultant's / SR's irrespective of their beds to have better Clinical knowledge and training.

#### 9.5.(2) Academic/Teaching programme:

- i. To attend all the Academic programmes as organized for them.
- ii. The M.D trainees will take up teaching responsibilities assigned to them for teaching junior trainees of the institute.
- iii. To take up research works/ thesis works and discuss with Consultants and Senior Residents periodically.

#### 9.5. (3) OPD Duties:

- i. Work up new cases and to discuss with consultants and Senior Residents.
- ii. Follow up old cases as assigned to him.

#### 9.5.(4) Emergency Duties:

- i. The Junior Residents will attend to emergency duties as per schedule.



- ii. During emergency duty, JR will report to on-duty Senior Resident for any matter related to patient care and act accordingly.

**E. DEPARTMENT OF PSYCHIATRIC SOCIAL WORK**

9.6. Professor:

- i. He/she will function as the Head of the Department on rotation and will be accountable to the Director.
- ii. He/she will be in charge of the overall functioning related to administration, academic, clinical services, and research in the department.
- iii. He/she will be in charge of organizing and coordinating the teaching programmes related to Ph.D. and M Phil in Psychiatric Social Work.
- iv. He/she will be involved in the teaching of Ph.D. & M Phil in Psychiatric Social Work programme.
- v. He /She will be involved in the teaching of other courses in the institute, as per requirement.
- vi. He /She will be involved in the training of Post Graduate (Social Work) students undergoing exposure posting at the Department.
- vii. He/she will guide and supervise Ph. D and M. Phil students in their Dissertation/ Thesis.
- viii. He/she will conduct/collaborate /guide the research work at the Institute as per need.
- ix. He/she will liaison and network with government and non-government organization for various services related to the department.
- x. He/she will coordinate/organize workshops/seminar and conference.
- xi. He/she will coordinate and supervise the department's reintegration and rehabilitation services for the homeless persons with mental illness.
- xii. He/she will function as the in-charge of Centre for Rehabilitation Sciences (CRS) and coordinate rehabilitation services.
- xiii. He/she will plan/organize/coordinate/provide consultation in Psychiatric Social Work expertise for organizations approved by the institute.
- xiv. He/she will plan and implement activities for the future development of the department.
- xv. He/she will dispense any other duties assigned by the higher authorities.

9.7. Associate Professor:

- i. He/she will be accountable to the Head of the Department (HOD).
- ii. He/she will be in charge of the overall supervision, administrative matters of departmental and clinical duties in absence of HOD.
- iii. He/she will supervise and handle special therapy/ referral cases/rehabilitation services of the concerned unit.



- iv. He/she will be involved in the teaching of Ph D & M Phil in Psychiatric Social work programme.
- v. He/she will be involved in the teaching of other courses like Ph. D, M.D, M. Phil (Clinical Psychology), M Sc & D.P.N, in the institute, as per requirement.
- vi. He/she will be involved in the training of Post Graduate (Social Work) students undergoing exposure posting at the Department.
- vii. He/she will guide and supervise Ph D and M. Phil students in their Dissertation/Thesis.
- viii. He/she will Conduct/collaborate /guide the research work at this Institute as per directions from the concerned authorities.
- ix. He/she will be in charge of the psychiatric social work personnel posted to the unit assigned to him/her.
- x. He/she will supervise psychiatric social workers, Ph.D. and M Phil students posted under his/her unit.
- xi. He/she will coordinate and supervise the reintegration and rehabilitation services for the homeless persons with mental illness in his/her assigned unit.
- xii. He/she will liaison and network with government and non-government organization with regard to the psychiatric social work services in his/her unit.
- xiii. He/she will dispense any other duties assigned by the higher authorities.

9.8. Assistant Professor:

- i. He/she will be accountable to the Head of the Department (HOD).
- ii. He/she will be in charge of the overall supervision, administrative matters of departmental and clinical duties in absence of HOD and Associate Professor.
- iii. He/she will supervise and handle special therapy/ referral cases/rehabilitation services of the concerned unit.
- iv. He/she will be involved in the teaching of Ph.D. & M Phil in Psychiatric Social work programme.
- v. He/she will be involved in the teaching of other courses like M.D, M. Phil (Clinical Psychology), M Sc & D.P.N, in the institute, as per requirement.
- vi. He/she will be involved in the training of Post Graduate (Social Work) students undergoing exposure posting at the Department.
- vii. He/she will guide and supervise Ph.D. and M. Phil students in their Dissertation/Thesis.
- viii. He/she will Conduct/collaborate /guide the research work at this Institute as per directions from the concerned authorities.
- ix. He/she will be in charge of the psychiatric social work personnel posted to the unit assigned to him/her.
- x. He/she will supervise psychiatric social workers, Ph.D. and M Phil students posted under his/her unit.



- xi. He/she will coordinate and supervise the reintegration and rehabilitation services for the homeless persons with mental illness in his/her assigned unit.
- xii. He/she will liaison and network with government and non-government organization with regard to the psychiatric social work services in his/her unit.
- xiii. He/she will dispense any other duties assigned by the higher authorities.

9.9. Psychiatric Social Worker:

- i. He/she will undertake psychiatric social work services in out- patient and in patient department.
- ii. He/she will do social case work, group work, community work, and family interventions.
- iii. He/she will supervise the clinical activities; undertake clinical teaching and demonstrations for the M Phil trainees posted to the unit individually and under the guidance of faculty.
- iv. He/she will supervise and undertake clinical teaching of Post Graduate (Social Work) trainees posted to the unit individually and under the guidance of faculty.
- v. He/she will undertake and supervise rehabilitation activities for persons with mental illness in their respective unit/as per need.
- vi. He/she will be involved in resource mobilization, reintegration, and rehabilitation of person with mental illness.
- vii. He/she will organize and coordinate community work like school mental health programme, community camps, extension services etc.
- viii. He/she will undertake mental health publicity/ awareness activities organized by the Department.
- ix. He/she may undertake independent research activities in the areas of Mental Health, Psychiatric Social Work and other related fields.
- x. He/she will liaison and network with government and non-government organization with regard to the psychiatric social work services in his/her unit.
- xi. He/she will be involved in the reintegration and rehabilitation services for the homeless persons with mental illness in his/her assigned unit.
- xii. He/she will work under the supervision of the Faculty of the Department who is in charge of the psychiatric social work services of the assigned unit.
- xiii. He/she will carry out any other work assigned by the higher authorities.



## F. DEPT OF CLINICAL PSYCHOLOGY

### 9.10. Professor:

- i. He/she will function as the Head of the Department and will be accountable to the Director.
- ii. He/she will be in charge of the overall functioning related to administration, academic, clinical services, and research in the department.
- iii. He/she will in over-all charge of planning, organizing and coordinating the teaching programmes related to M Phil in Clinical Psychology, in consultation with other faculty and staff member of the Department of Clinical Psychology.
- iv. He/she will be involved in the teaching of M Phil in Clinical Psychology programme.
- v. He /she will be in overall charge of coordinating the teaching programmes related to other courses like M.D, M. Phil (Psychiatric Social Work), M Sc (Psychiatric Nsg.) & D.P.N, in the institute, as per requirement.
- vi. He /She will be in overall charge of training of external Post Graduate students undergoing exposure posting at the Department.
- vii. He/she will guide and supervise M. Phil students in their Dissertation/Thesis.
- viii. He/she will conduct/collaborate /guide the research work at the Institute as per need.
- ix. He/she will liaison and network with government and non-government organization for various services related to the department.
- x. He/she will plan/ coordinate / organize workshops/seminar and conferences.
- xi. He/she will plan/organize/coordinate/provide consultation in Clinical Psychology expertise for organizations approved by the institute.
- xii. He/she will plan and implement activities for the future development of the department, in consultation with other faculty and staff member of the Department of Clinical Psychology.
- xiii. He/she will actively support the professional growth and development of other junior faculty and staff members of the department (Associate Professor/ Asst. Professor/ Clinical Psychologists) as per their needs/ requirements, thereby contributing to the overall capacity-building of the department.
- xiv. He/she will dispense any other duties assigned by the higher authorities.

### 9.11. Associate Professor:

- i. He/she will be accountable to the Head of the department.
- ii. He/she will be in charge of the overall supervision, administrative matters of department and clinical duties in absence of HOD.
- iii. He/she will guide and supervise M.Phil trainees in their dissertation.
- iv. He/ she will be responsible for regular academic and clinical training of M.Phil trainees.
- v. He /she will undertake clinical supervision of screening, assessment and therapeutic management of patients of M.Phil trainees.



- vi. He/she will be actively involved in supervision of the assessment and certification of various neuro-developmental and psychiatric disabilities by Clinical Psychologists and M. Phil trainees.
- vii. He /she will be actively involved in supervision of Medico-legal cases by Clinical Psychologists and M.Phil trainees.
- viii. He/ she will be involved in training of students from Allied departments (M.Phil. Psychiatric Social Work, M.D. Psychiatry, M.Sc Psychiatric Nursing) of the institute.
- ix. He /she will be involved in training of external Post-Graduate students (exposure training) from time-to-time.
- x. He/she will be actively involved in the departmental academic programs.
- xi. He/she will undertake independent non-funded/funded research activities.
- xii. He/she will plan/ coordinate / organize workshops/seminar and conferences.
- xiii. He/she will coordinate with other institutes to organize guest lectures on specialized topics.
- xiv. He/she will provide support in smooth functioning of the internal and external examinations of M.Phil trainees from time-to-time.
- xv. He/she will be responsible for regular documentation of clinical work done by him/her, Clinical Psychologists and M.Phil trainees posted with him/her.
- xvi. He/she will coordinate with other institutes /organizations for organizing community mental health sensitization programs.
- xvii. He/she will provide consultative services to other institutes/organizations as per need.
- xviii. He/she will actively support the professional growth and development of other junior faculty and staff members of the department (Asst. Professor/ Clinical Psychologists) as per their needs/ requirements, thereby contributing to the overall capacity-building of the department.
- xix. He/ she will undertake any other activities/duties assigned by higher authorities.

9.12. Assistant Professor:

- i. He/she will be accountable to the Head of the department.
- ii. He/she will be in charge of the overall supervision, administrative matters of department and clinical duties in absence of HOD and Associate Professor.
- iii. He/she will guide and supervise M.Phil trainees in their dissertation.
- iv. He/ she will be responsible for regular academic and clinical training of M.Phil trainees.
- v. He /she will undertake clinical supervision of screening, assessment and therapeutic management of patients of M.Phil trainees.
- vi. He/she will be actively involved in supervision of the assessment and certification of various neuro-developmental and psychiatric disabilities by Clinical Psychologists and M.Phil trainees.
- vii. He /she will be actively involved in supervision of Medico-legal cases by Clinical Psychologists and M.Phil trainees.



- viii. He/ she will be involved in training of students from Allied departments (M.Phil Psychiatric Social Work, M.D. Psychiatry, M.Sc. Psychiatric Nursing) of the institute.
- ix. He /she will be involved in training of external Post-Graduate students from time-to-time.
- x. He/she will be actively involved in the departmental academic programs.
- xi. He/she will undertake independent non-funded/funded research activities.
- xii. He/she will plan/coordinate/organize conferences, workshops/seminars.
- xiii. He/she will coordinate with other institutes to organize guest lectures on specialized topics.
- xiv. He/she will provide support in smooth functioning of the internal and external examinations of M.Phil trainees from time-to-time.
- xv. He/she will be responsible for regular documentation of clinical work done by him/her, Clinical Psychologists and M.Phil trainees posted with him/her.
- xvi. He/she will coordinate with other institutes /organizations for organizing community mental health sensitization programs.
- xvii. He /she will provide consultative services to other institutes/organizations as per need.
- xviii. He/ she will undertake any other activities/duties assigned by higher authorities/ HoD.

9.13. Clinical Psychologist:

- i. He/she will undertake psychological assessments of patients in the Out-patient and In-patient departments.
- ii. He/ she will provide therapeutic interventions to patients in the Out-patient and In-patient departments
- iii. He/she will teach M.Phil trainees administration, scoring and reporting of different psychological assessments.
- iv. He/she will teach M.Phil trainees techniques and skills of different therapies.
- v. He /she will undertake clinical supervision of the patients taken up by M.Phil trainees.
- vi. He/she will provide their clinical services to various psycho-social rehabilitation activities in collaboration with the district administration.
- vii. He/she will be actively involved in the assessment and certification of various neuro-developmental and psychiatric disabilities.
- viii. He /she will be actively involved in assessment & documentation of Medico-legal cases.
- ix. He/ she will be involved in teaching and supervision of assessments and therapies for students from Allied departments (M.Phil Psychiatric Social Work, M.D. Psychiatry, M.Sc. Psychiatric Nursing) of the institute.
- x. He /she will be involved in training of external Post-Graduate students from time-to-time.
- xi. He/she will be responsible for regular documentation of clinical work done by him/her and M.Phil trainees posted with him/her.



- xii. He/she will be required to provide clinical services to special populations, such as school, defense personnel, children's home/orphanage, etc., as delegated by HOD.
- xiii. He/she will be actively involved in the departmental academic activities.
- xiv. He/she may undertake independent non-funded research activities.
- xv. He/she will be responsible for the safe-keeping and upgrading of Psychological Laboratory.
- xvi. He/she will be actively involved in the conduct of community mental health awareness programs organized by the department.
- xvii. He/she will report to faculty of the respective unit and head of the department.
- xviii. He/ she will undertake any other activities/duties assigned by higher authorities/ HOD.

#### G. DEPARTMENT OF PSYCHIATRIC NURSING

##### 9.14. Professor:

- i. He/she will work under the Director and perform duties as HOD/in-charge HOD on rotation.
- ii. He/she will be the in charge for overall academic, research and clinical functioning of the Psychiatric Nursing Department.
- iii. Will take administrative responsibilities like formulating philosophy, policy rule, regulations of various Nursing personnel in the department. Responsible for submitting budget for nursing department.
- iv. To provide theoretical and practical training to the Ph. D., M.Sc. Psychiatric Nursing, DPN and Nursing students posted from various Institute and students of other department of the Institute.
- v. Guide Post Graduate and Ph. D. Scholars students and others in various research activities Overall management and supervision of clinical nursing services at OPD , indoor and community.
- vi. To coordinate with the university for organizing examination and other academic programs.
- vii. He/ She will assign duties and responsibilities to Associate Professors, Assistant Professors, and Nursing Tutors.
- viii. Organizes and guide in continuing education for Faculties and nursing staffs.
- ix. Provide consultation services related to professional development to different agencies as and when.
- x. Acts as liaison Officer in interdepartmental matters. Monitor and supervise clinical nursing service audit and ensure quality assurance.
- xi. Organizes community mental health nursing programs including school mental health nursing.
- xii. Act as member of various committees.
- xiii. Performs any other duties assigned by the authorities.

##### 9.15. Associate Professor:



- i. He/she will work under the Head of the department of psychiatric nursing.
- ii. He/she will assist in the overall supervision, administrative matters of departmental and clinical duties in absence of HOD.
- iii. Will take administrative responsibilities like formulating philosophy, policy rule, regulations of various academic and nursing persons in the department and clinics.
- iv. To provide theoretical and practical training to the Ph. D., M.Sc. Psychiatric Nursing, DPN and other students.
- v. Guide Ph. D. and postgraduate students and others in various research activities.
- vi. He/ She will assign duties and responsibilities to Asstt. Professors and Nursing Tutors.
- vii. Provides Advance psychiatric nursing services as a part of multidisciplinary team.
- viii. Provides Clinical teaching to the Ph. D, P.G and other students.
- ix. Organizes and guide in continuing education for nursing staffs.
- x. Provide consultation services to different agencies as and when required.
- xi. Acts as liaison Officer in interdepartmental matters Maintain quality nursing service.
- xii. Organizes community mental health nursing programs.
- xiii. Performs any other duties assigned by the authorities.

9.16. Assistant Professor:

- i. Will be accountable to HOD of Psychiatric Nursing Department.
- ii. Plans educational programs for regular and visiting students of the institute.
- iii. Carries out clinical nursing interventions at OPD, Indoor, community and rehabilitation setup.
- iv. Teaches and guides M.Sc. Nursing, DPN and visiting students in clinics and academics.
- v. Supervises students during clinical nursing interventions at OPD, Indoor, community and rehabilitation setup.
- vi. Conduct class test and terminal examinations, arranging and assist in conducting university examination for M. Sc. Nursing, Ph.D and DPN students
- vii. Provides Advance psychiatric nursing services as a part of multidisciplinary team.
- viii. Provides Clinical teaching to the Ph. D, P.G. DPN and other students.
- ix. Provides guidance and counselling to students.
- x. Guiding ward sisters and staff nurses in clinical activities.
- xi. Supervises and guides the students in research activities, implement practice standard.
- xii. Performs other academic and administrative responsibilities as assigned. Perform the supervisory duties in community and other agencies while posting of students.



9.17. Nursing Tutor:

- i. Provides direct clinical supervisions to different groups of students in indoor, OPD and community.
- ii. Undertake psychiatric nursing services in the special clinics.
- iii. Assist Planning and implementation of teaching programs to regular and visiting students as per direction from faculty.
- iv. Provide advance psychiatric nursing services in indoor, OPD and in community on regular basis.
- v. Provide rehabilitation nursing services.
- vi. Supervises students' health, welfare, and security.
- vii. Evaluation of students in clinical experience and preparations of reports on student's progress.
- viii. Conduct regular ward meeting, group activities, psycho education, admission and discharge counseling and counselling to patients and family members.
- ix. Participates in community mental health activities and supervises student in the field.
- x. Assist research activities in the areas of nursing education and practice.
- xi. Takes any other responsibilities as assigned by the departmental head.

9.18. Matron:

The Matron is responsible to the Medical Superintendent and Head of Psychiatric Nursing Department.

- i. She is responsible and over all in-charge of Nursing Services in the hospital.
- ii. Participates in the formulation and implementation of the philosophy of the hospital in general and those specific to the Nursing service.
- iii. She will contribute in nursing budget preparation.
- iv. Formulates and implements the policies of nursing services.
- v. Recommends for staff requirements and recruitments.
- vi. Recommends for material requirements and purchase.
- vii. Conducts nursing audits.
- viii. Conduct and supervise research to improve hospital administration.
- ix. Ensures safe and efficient care rendered in the various wards of the hospital.
- x. Maintains standards of clinical services.
- xi. Evaluates the performances of nursing and auxiliary staffs.
- xii. Prepares duty roster, plans leave of nursing and auxiliary staffs.



- xiii. Plan the duty placement of the nursing and auxiliary staff.
- xiv. Inspects rehabilitation and recreational services, hospital kitchen and dietary services of the hospital, laundry and housekeeping services.
- xv. Provides counseling and guidance to subordinate staff.
- xvi. Maintains discipline among nurses and other auxiliary staff.
- xvii. Participates in hospital and intra-hospital meetings/ conferences.
- xviii. Plans staff development programmes and arranges for in-service education and orientation programmes.
- xix. Perform duties as the member of various committees related to administration.
- xx. Perform any other responsibilities given by the higher authorities.
- xxi. Ensures safe and efficient care rendered in the various wards of the hospital.

9.19. Asstt. Matron:

The Asstt. Matron is directly responsible to the Matron and assists her in the Nursing service administration of the hospital.

- i. Supervises the nursing care given to the patients in various departments by taking regular round.
- ii. Acts as a liaison officer between Matron and the nursing staff of the hospital.
- iii. Participates in the formulation of Nursing Services, philosophies, objectives and policies.
- iv. Maintains the records of attendance of nursing staff and leave of any kind.
- v. Assists the Matron in planning and organizing nursing services in the hospital.
- vi. Initiates procedures for condemnation and procurement of hospital equipments/ linen etc.
- vii. Assists in planning/organizing and implementing staff development programs.
- viii. Provides guidance and counseling to nursing staffs.
- ix. Maintains discipline among nursing personnel.



- x. Escorts Director, special visitors, Matron, Medical Superintendent during hospital rounds.
- xi. Maintains good public relations.
- xii. Performs any other duties assigned to her from time to time.

9.20. Ward Sister or Sister-in-charge:

The ward sister is responsible to the Matron/ Asstt. Matron for her/ his ward management. Her/ his responsibilities can be grouped as-

- i. Ensures proper admission, discharge of her patients in her/ his ward.
- ii. Makes round with Mental health team and contributes in diagnosis and treatment.
- iii. Supervising the staff nurses for assessing, planning, implementing and evaluating the patient care.
- iv. Delegates the responsibilities to the staff members to provide best quality care to every individual patient.
- v. To provide supplies and equipment adequately and in good working condition for smooth running of the patient care activities.
- vi. Supervise the documentation of all the observation, nursing care and nursing procedure in the nurses' record.
- vii. Co-ordinates patient care with other departments.
- viii. Formulation of ward policy and routine.
- ix. Prepares duty roster, plans leave of nursing and auxiliary staffs.
- x. Maintain an adequate supply of materials on hand at all times.
- xi. Deals with any adverse situation that has occurred in the ward and reports to the concerned authorities.
- xii. Supervise the students for desired learning experience in the ward.
- xiii. Organizes formal and informal ward teaching, conducts bedside clinics and demonstrations.
- xiv. Helps Nursing Tutors in teaching, supervision, and evaluation of students.
- xv. Any other duties assigned to her by the Matron/Asstt. Matron.

9.21. Staff Nurse:



The staff nurse is directly responsible to the ward sister/ supervisor.

- i. She is directly responsible for total care of the patients including safety, hygiene, nutrition, and other needs.
- ii. Implementing and evaluation planning of nursing care according to the need of the patients.
- iii. Dispensing and supervising administration of medication. Implement various psychosocial nursing interventions.
- iv. Observation, recording of any changes in patient's condition and reporting to concerned authority.
- v. Observation for effects and side-effects of drugs or any changes after administration of medication.
- vi. Educating the patients about side-effects of medicines and management.
- vii. Attending ward rounds and provide related information towards better treatment of the patients.
- viii. Provide ECT care to the patients.
- ix. Collaborating with other health team members in patient care activities.
- x. Updating daily stock of medications and supplies.
- xi. Assists ward supervisors/ sister in ward management and officiates in her absence. Assists in taking inventories.
- xii. Maintains ward record and reports assigned to her/ him by the sister in charge.
- xiii. Guides student nurses for clinical activities.

#### H. DEPARTMENT OF CENTRAL LABORATORY

##### 9.22. Associate Professor of Pathology:

- i. He is in-charge of teaching, training and research works in the Department of Pathology of the Institute.
- ii. To act as i/c of Pathology, Microbiology and Bio-Chemistry Laboratory.
- iii. To act as Principal Investigator, Department of Bio-Technology Project
- iv. To act as i/c of BMW disposal at LGBRIMH.

##### 9.23. Assistant Professor of Pathology/Microbiology/Biochemistry:

- i. He/she will be working under the Associate Professor of the Department of Pathology.



- ii. To render patient care services in the Out Patient Department, Indoor and Community Clinics.
- iii. Teaching the postgraduate students of M.D. in Psychiatry and allied disciplines.
- iv. Conducting/collaborating/guiding/supervising the Research work of Post-graduate students and others.
- v. To organize Community Mental Health Programme in collaboration with allied Mental Health discipline.
- vi. Any other duties assigned by higher authorities.

9.24. SENIOR RESIDENT:

- a. Department of Pathology:-
  - i. Teaching, Service and Research work in the Department of Pathology.
  - ii. Any other duties assigned by the HOD or higher authority.
- b. Department of Microbiology:-
  - i. Teaching, Service and Research work in the Department of Microbiology.
  - ii. Any other duties assigned by the HOD or higher authority.
- c. Department of Biochemistry:-
  - i. Teaching, Service and Research work in the Department of Biochemistry.
  - ii. Any other duties assigned by the HOD or higher authority.
- d. Department of Anaesthesiology:-
  - i. Teaching, Service and Research work in the Department of Anaesthesiology.
  - ii. Any other duties assigned by the HOD or higher authority.
- e. Department of Radiology:-
  - i. Teaching, Service and Research work in the Department of Radiology.
  - ii. Any other duties assigned by the HOD or higher authority.

9.25. Senior Laboratory Technician:

- i. In addition to the job of Laboratory Technician, he will maintain the Ledgers and other registers.
- ii. To make the condemnation lists in duplicate for the equipments, furniture and other materials and retain the duplicate copy for reference.
- iii. To prepare the Quarterly / Half Yearly / Annual Indent.
- iv. To supervise the work of other subordinate Staff.
- v. He will assist in special examinations.
- vi. Any other work allotted from time to time by higher authority.



- vii. Ensures and supervises proper collection, storage preparation and disposal of samples and wastes.

9.26. Laboratory Technician:

- iii. To assist the pathologist and Sr. Technicians in pathological investigations.
- iv. Any other work allotted from time to time by the Pathologist and higher authorities.

9.27. Laboratory Attendant:

- i. He is responsible for opening and closing of the laboratory and maintaining cleanliness in the laboratory.
- ii. He is responsible for cleaning and sterilizing of the glass- wares.
- iii. He will assist the pathological Laboratory Technicians in routine examinations.
- iv. He will collect specimens of patients from various wards and OPD and will assist the Lab. Technician in routine examination.
- v. He will distribute the laboratory reports to various wards.
- vi. He will perform any other duties allotted to him by the Senior Laboratory Technician and Officer in- charge.

9.28. Radiographer:

- i. He will assist in radiological investigations.
- ii. He will maintain the X-ray equipments.
- iii. He will maintain proper registers.
- iv. Any other duties allotted by Radiologist and higher authorities.

I. **LIBRARY:**

9.29. Librarian:

- i. Budget preparation.
- ii. Process for procurement of books and subscription to journals.
- iii. Check received stock against invoices.
- iv. Verification of Bills.
- v. Classification and cataloging of books.
- vi. Maintenance of accession registers.
- vii. Maintenance of general store of the library.
- viii. Maintenance of cleanliness and order in the library.
- ix. Rendering help in on-line and manual research of information.
- x. Liaison with different departments.

9.30. Library Attenders:

- i. Rendering help in retrieval of books and journals.
- ii. Circulation of books and journals.



- iii. Arrangement of books and library holdings.
- iv. Operating the photocopier machine. Rendering help to the librarian.

**J. MEDICAL RECORD DEPARTMENT:**

9.31. Medical Record Officer:

- i. He will supervise and maintain all the Medical Records.
- ii. He will be responsible for maintenance of all records of OPD.
- iii. He will be responsible for indexing of records name-wise or diagnosis-wise.
- iv. He will keep the statistics of OPD attendance and shall be able to provide data at any point of time.
- v. He will be responsible for maintenance of good public relation by staff posted at OPD and shall report any lapse to higher authorities.
- vi. Any other work assigned by i/c OPD or higher authorities.

9.32. Medical Record Technician:

- i. Registration of cases attending OPD.
- ii. Filing of all documents and preparation of Case Record File and correspondence file of all the patients.
- iii. Upkeep and maintenance of Medical Record Room.
- iv. To enter patient's data into computer and retrieval thereof.
- v. To keep and supply all forms necessary for OPD work and fill these forms if necessary.
- vi. Any other work assigned by MRO / In charge OPD and higher authorities.

9.33. Medical Record Attendant:

- i. Responsible for up keeping and maintenance of all the records of OPD.
- ii. Filing storage and retrieval of all the Case Records Files.
- iii. To attend the calls of the clinical staff posted at the OPD.
- iv. To supply all kinds of forms used in the OPD.
- v. To carry files for admission, discharge, correspondence from one department to the other.
- vi. Any other work assigned by higher authorities.

**K. PHARMACY :**

9.34. Senior Pharmacist:-

- i. Creates proposal for the procurement of medicines.
- ii. Check received stock against invoices.
- iii. Verification of Bills.
- iv. Maintenance of Stock registers:-
  - Psychotropic Medicines
  - General medicines
  - Surgical items
  - Pathology, Microbiology, Biochemistry and Radiology items



- Anesthesia: Equipments and medicines
- v. Interaction with the concerned staff regarding medicines.
- vi. Dispensing of medicines.
- vii. Physical verification of the medicines as per the enclosed analytical report of the manufacturer.
- viii. Expenditure statement prepared in each financial year with the report of closing stock.
- ix. Help in preparing medicine related budget for a financial year.
- x. Provide the service during emergency in arranging medicines.
- xi. Keep interaction with the supplier regarding quality and others co-related factors arise in a tender period.
- xii. Monitoring the services of a supplier as per tender clause and agreement.
- xiii. Any other duties assigned by higher authorities.

9.35. Pharmacist:-

- i. He/she will assist Senior Pharmacist.
- ii. He/she will look after the dispensing of medicines in the OPD and Community Clinics.
- iii. Any other work assigned by higher authorities.

L. **OCCUPATION THERAPY:-**

9.36. Occupational Therapist:

- i. Occupation therapist will work under the supervision of the Head of the Rehabilitation center.
- ii. He/she will be in-charge of the occupation therapy services and maintenance of ledger.
- iii. He/she will be responsible for receiving raw materials and disposal of finished products from and to the store.
- iv. He/she will impart occupational therapy to all the boarders who attend the Rehabilitation center.
- v. He/she will report of the progress of the boarders to the treatment team.
- vi. He/she will undertake clinical teaching activities related to occupational therapy.
- vii. He/she will supervise the work activities of staff of the occupational therapy unit.

9.37. Physiotherapist:-

- i. Physiotherapist will work under the supervision of the Head of the Rehabilitation center.
- ii. He/she will be in-charge of the physiotherapy services.
- iii. He/she will impart physiotherapy to all the boarders who attend the Rehabilitation center.
- iv. He/she will report of the progress of the boarders to the treatment team.



- v. He/she will undertake clinical teaching activities related to physiotherapy.
- vi. He/she will supervise the work activities of staff of the physiotherapy unit.

9.38. Speech Therapist:-

- i. Speech therapist will work under the supervision of the Head of the Rehabilitation center.
- ii. He/she will be in-charge of the speech therapy services.
- iii. He/she will impart speech therapy to all the boarders who attend the Rehabilitation center.
- iv. He/she will report of the progress of the boarders to the treatment team.
- v. He/she will undertake clinical teaching activities related to speech therapy.

9.39. Dietician:-

- i. He/ She should coordinate the phases of nutrition care including nutrition assessment, nutrition care planning, and nutrition monitoring and nutrition education & counselling of hospitalised patients.
- ii. Be sensitive to the needs and restriction including allergies that a patient have.
- iii. Evaluate, interpret, monitor and document the nutritional status and nutritional needs of hospitalized patients using established standards of care and practice guidelines.
- iv. Attend the patient & recommend diet to them according to ailment.
- v. Identify and provide age- specific nutrition counselling to meet the cultural needs of the patients and their families.
- vi. To prepare diet chart for in patients.
- vii. Responsible for quality of food and & make improvements as and when required.
- viii. To keep track of progress of patient and change diet chart accordingly.
- ix. Ensure high standards of Sanitation & Hygiene.
- x. Ensures quality check from raw materials to finished products.
- xi. Cordial relationship with vendor staff and quality check on Vendors.
- xii. Provide training to vendor staff.
- xiii. Function as an integral member of the clinical interdisciplinary team.
- xiv. Continuing professional education & update on nutrition information relevant to current practice guidelines for standard nutrition care.



- xv. Adhere the safety norms of hospital and follow both patient safety and staff safety rules.
- xvi. Keeping upto date technically & applying new knowledge to follow nutritional practices & use knowledge of medical terminology.
- xvii. Documenting, transcribing, recording, storing or maintaining information in written/ electronic form.
- xviii. To ensure safe utilization of equipments and proper waste disposal system.
- xix. To comply with the service quality process, environmental & occupational issues & policies of the respective area.
- xx. Perform other job-related task as and when assigned by the superior.

9.40. Contractual posts:-

Those who are on contractual posts will be assigned work by the Head of the concerned departments or the higher authorities.

## **PATIENT SECLUSION AND RESTRAIN**

- 10.1. All restraints and seclusions, as defined by the Hospital's policy and procedure on Restraints and Seclusion, must have a written physician's order. For each use of restraint, there must be a "time-limited order" (i.e. each order shall have a "start time" and an "end time") and there must be justification for the use of the restraint documented in the patient's medical record.
- 10.2. The respective senior resident or faculty of psychiatry shall be responsible for ensuring that the method, nature of restrain justification for its imposition and the duration of the restrain are immediately recorded in the persons' medical notes.
- 10.3. A person who is placed under restrain shall be kept in a place where he can cause no harm to himself or others and under regular ongoing supervision of the medical and nursing personal as per the institute guideline.
- 10.4. The nominated representative of the person with mental illness shall be informed about every instance of restrain within a period of twenty –four hours.
- 10.5. The mental health establishment shall include all instances of restrain in the report to be sent to the concerned board on a monthly basis.
- 10.6. Other requirements regarding care of patients requiring restraints are found in the Hospital policy, as per Mental Healthcare Act, 2017.



## **PART ELEVEN: DIET**

- 11.1. Well cooked, fresh, hot and hygienic food, appropriate to local food habits and without any restriction (if not prescribed by treating physician) on quantities of the food should be served.
- 11.2. Food shall be served in a respectable and comfortable manner in a designed dining area. Limited cases, if there is any difficulty to go to the dining area, food can be served at patients bed also.
- 11.3. No adulteration and no contamination in food will be permitted.
- 11.4. Special meals should be served to those advised for patients having physical illness and related issues.
- 11.5. Breakfast, afternoon tea, and two meals should be served accordingly as per hospital guideline.
- 11.6. Menu should be changed regularly and the same items other than cereals should not be repeated on the same day or next.
- 11.7. Filtered cold water should be provided in summers and filtered room temperature water rest of the year.
- 11.8. Attendants and visitors may avail the facility of Cafeteria as per their requirement on payment basis. No food/beverages are allowed for attendants/visitors at patient's ward /room.

## **PART TWELVE: HOUSEKEEPING**

- 12.1. Housekeeping including housekeeping in wards, ITU, changing of patient's linen, mattresses & pillow covers, isolation ward, ECT room should be as per hospital guideline based on Kayakalp – Swacchta Guideline, Government of India.

## **PART THIRTEEN: SECURITY RULES**

Hospital security staffs are charged with protecting – people, property, information, and reputation under following rules –

- 13.1. Preventive patrol or inspectional service should be done by security staffs at regular intervals to determine that conditions are normal in a given area and should provide a visible deterrent factor. At night hours they should provide a feeling of safety for staffs, patients and their attendants.
- 13.2. While on patrol, security staffs should routinely turn light off as an energy conservation measure.
- 13.3. They should check all the wards, rest rooms, corridors, and other significant areas to afford better protection to hospital occupants and to safeguard unoccupied buildings.
- 13.4. Security staffs should respond promptly to security emergencies within the hospital.



- 13.5. They should provide proper assistance in subduing or restraining patients becoming violent or threatening medical /paramedical / hospital staffs.
- 13.6. They should give proper directions to hospital patients, attendants or visitors. They may also help people into and out of their vehicles, during their transportation by wheel chair or stretchers.
- 13.7. They should monitor and protect property against any criminal activity, violence, and damage.
- 13.8. They should look for any illegal activity, suspicious behavior or dangerous situation.
- 13.9. They should monitor the flow of people and employees.
- 13.10. They should monitor points of access in a particular ward, block or OPD area to allow entry only to individuals with the current identification or authorization. In some situations, such as public events or crowded areas they may walk amongst visitors to promote order and provide a visible presence that deters safety issues.
- 13.11. Security staffs should spend a good deal of their time enforcing the rules & regulations of the hospital.

## **PART FOURTEEN: MEDICAL RECORD RULES**

### 14.1. Making Entry into Medical Records Chart (File):

Only authorized staff members shall be allowed to make entries in Medical Record. Such staff members include physicians', nurses and other paramedical staffs involved in the patients' health care.

### 14.2. Retention of Medical Record:

- i. All medical records including patients files, register books, etc., relating directly to patient care have to be maintained by the Medical Records Department.
- ii. The old files, register books, are to be preserved in a secure place for a prescribed period. Later the records have to be disposed off as per the "Record Retention Schedule" of the Institute.
- iii. Special care has to be taken to reserve the safety of records. Records have to be protected from insects, termites and prevent them from being exposed to heat, fire, dampness, and dust. Adequate fire extinguishers should be available in the filling area.

### 14.3. Confidentiality of Medical Records:

- i. Persons working in the Medical Records, persons directly involved in patient care and other authorized persons who have access to patient medical records must not under any circumstances disclose any type of patient information to unauthorized persons. Disclosures of any information contained in the medical



records are a breach of confidentiality. Anyone found to have disclosed any information to unauthorized persons would be subject to disciplinary action and possible termination.

- ii. Authorized persons, who need to obtain any kind of patient information, should adhere to guidelines in policy and procedures for the "Release of Information".
- iii. Medical Records in the department are kept secured and in strict confidentiality. Unauthorized persons are allowed to have access to patient medical records or any type of patient data information.

#### 14.4. Security of Medical Records:

- i. Medical Records can be taken out of Medical Records Department only by authorized persons.
- ii. If the file/s are required for a purpose, the persons requesting the file/s should fill up a "file request form within the Institute", available from Medical Records Department.
- iii. To ensure maximum security against loss, defacement, tampering and from use by any unauthorized individual:
  - a. No unauthorized persons are allowed to enter Medical Records Department or to have access to patient Medical records out of the department.
  - b. All medical records taken from the Medical Records department during working hours by any department or by any authorized persons/unites should be returned on the same day. No records are to be kept overnight in any unit other than inpatients.
  - c. Patients or their relatives will not be allowed to carry the patient files or to keep them in their possessions.
- iv. The main door of the Medical Records Department should be kept locked after working hours.
- v. No records /files should be left unattended.
- vi. Medical record staff should always be available. No staff should leave the department without handing over.
- vii. Any misconduct made by any of the authorized and responsible staff members against this policy requires immediate notice from the head of medical records with the approval of the Medical Superintendent/Director for prompt initiation of penalty depending on the signification of offense/s and elaborated as follows:
  - a. First offense requires a warning letter signed by the medical superintendent/Director of the Institute stating the consequence if the same misconduct is repeated and he is trained further not to repeat his/her mistake again.
  - d. Second offense necessitates a three to seven-days salary deduction depending upon the type of fault along with a written memorandum duly signed by the Medical Superintendent/ Director and the administrative officer.
  - c. Third offense is subject to termination of contract.

#### 14.5. Medical Records Tracking System:



This system for facilitating and ensuring easily tracking of medical record should be in accordance to the hospital policy of Medical record section.

14.6. Patient Medical Record Identification:

For identifying the patient's data in the file, patient's medical record identification should be as per the hospital policy.

14.7. Entering Laboratory Results into Patient Records:

All Laboratory results shall be signed & authenticated by a physician prior to placement into Medical Records.

14.8. Medical Alert:

Essential information about the patients shall be located in the face-sheet like allergies, codes, past serious side effects and related others.

14.9. Medical Record Analysis and Completion:

It should be ensured that all Medical Records are completed according to established criteria of the Institute format and contains complete documentation relating to treatment and progress during hospitalization.

14.10. Storage of Old Inactive Records:

Old medical records (which are inactive and less likely to be needed) should be stored in such a manner that they could be retrieved if required.

14.11. Right to Access Medical Records by the Patient:

It should be as per provision of the MHCA, 2017 (sec.25) with appropriate format (ref. Rights of the Persons with Mental Illness) and in accordance to RTI act, 2005.

## **PART FIFTEEN: GRIEVANCE**

15.1. Definitions:

- a) Grievance: A grievance is a formal complaint that is made to the Institute by patient, patient's representative or employees, students or others of the Institute regarding the patient's care, abuse or neglect, discrimination, treatment-related issues, quality of services, misbehaviour or misconduct of staff/staffs, employee's dispute, academic issues and related others.



- b) Complainant: Patient or patient representative or other who expresses a grievance or complaint regarding the issues mentioned in the hospital rule 15.1 (a).
- c) Medical Grievance: A Medical Grievance is a grievance or complaint specific to the provision or non-provision of medical care or services. An example might be a grievance concerning medications, the need for a diagnostic procedure, treatment modalities, quality of services, any misbehavior or misconduct of hospital staff etc.
- d) Other Grievances: Other rest of the grievances not mentioned in medical grievance.
- e) Minor Request: A request made by the patient or patient' representative that may be solved relatively quickly, and would not be considered a grievance; therefore, would not require a written response. Examples include; a change in bedding, housekeeping of a room, and/or serving a preferred food.
- f) Grievance Redressal Committee (GC): Multidisciplinary team appointed by the Hospital Administration.

15.2. Method of submitting complaints:

Grievance can be lodged online via <http://www.lgbrimh.gov.in/>. Grievance section or by direct application to the Chairman of the GC.

15.3. Responsibilities of Grievance Redressal Committee:

Responsibility of handling of grievances and appeals rests on the Chairman of the Grievance Redressal Committee of the Institute. The Chairman is responsible for monitoring of complaints/grievances and appeals and final decision on closure of the complaint/grievances and appeal at the earliest.

15.4. Process of Resolution:

Process of resolution like receipt of complains investigation of complaints and procedure for dealing with each category of complaints should be in accordance of Institute policy.

## **PART SIXTEEN VIOLENCE AND DAMAGE TO THE PROPERTY RULES**

(As per Prevention of violence and damage to Property Act, 2011)

It is an act to prohibit violence against Medicare Service Persons and damage to property of Medicare Service Institutions in the State of Assam.



- 16.1. Offenses against Medicare Service Persons and Medicare Service Institution:  
Following acts by any member of the public shall be an offense under this act:
  - i. Violence against any Medicare Service person,
  - ii. Damage to any property of the Institute or to any Medicare Service Person.
- 16.2. Penalty: Whoever commits any offense, as mentioned in the above-mentioned act, shall be punished with imprisonment for a term which may extend to 3 years and with fine which may extend to Rs.50000 (fifty thousand).
- 16.3. Recovery of loss for the damaged caused to the property:  
In addition to the punishment mentioned above the court may order the accused persons to pay, by way of compensation, such amount as may be specified in order for damage or loss caused by him to the property of the Institution.
- 16.4. Other issues can be dealt as per provision of the said act.

## **PART SEVENTEEN GENERAL RULES**

### **(Applicable for any person in the hospital premises)**

- 17.1. Consuming alcohol or any illegal drugs or all forms of tobacco products are strictly prohibited (Smoking, Chewing tobacco/ Pan / Pan masala) inside the Hospital and any public places within the premises. Violation of this rule by anyone may subject them to disciplinary action and liable to pay fine as per the COTPA Act, 2003.
- 17.2. Everyone should keep the hospital premises clean and they should use garbage bins for the disposal of waste.
- 17.3. Everyone should help us to conserve water, electricity and other resources.
- 17.4. Everyone including hospital staffs must park their vehicles in the designated parking areas only.
- 17.5. No one is allowed to speak loudly on mobile phones in corridors, cubicles and patient rooms as this disturbs patients and their caregivers. Cell phones should be placed on silent or vibratory mode.
- 17.6. Keeping in mind the safety and welfare of patients, attendants, visitors, staff and property, any acts of screaming, yelling, threats, verbal abuse, acts of physical violence, and any illegal activities will not be tolerated.
- 17.7. Use of candles, dhoop, agarbattis, lighters, matchboxes, etc. are discouraged inside the hospital building as it can trigger sensitive smoke detecting system.



## **PART EIGHTEEN MISCELLANEOUS**

### **(Rules and Expectations)**

#### **18.1. Safety:**

- i. Violence, threats, intimidation, and other forms of physical/verbal abuse are not acceptable.
- ii. Members of our team, hospital security, and other staff, if necessary, will work together to control if patient is being violent or abusive. Family members or attendants may be criminally charged for violent or abusive behavior.
- iii. We may have to use restraints and/or place a patient in the Psychiatric Intensive Therapeutic care Unit (PICU) to decrease the chances of further unsafe behavior. These measures are not intended as "punishment" for unsafe behavior.
- iv. Anything that can be used to harm to self (pills, razors, knives, sharp objects) will have to be handed over to nursing station for safekeeping.
- v. Staff may search belongings of the patients, their attendants or visitors and patient's room at any time if they suspect that someone has unsafe items in their possession.
- vi. Staff may search belongings of the patients, their attendants or visitors and patient's room at any time if they suspect the use of drugs or alcohol.

#### **18.2. Medication:**

- i. All medications in the hospital, including vitamins, herbal remedies, lotions, creams, and over-the-counter medications must be authorized by the treatment team.

#### **18.3. Privileges:**

- i. Patients along with their attendants can freely move around the hospital after informing the In-Charge of the Nursing station.
- ii. However, if the treatment team feels that the free movement of the patient is a threat to the safety of the patient and others in the hospital, his movement may be curtailed for defined periods of time.
- iii. These privileges will be for specific lengths of time and may be limited to only certain areas of the hospital or the hospital ground.
- iv. Patients or their family members or attendants must sign out at the nursing station and let their respective nursing station know that they are going off the ward.
- v. They must sign in again at the nursing station when they return and let their nursing station know that they are back on the ward.



- vi. These privileges will be canceled if patient is not acting safely or responsibly at any time afterward.

18.4. Clothing:

- i. When patients are initially admitted, they may be required to remain in hospital clothes.
- ii. Patients will be allowed to wear their own clothes under special circumstances only on approval of treating team.

18.5. Interaction with other patients:

- i. Talking with other patients can occur in common areas, such as same ward, the lounge and dining room.
- ii. Any patient /attendant /visitor are not allowed in other patient's ward.
- iii. It is understandable that patients/attendants/visitors may connect well with others who may be going through similar problems and experiences. However, they should not be discussing personal aspects of their mental health problems and life situation with other patients, except in supervised group activities as many of the patients here are at a very vulnerable point and may become more stressed and upset during discussion.
- iv. Romantic and intimate relationships are not permitted between patients/attendants/visitors.

18.6. Tolerance and respect of others:

Patients/attendants/visitors are expected to show tolerance and respect for any of the below-mentioned differences in both patients and staff:

- i. Patients and staff in the hospital coming from different cultural and religious backgrounds, sexual orientations, and economic circumstances.
- ii. Patients those are physically or developmentally challenged and may be experiencing mental health problems significantly different than their own.

18.7. Confidentiality:

- i. Patients/ their attendants or visitors should respect the confidentiality of other patients on the inpatient ward and outpatient department.

18.8. Book, video games, music, and other personal possessions:

- i. All items that patients/attendants/visitors bring into hospital with them must be inspected and approved by the treatment team.
- ii. As such, anything that might be upsetting or disturbing to patients will not be permitted.

**PART NINETEEN: REVIEWS AND AMENDMENTS OF RULES**



19.1. It can be done at regular intervals as per the requirement of patient care and hospital service after duly approved by the concerned Institute's board and authority.

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