



Housekeeping Manual



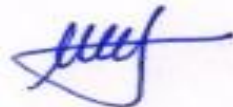
SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Annual Documents adequacy & Change Requirements Review

Sr.No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/HK /01	Housekeeping Manual	1	1	01-JAN 2023	No Any change review completed	1	1 JAN 2024	No Any change review completed	No Any Amendment History
		Original Date	Effective Date		Next date of revision		Issue NO			
		01 Nov 21	1 JAN 2024		1 JAN 2025		1			
Reviewed & Prepared By			Recommended By				Approved By			
Dr.Payal Dhoot		Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar				Dr.S.S.Deepak			
Dentist		Quality Co-ordinator	Chief Medical Administartor				Chairman & Managing Director			
										

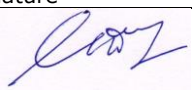


Annual Documents adequacy & Change Requirements Review

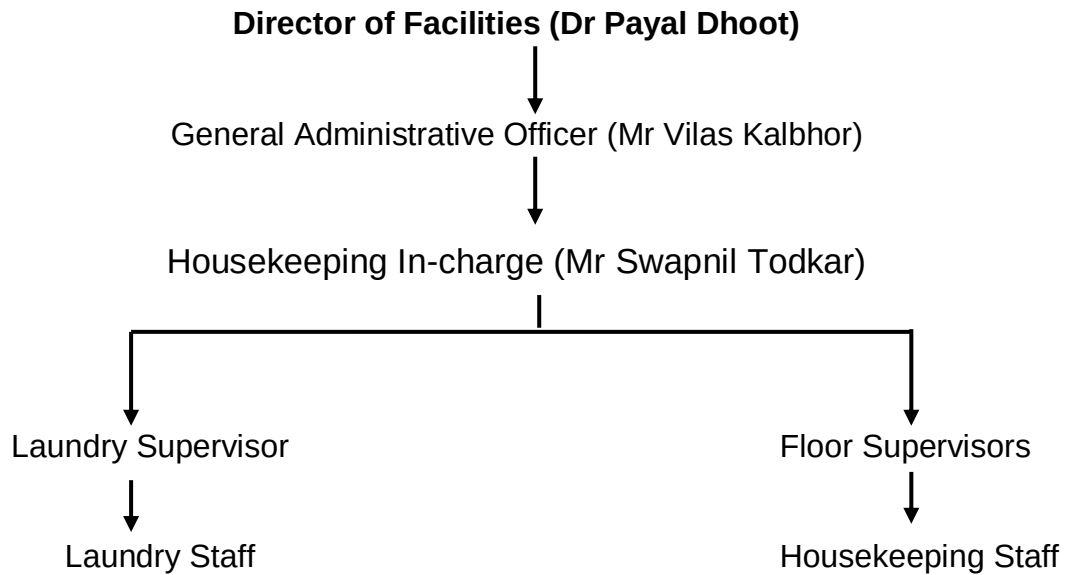
Sr.No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/Hk /01	Housekeeping Manual	1	2	<u>1 JAN 2025</u>	No change review completed	2	<u>1 JAN 2026</u>	No change review completed	No Amendment History
		Original Date	Effective Date		Next date of revision		Issue NO			
		<u>01 Nov 21</u>	<u>1 JAN 2026</u>		<u>1 JAN 2027</u>		1			
Reviewed & Prepared By			Recommended By				Approved By			
Mrs.Renuka Sonawane			Dr.H.Kalgaonkar				Dr.S.S.Deepak			
Quality Co-ordinator			Quality Head				Chairman & Managing Director			
										

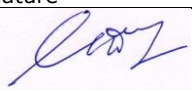
 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSEKEEPING	Doc No	SDH/HKS/01
		Issue No	01
		Rev No.	02
		Date	1 JAN 26
		Pages	1
	Contents		

01. Contents
02. Department Organizational Chart
03. Roles & Responsibilities
04. Service Standards
05. Standard Operating Procedures
5.1 Cleaning Procedure
5.2 Pest Control
5.3 Linen Management
5.4 Laundry
5.5 Calibration of Biomedical Equipment
5.6 BME Safety
6. Records
7. Annexures

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSEKEEPING	Doc No	SDH/HKS/02
		Issue No	01
		Rev No.	02
		Date	1 Jan 2026
		Page	1
Organisational Chart – Housekeeping			



Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSEKEEPING	Doc No	SDH/HKS/03
		Issue No	01
		Rev No.	02
		Date	1 JAN 2026
		Page	2
	Roles & Responsibilities		

In-charge - Housekeeping

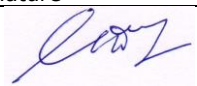
The in-charge housekeeping shall be a graduate in any discipline with a working experience of 5 years with hotel / hospital in the area of housekeeping or a graduate / diploma holder in hotel management with 3 years experience in housekeeping with a reputed hotel / hospital.

His / her duties and responsibilities are as given below:

- Will report to the General Manager
- Shall manage the department staff and cleaning staff assigned under her
- Shall liaison with the agencies assigned for supply of housekeeping staff
- Shall interact with the patients / family regarding their problems in relation to housekeeping
- Will define and establish cleaning standards and systems for the various areas of the hospital
- Shall issue and control the housekeeping consumables and materials
- Will be overall in charge of laundry and linen management
- Shall maintain close coordination with Infection Control Committee, Condemnation Committee, Nursing and Facility Maintenance
- Shall conduct planned and surprise inspection of all hospital areas to ensure cleanliness standards are maintained
- Will ensure the aesthetics of the hospital building, public areas and patient rooms through appropriate interior decorations like flower vases, paintings, posters etc.
- Shall ensure proper landscaping and garden maintenance in the SAIDEEP HEALTHCARE & RESEARCH PVT LTD premises
- Shall be overall in-charge of allied activities like tailoring, supply of uniforms etc.
- Will execute any other responsibilities assigned to him / her by the SAIDEEP HEALTHCARE & RESEARCH PVT LTD management.

Floor Supervisors

The floor supervisor shall be at least a High Secondary Pass; with at least three years of relevant experience. They should have reasonably good communication skills and ability to converse in both English and Marathi or Hindi.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSEKEEPING	Doc No	SDH/HKS/03
		Issue No	01
		Rev No.	02
		Date	1 JAN 2026
		Page	2
Roles & Responsibilities			

His / her duties and responsibilities shall be as follows:

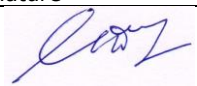
- Shall report to the In-charge housekeeping
- Shall be responsible for the cleaning and housekeeping activities in the assigned floor
- Will assign daily tasks to the housekeeping staff assigned under him
- Shall ensure that all tasks assigned are properly executed.
- Shall distribute the cleaning materials on a daily basis
- Shall inspect on a daily basis all areas / rooms in their floor and check for cleanliness and repairs.
- Shall inspect and report on status for occupation for all rooms in which discharge has occurred, post its cleaning and preparation.
- Shall be in charge for the linen supplied for the room and ensure the linen rooms / cupboards are maintained in an orderly fashion.
- Shall ensure that all soiled linen is removed and sent to laundry as per the standing instructions on handling of linen
- Shall ensure proper waste collection and proper handling of biomedical waste in the floor.
- Shall work in close coordination with the nursing staff in maintaining a cleanliness and hygiene through out

Laundry Supervisor

The supervisor shall be at least a High Secondary Pass; with at least three years of relevant experience. He should be aware of the working of the laundry equipment and should understand the basic principles of various laundry chemical used.

His / her duties and responsibilities shall be as follows

- Shall report to Housekeeping Supervisor
- Shall be responsible for the proper functioning of the laundry
- Will assign daily tasks to the laundry staff assigned under him
- Shall ensure that all tasks assigned are properly executed.
- Ensure that the system of linen collection and distribution at laundry
- Ensure that procedures handling of infected linen is followed by the users.
- Monitoring of proper washing and processing of the linen by the outsourced agency
- Control and Issuing of laundry consumables like detergent, bleach, softener etc. by the outsourced agency.
- Ensuring proper record of laundry activity
- Removal of torn linen after its inspection and issue of linen from buffer stock instead.
- Coordinating with tailors for mending of linen, stitching work etc
- Providing feedback to the housekeeping supervisor of the quality of linen stock.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSEKEEPING	Doc No	SDH/HKS/04
		Issue No	01
		Rev No.	02
		Date	1 Jan2026
		Page	1
	Service Standards		

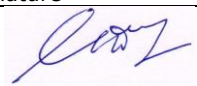
Service Objective

- reduce the number of microorganisms that may come in contact with patients, visitors, staff and the community; and.
- provide a clean and pleasant atmosphere for patients and staff.

Measurable Service Standards

Service Parameters	Measurable Outcomes / Outputs
Cleanliness of hospital areas	- Scoring on housekeeping audits - Patient Satisfaction survey
High Environmental cleaning and disinfection	HIC Environmental Surveillance

SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.1
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	7
	Document Title : Cleaning Procedure		

Lower Basement: Parking area, PTS machine room, Chiller Plant, BMW area and Pump House.

Upper Basement: Parking area, Medical Store, Mortuary, Electrical Room.

Ground Level: Emergency room, Health Checkup room, Main & Emergency Reception areas, Emergency Theater, Radiology Department, Dr. Dhoot's OPD, Dr. Kathuriya's OPD, Dr. Nisar's OPD and VIP OPD, Sample Collection Room, Change Rooms, ELV Room, MRD Room, IPD Billing Counter, Pharmacy, Waiting Areas, Toilets, Corridors, Nursing Stations and staircase.

Level 1. Consultation Rooms, Waiting Areas, OP Reception, Toilets, X-Ray room, Sample Collection Room, Echo Rooms, USG room, TMT room, ECG ROOM, Neuro-diagnostics Room, Doctors' Lounge, Staff Room, ELV Room, Corridors, Nursing Stations and Staircase.

Level 2: Deluxe ICU, Dialysis Room, Waiting Areas, toilets, MICU, Medical Store, Dialysis Sub-store, Endoscopy Room, Stretcher Parking Bay, Staff Room, Duty Doctors' rooms, Counselling Room, ELV Room, corridors, Nursing Stations and staircase.

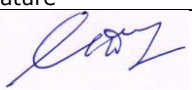
Level 3: Coronary Care Units, Cardiac Surgery care unit, Cath-lab, CVTS OT, Post Angiography Ward, Medical Store, Duty Doctor's room, Staff room, ELV room, Counselling room, Waiting Area, Toilets, Corridors, Nursing Stations and staircase.

Level 4: Gynaecology OT, Changing room, Post Op Ward, Labor room, Baby Wash area, Neonatal Intensive Care Units, Mother station, Nurse Stations, Corridors, Duty Doctor's room, Counselling room, Staff room, ELV room, waiting areas, IVF section, Dental room, Ophthalmology checkup room, IPD Billing counter, Conference Hall, toilets and staircase.

Level 5: General Ward, Psychiatry ward, Nursing stations, Medical Store, ECT room, toilets, ELV room, Staff room, Corridors and staircase.

Level 6: OT complex, Post op ward, OT & Anesthesia stores, preparation room, Doctors' room, anesthetist's room, counselling room, Staff rooms, OT medical store, ELV room, CSSD complex, waiting area, corridors, toilets, nursing station and staircase.

Level 7: Administration block, Central, Housekeeping stores, MRD room, Digital library, CCTV room, IT room, UPS room, AHU room, corridors, toilets and staircase.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.1
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	7
	Document Title : Cleaning Procedure		

Level 8: Single & Double occupancy rooms, X-ray room, USG room, Duty doctor's room, nurse station, staff room, ELV room, medical store refuge area, toilets, corridors and staircase.

Level 9: Single & Double occupancy rooms, Duty doctor's room, nurse station, staff room, ELV room, Medical store, toilets, corridors and staircase.

Level 10: Single occupancy rooms, Duty doctor's room, nurse station, staff room, ELV room, Medical store, toilets, corridors and staircase.

Terrace: Terrace, RO plant room, toilets and staircase.

Common Areas: Lifts, Hospital Compound, Compound Wall, Hospital Façade, Car Park, Roads, Security Posts / Rooms.

5.3 Cleaning Pattern

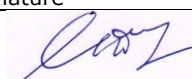
The following pattern is suggested for determining the cleaning schedule at each level.

Hospital Premises:

- Grass, Weeds, Debris etc. in the Hospital Compound and Compound Wall are removed every day.
- Car Park area and roads inside hospital are cleaned twice a day.
- Hospital premises to be kept clean and neat every day.
- Posters or stickers on compound wall or inside to be removed at once and the area to be cleaned.
- The waste from the hospital premises should be disposed off as per the instructions of the Housekeeping Supervisor / Floor Supervisors every day and dust bins to be cleaned thoroughly.
- Security outposts and sheds in the premises to be cleaned daily.

Hospital Interior

- Glass windows, doors, ceilings, staircases, railings etc., should be dusted and cleaned daily.
- All the corridors, lobby, lounges, patient waiting areas, consultation rooms, laboratories, blood bank, X-ray rooms etc. are to be mopped thrice a day or more as per the requirement.
- The furniture in the above mentioned areas are to be dusted and cleaned every day. The furniture in the patient waiting areas is to be cleaned twice a day.
- Lift floors and staircases are to be mopped thrice a day and lift floors and walls once a day.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.1
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	7
	Document Title : Cleaning Procedure		

- All rooms and wards are to be mopped and cleaned thrice a day or more using disinfectant.
- After the patient gets discharged, the room and bathroom, wash basin, utility area etc., to be cleaned thoroughly with disinfectant.
- Dustbins in the rooms should be emptied daily and replaced after proper cleaning.
- The waste is to be disposed off as per the regulations of the hospital.
- All cupboards, lockers, chairs and other fixtures in the rooms and wards are to be dusted and cleaned daily and mopped twice a week.
- Bathrooms and toilets should be cleaned using disinfectant twice a day or more as per requirement. Walls of these areas should be cleaned using disinfectant twice a week.
- The buckets and mugs to be cleaned by soap solution daily and the availability of water to be checked.
- Malfunctioning of the flushing system, leakage of taps, electric system, Television, Telephone etc., should be reported immediately.
- All the office rooms to be mopped twice a day. The furniture and fixtures should be dusted and cleaned daily. Roof, fans etc. should be cleaned once a week.
- Incase any place within the hospital or premises is found dirty, it shall be cleaned immediately.

5.4 Cleaning and Housekeeping Activities for the Patient Rooms

Housekeeping before the arrival of a new patient

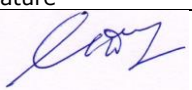
The Housekeeping supervisor shall receive the information from the admission counter regarding the admission of a new patient.

The Supervisor shall arrange to get the room cleaned and keep it ready for receiving the patient.

The Supervisor shall check the room cleaned by the House keeping staff, and shall inform the Desk attendant.

The Supervisor shall inform the Admission Counter that the room is ready and can be occupied by the patient and hand over the room key to the concerned Staff Nurse.

Daily Housekeeping activities of Patient Rooms

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.1
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	7
	Document Title : Cleaning Procedure		

Housekeeping Supervisors shall ensure the supply of essential things like soap, tissue and flasks to the House keeping staff as required for the rooms. . The essential things are arranged on service trolley and carried to every ward and patient room. Cleaning equipment are also carried in the services trolley.

The Housekeeping Supervisors shall liaise with the Engineering Department for attending to complaints in patients rooms and wards pertaining to plumbing, electrical, civil engineering etc.

The housekeeping staff shall maintain upkeep of the room by dusting mopping, sweeping, clearing of cobwebs, cleaning bathrooms, providing soap, tissue, drinking water and towels.

The Housekeeping staff shall record the details of the Housekeeping activities done in the Cleaning Chart (Refer to Attachment).

The supervisor shall check the work done by House keeping staff and record the details in the Room Inspection Report (Refer to attachment).

Housekeeping activities after patient discharge

The housekeeping supervisor shall receive the information about the Patient discharge.

The Housekeeping supervisor shall receive the particular room key from the Staff Nurse.

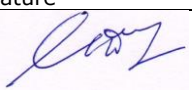
This procedure is repeated every day and Floor Supervisors shall report to the House Keeping In-charge in case of any problems.

5.5 Housekeeping Rounds and Inspections

The floor manager of each floor shall inspect all the areas assigned under them on a daily basis to identify malfunctioning / breakdown leaks of flushing systems, taps, electric systems, Air conditioners, Televisions, Telephone, Geysers, Furniture's, Built in areas / Floorings, Cupboards /Lockers etc.

The floor manager shall interact with the patients and staff members to identify such problems / complaints in cases where he may not be able to directly inspect the site.

The Floor Managers shall prepare a Work Requisition and send it to the Facility Maintenance Department in case of any problems regarding the engineering

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.1
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	7
	Document Title : Cleaning Procedure		

services. The Desk Attendant shall retain a copy of the Work Requisition. The Housekeeping managers shall follow up with the Engineering Department till the Work requisition has been completed.

The floor manager shall daily inspect and monitor the housekeeping activities of the areas assigned to them and report to the housekeeping in-charge through the Area Checklists and Room Inspection Reports.

Housekeeping In-charge shall go on rounds everyday to various areas, patient rooms and wards to ensure that best services are provided to the patients and the housekeeping standards of the hospital are maintained.

5.6 Staff Coordination

The House keeping attendants shall report to the floor managers at the end of their shift. Housekeeping Managers shall take the attendance for the next shift boys \ maids, and if there are any absentees, the shift attendants are requested to continue their duty.

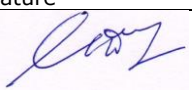
If there are any hospital functions or extra work in the hospital like shifting departments, arranging a new area, the Housekeeping In-charge shall prepare duty chart for extra duties.

To provide good service, 24 hours house keeping services are provided for the patients, maintaining the patient room and waiting areas clean, providing water, soap, tissue rolls to the patient rooms, keeping the patient's rooms and bathrooms tidy, taking care of the patient complaints and following it up will be done by managers.

The In-charge - Housekeeping shall monitor the entire process, reports from the supervisor and shall solve the problems, which cannot be solved at the Managers level. This procedure repeats everyday in every shift.

The Housekeeping Managers shall raise a Material Requisition to the Housekeeping Stores for issue of housekeeping items. The Housekeeping managers shall take the approval of the In-charge Housekeeping whenever he / she indents for the required items. The details of items received shall be made in the Housekeeping Items Stock Register. (Not applicable if outsourced.)

The Housekeeping Managers shall record the details of the internal issues made to the department personnel in the Daily Consumption Register.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

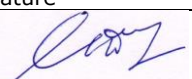
 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.1
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	7
	Document Title : Cleaning Procedure		

6. Records

Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-HKD-01	Duty Register	Manual	Floor Managers	NA	NA	One Year
R-HKD-02	Public Area Checklist	Manual	Floor Managers	NA	NA	Three Months
R-HKD-03	Cleaning Chart	Manual	Floor Managers	Chronological / Floor wise	HKD/F01	1 Months
R-HKD-04	Room Inspection Reports	Manual	Floor Managers	Chronological / Floor wise	HKD/F02	3 Months
R-HKD-05	Housekeeping Items Stock Register	Manual	Housekeeping In-charge	NA	NA	One Year

7. Annexure

1. Instructions for toilet cleaning
2. Instructions for cleaning discharged rooms
3. Instruction for daily cleaning of the wards
4. Instructions for cleaning of the public area
5. Instructions for cleaning the intensive care units
6. Instructions for fumigations
7. Format of Public Area Checklist
8. Format of Cleaning Chart
9. Format of Room Inspection Report

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.2
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	2
	Document Title : Pest Control		

1. PURPOSE:

To describe the processes established by Saideep Hospital for maintaining clean and hygienic conditions and to prevent any infection and damages by pests to patients, staffs, materials and records.

2. SCOPE:

This procedure is applicable for all pest control activities undertaken by the hospital in all units/ areas and premises.

3. DEFINITIONS

Nil

4. RESPONSIBILITY

The Housekeeping In-charge will be responsible for the monitoring of the pest control activity under taken at the hospital and premises.

The housekeeping supervisors assigned for the particular floor is responsible for ensuring the activity allotted to their areas are performed by the pest control staff in a satisfactory manner.

5. DESCRIPTION

The housekeeping attendants assigned by the Housekeeping in-charge shall carryout pest control of the entire Hospital and its premises.

The Housekeeping In-charge shall allot the Pest control supervision work to Housekeeping Supervisor of the area where the pest control activity is taking place. The work of Pest control involves spraying the pest control solution in vacant patient rooms, all the bathrooms, hospital Records keeping areas, patient waiting areas etc., will be done everyday. In case the cleaning staff finds rodents or cockroaches, immediate action shall be taken to destroy them.

The housekeeping attendants assigned for pest control activities shall report to the respective housekeeping supervisor of the area they are assigned at the end of their duty regarding completion of spraying of various areas.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.2
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	2
	Document Title : Pest Control		

The Pest control boy shall take the signatures of the concerned personnel from various departments in the Daily/Weekly Pest Control Activity Report (Refer to attachment).

Incase specialized pest control / extermination activities are undertaken at the hospital by outside agencies / municipal corporation staff etc., for rodent / mosquito / cockroach control the signatures of the concerned personnel from the department where the activity was undertaken.

6. Records

Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-HKD-06	Daily/Weekly Pest Control Activity Report	Manual	Pest control Personnel	Chronological	HKD/F03	3 Months

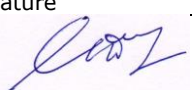
7. References

Nil

8. Annexure

1. Format of Daily/Weekly Pest Control Activity Report

SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.2
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	2
	Document Title : Pest Control		

1. PURPOSE:

To describe the processes established by Saideep Hospital for maintaining clean and hygienic conditions and to prevent any infection and damages by pests to patients, staffs, materials and records.

2. SCOPE:

This procedure is applicable for all pest control activities undertaken by the hospital in all units/ areas and premises.

3. DEFINITIONS

Nil

4. RESPONSIBILITY

The Housekeeping In-charge will be responsible for the monitoring of the pest control activity under taken at the hospital and premises.

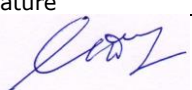
The housekeeping supervisors assigned for the particular floor is responsible for ensuring the activity allotted to their areas are performed by the pest control staff in a satisfactory manner.

5. DESCRIPTION

The housekeeping attendants assigned by the Housekeeping in-charge shall carryout pest control of the entire Hospital and its premises.

The Housekeeping In-charge shall allot the Pest control supervision work to Housekeeping Supervisor of the area where the pest control activity is taking place. The work of Pest control involves spraying the pest control solution in vacant patient rooms, all the bathrooms, hospital Records keeping areas, patient waiting areas etc., will be done everyday. In case the cleaning staff finds rodents or cockroaches, immediate action shall be taken to destroy them.

The housekeeping attendants assigned for pest control activities shall report to the respective housekeeping supervisor of the area they are assigned at the end of their duty regarding completion of spraying of various areas.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.2
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	2
	Document Title : Pest Control		

The Pest control boy shall take the signatures of the concerned personnel from various departments in the Daily/Weekly Pest Control Activity Report (Refer to attachment).

Incase specialized pest control / extermination activities are undertaken at the hospital by outside agencies / municipal corporation staff etc., for rodent / mosquito / cockroach control the signatures of the concerned personnel from the department where the activity was undertaken.

6. Records

Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-HKD-06	Daily/Weekly Pest Control Activity Report	Manual	Pest control Personnel	Chronological	HKD/F03	3 Months

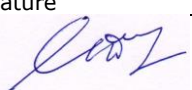
7. References

Nil

8. Annexure

1. Format of Daily/Weekly Pest Control Activity Report

SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.3
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Linen Management		

1. PURPOSE:

To describe the processes established by Saideep Healthcare & Research PVT LTD for maintenance and distribution of linen to various units of the hospital and ensure the timely supply of clean and well laundered linen.

2. SCOPE:

This procedure is applicable for types of linen used by the hospitals including bed linens, Patient Linen, Uniforms and furnishings.

3. DEFINITIONS

Nil

4. RESPONSIBILITY

The housekeeping supervisor shall have the overall responsibility for management of the Linen related activities in the e hospital.

The Supervisor – Linen and Laundry management shall be responsible for management of the linen maintenance and distribution to various floors / units.

The concerned housekeeping supervisors shall be responsible for coordination the supply of fresh linen to patient rooms and collection and transport of soiled linen to the laundry.

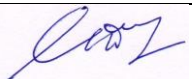
The unit in-charge / Nurse in-charge shall be responsible for coordinating supply of fresh linen and timely transfer of soiled line to laundry in areas like wards, ICUs, OP and OT.

5. DESCRIPTION

5.1 General

Initially a ward stock of linen based on 1:4 ratios of the total beds on each floor shall be issued to all floors.

Soiled linen shall be counted on all the floors by the laundry staff along with the nursing supervisor / senior sister of ward and the housekeeping supervisor. Counted linen shall be placed in the laundry bag, which is tied and put into the linen trolleys.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.3
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Linen Management		

The soiled linen shall be transferred to the laundry on a daily basis before 9 AM every morning.

The Laundry Attendants on receipt of laundered linen carryout a physical count and tally with the Linen Register under the supervision of Linen and Laundry Supervisor or the Laundry in-charge.

The procurement and tailoring of linen / uniforms / furnishings shall conform to the Standards and Quality of Linens / Uniforms / Furnishings for Saideep Healthcare & Research PVT LTD; which shall ensure the standardization in terms of color, identification, quality and sizes of linen, uniforms and furnishing used throughout the hospital.

5.2 Transport of Linen:

Clean linen is shifted to wards in covered trolley. When linen requested is of small quantity and does not warrant usage of a trolley, linen is neatly wrapped in a cloth wrapper and carried to the wards.

The soiled linen shall be transported in the trolleys provided for the purpose and shall always be covered.

Ward / Floor Supplies:

The Housekeeping Supervisors shall be in-charge of the linen supply rooms maintained at the 6th and 7th Floors for supply of line to the patient rooms.

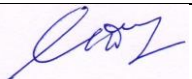
The unit nurse in-charge will be responsible for linen stocks issued to units like Operation Theater / ICUs / Endoscopy etc.

Condemned Linen;

The laundry shall maintain a buffer stock of linen with them. They shall inspect the linen during the laundering process and remove the torn and damaged items.

These shall be removed for repair and removal from circulation.

These shall be replaced by the buffer stock maintained at the laundry. All such inspections and replacements shall be done with the approval the Linen and Laundry supervisor only.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.3
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Linen Management		

Once in a month, condemnation committee shall meet to decide upon the items, which could be disposed. (Refer to the relevant procedure of the Material Management Manual)

Parts of the condemned linen that are not damaged are salvaged, if big enough, to makes dusters that are used in non-critical areas as disposable wipes.

Tailoring

When items are to be sent out for stitching (e.g. Uniforms, OT bed sheets, gowns etc.) the details shall be registered in the Tailoring Note maintained at the Laundry.

A returnable gate pass shall be issued in coordination with the Central Receiving Stores.

Issue of Stitched Uniforms

Stitched uniform is to be issued to the employee once in a year and recorded in the Stitched Linen Issue Register.

Issue of linen to dead body:

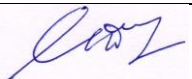
The Linen and Laundry Supervisor shall receive a request form from the nurse for issue of linen to dead body through the Requisition Form for Issue of Linen to Dead Bodies.

The tally of all such issued linen shall be forwarded to the condemnation committee during the quarterly condemnation process.

Handling of infected linen

Infected linen shall be placed in a disposable plastic bag and the mouth of the bag shall be closed by a sticker marked "Infected linen" and shall be received by the Laundry staff for proper treatment. (Refer to the relevant procedure / instruction of the Infection control manual)

6. Records

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/5.3
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Linen Management		

Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-HKD-07	Ward Linen Stock Book	Manual/ Electronic	Floor Manager	NA	NA	One Year
R-HKD-08	Tailoring Note	Manual/ Electronic	Laundry Supervisor	NA	NA	One Year
R-HKD-09	Stitched Linen Register	Manual/ Electronic	Housekeeping Supervisor	NA	NA	One Year

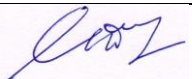
7. References

Nil

8. Annexure

- Standards and Quality of Linen / Uniforms / Furnishings at Saideep Hospital
- Instructions for Handling of Infected Linen

SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/SOP/04
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Laundry Process		

1.PURPOSE:

To describe the processes established by Saideep Hospital for the management of the in-house laundry and ensuring proper washing and processing of dirty and infected linen. The laundry service is out sourced.

2. SCOPE:

This procedure is applicable to all the activities of the in-house laundry.

3. DEFINITIONS

Nil

4. RESPONSIBILITY

The Housekeeping supervisor shall coordinate laundry management with the out sourced agency.

The Housekeeping supervisor shall have the overall responsibility for management of the laundry services.

The Supervisor – Linen and Laundry management shall be responsible for management of the laundry and ensuring the standards of laundry practice and quality of processed linen.

The laundry in-charge shall be responsible for monitoring the laundry activity in the absence of the supervisor and ensuring that all guidelines for the processing of various types of linen are followed.

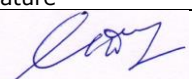
5. DESCRIPTION

5.1 Receipt of Linen

The soiled and infected linen from the wards and units are received by the laundry staff at the receiving area. They shall be counted and sorted in the presence of the housekeeping attendant who brings the linen.

The counting of the linen shall be supervised by either the Supervisor – Laundry and Linen or by the Laundry in-charge in his absence.

The detail of the linen is entered in the Laundry Register.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/SOP/04
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Laundry Process		

The details of uniforms of staff given for laundering shall be entered in the Uniform Register.

All such uniforms shall be marked with the staff name / employee number for identification. The Surgeons uniforms are identified using their name-tags.

5.2 The Laundering Process

Classification of Linen

The laundering process is dependent upon the type of linen involved.

The linen is classified for the purpose of laundry process into:

- Colored Linen – Non-infected
- White Linen – Non-infected
- Colored Linen – Infected
- White Linen – Infected.
- Uniforms

Steps in Laundering Process

A. Sorting of the linen

The linen is sorted at the point of their receipt according to the their classification for the convenience of their processing. This sorting ensures the separation of infected linen from normal linen and avoids the washing of coloured linen with white linen.

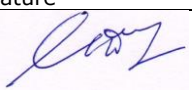
B. Washing

The washing process include bleach soak, washing with detergents and chemicals and rinsing of the linen.

The details of the washing process are provided as per the Laundry Process Matrix(Refer to attachment).

All washing process in outsourced laundry is using automatic washing machine. (Refer to relevant operating instructions)

C. Water Extraction

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/SOP/04
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Laundry Process		

The excess water is removed from the linen after the washing cycle using a automated hydro-extractor. (Refer to relevant operating instruction for details)

D. Drying

The linen is completely dried using an automatic dryer. . (Refer to relevant operating instruction for details)

E. Rolling

The linen is passed through an automatic rolling process to remove their creasing.

F. Ironing / Processing

Manual ironing or stem press is used at Saideep for final processing of the linen.

Laundering Agents / Chemicals

The laundering process uses the following laundering agents and chemicals for cleaning and disinfecting of linen.

A. Chlorine Bleach

For disinfection of infected linen (for the purpose of disinfection a concentration of 50 – 150 ppm of chlorine beach is suggested)

B. Detergents

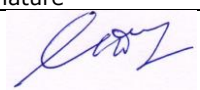
For removal of dirt, grime and organic particles.

C. Chemicals

Mostly soda ash based to achieve stain removal, low level disinfection etc.

D. Stain Removers

Removal of stubborn stains especially in cases of white linen.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

 SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	SAIDEEP HOSPITAL HOUSE KEEPING	Doc No	SDH/HKS/SOP/04
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Page	4
	Document Title : Laundry Process		

E. Fabric Softeners

For giving the fabric a soft touch, a slight fragrance and masking odours.

The exact concentrations of each of these agents to be used for each category of linen and the methods for use is described in the Laundering Process Matrix.

5.3 General Practices

The laundry floors shall be cleaned and disinfected at least three times a day.

All laundry staff handling infected linen shall wear gloves and masks for protection while handling tem.

The processed linen stored in the laundry shall be stored in the designated racks and shelves provided for the purpose.

6. Records

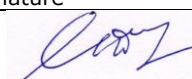
Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-HKD-10	Laundry Register	Manual	Laundry Supervisor	NA	NA	One Year
R- HKD-11	Uniform Register	Manual	Laundry Supervisor	NA	NA	One Year

7. References

1. Center for Disease Control & Prevention Website; www.cdc.gov

8. Annexure

1. Laundering Process Matrix

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.5
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 1 of 4

Document Title: Laundry

1. PURPOSE:

To describe the process established by Saideep Hospital for the management of the In house laundry and ensure proper washing and processing of dirty and infected linen. The laundry service is out sourced.

2. SCOPE:

This procedure is applicable to all the activities of the in-house laundry

3. DEFINATIONS

4. RESPONSIBILITY

The Housekeeping supervisor shall coordinate laundry management with the out sourced agency.

The Housekeeping supervisor shall have the overall responsibility for management of laundry services.

The Supervisor – Linen and Laundry management shall be responsible for management of the laundry and ensuring the standards of laundry practice and quality of processed linen.

The laundry in-charge shall be responsible for monitoring the laundry activity in the absence of the supervisor and ensuring that all guidelines for the processing of various types of linen are followed.

DESCRIPTION

4.1 Receipt of Linen

The soiled and infected linen from the wards and units are received by the laundry staff at the receiving area. They shall be counted and sorted in the presence of the housekeeping attendant who brings the linen.

The counting of the linen shall be supervised by either the Supervisor – Laundry and Linen or by the Laundry in-charge in his absence.

The detail of the linen is entered in the Laundry Register.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.5
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 2 of 4

Document Title: Laundry

The details of uniforms of staff given for laundering shall be entered in the Uniform Register.

All such uniforms shall be marked with the staff name / employee number for identification. The Surgeons uniforms are identified using their name-tags.

4.2 The Laundering process

Classification of Linen

The laundering process is dependent upon the type of linen involved.

The linen is classified for the purpose of laundry process into:

- Colored Linen – Non-infected
- White Linen – Non-infected
- Colored Linen – Infected
- White Linen – Infected
- Uniforms

Steps in Laundering Process

A. Sorting of the linen

The linen is sorted at the point their receipt according to their classification for the convenience of their processing. This sorting ensures the separation of infected linen from normal linen and avoids the washing of colored linen with white linen.

B. Washing

The washing process include bleach soak, washing with detergents and chemicals and rising of the linen. The details of the washing process are provided as per the Laundry Process Matrix (Refer to attachment). All washing process in outsourced laundry is using automatic washing machine. (Refer to relevant operating instruction)

C. Water Extraction

The excess water is removed from the linen after the washing cycle using an automated hydro-extractor. (Refer to relevant operating instruction for details)

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	

**SAIDEEP HOSPITAL****HOUSE KEEPING**

Doc No	SDH/HSK/5.5
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 3 of 4

Document Title: Laundry**D. Drying**

The linen is completely dried using automatic dryer. (Refer to relevant operating instruction for details)

E. Rolling

The linen is passed through an automatic rolling process to remove their creasing.

F. Ironing / Processing Manual ironing or stem press is used at Saideep for final processing of the linen.***Laundering Agents / Chemicals***

The laundering process uses the following laundering agents and chemicals for cleaning and disinfecting of linen.

A. Chlorine Bleach

For disinfection of infected linen (for the purpose of disinfection a concentration of 50- 150 ppm of chlorine bleach is suggested)

B. Detergents

For removal of dirt, grime and organic particles.

C. Chemicals

Mostly soda ash based to achieve stain removal, low level disinfection etc.

D. Stain Removers

Removal of stubborn stains especially in case of white linen.

E. Fabric softeners

For giving the fabric, a soft touch, a slight fragrance and masking odours.

The exact concentrations of each of these agents to be used for each category of linen and the methods for use is described in the Laundering Process Matrix.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	

**SAIDEEP HOSPITAL****HOUSE KEEPING**

Doc No	SDH/HSK/5.5
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 4 of 4

Document Title: Laundry**4.3 General Practices**

The laundry floors shall be cleaned and disinfected at least three times a day.

All laundry staff handling infected linen shall wear gloves and masks for protection while handling them.

The processed linen stored in the laundry shall be stored in the designated racks and shelves provided for the purpose.

5. Records

Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-HKD 10	Laundry Register	Manual	Laundry Supervisor	NA	NA	One Year
R-HKD 11	Uniform Register	Manual	Laundry Supervisor	NA	NA	One Year

6. References

Centre for Disease Control & Prevention. Website: - <https://www.cdc.gov>

7. Annexure

Laundering Process Matrix

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL
HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 1 of 9

Document Title: Biomedical Waste Management

Hospital waste is different from domestic waste in that it may contain biological material, which may process potentially harmful micro-organisms. Therefore, special care should be taken while managing hospital waste to make sure that it does not harm others. Waste management should also confirm to legal requirement. The method of disposal should be acceptable to general public in that area. Waste minimization is also important. This can be achieved by strengthening reuse services which includes cleaning and sterilization.

BIO MEDICAL WASTE MANAGEMENT

YELLOW	RED	BLUE	WHITE
Human & Animal Anatomical Waste, Infected Cotton, Soiled Waste, Expired or Discarded Medicine, Chemical Waste, Discarded Line & Beddings (Contaminated with Blood), Microbiology & Other Clinical Laboratory Waste, etc.	Recyclable Contaminated Waste, Tubing, Catheters, IV Tubes & Set, Urine Bags, Syringes (Without Needles)	Broken or Discarded and Contaminated Glass, Metallic Body Implants	Translucent (Puncture Proof Container) Needles, Syringes with fixed Needles, Scalpels, Blades or other Contaminated Sharp Object that may cause Needle Needles form Puncture tip cutter or bumer
पिवळा	लाल	निळा	पांढऱ्या
मानवी अवयव, संक्रमित कापूस, पशुचे अवयव, घन कचरा (संक्रमित कचरा), कालबाह्य किंवा टाकाऊ औषधी, रासायनिक कचरा, चादरी आणि गाद्या रक्ताने संक्रमित (दुषीत) झालेल्या सुक्ष्मजिवशास्त्र आणि इतर (वैद्यकीय) प्रयोगशाळेतील कचरा,	पुनर्प्रक्रीया करण्याजोगे संक्रमित प्लास्टीक, नलीका, सलाईन बाटल्या, मुत्र नलीका, मुत्र पिशवी, सलाईन नळ्या, बिना सुईचे इंजेक्शन	संक्रमित / दुषीत किंवा तुटलेल्या (टाकाऊ) काच, धातुच्या प्रत्यारोपीत वस्तु	(अपारदर्शक) सुया, टोकदार सुईसह असलेले इंजेक्शन, स्कालपेल, ब्लेड किंवा इतर धारदार संक्रमित वस्तु सुई जाळल्यानंतर शिल्लक राहणाऱ्या सुईचा भाग

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 2 of 9

Document Title: Biomedical Waste Management

1. INFECTIOUS AND NON-INFECTIOUS WASTE

Infectious Wastes: Include the waste which has been in contact with the body fluids and all of the following substances or categories of substances.

- Sharp wastes used in the treatment, or diagnosis of human beings or animals that have come in contact with infectious agent in medical research laboratories including hypodermic needles and syringes, scalpel blades, catheters etc.
- Human and animal blood specimens and blood products are likely to be exposed to infectious agents.
- Pathological wastes, tissues, organs and body parts, body fluids and excreta that is contaminated with or likely to be contaminated with infection agents, removed or obtained during surgery or for diagnostic evaluation.
- Laboratory wastes that were or are likely to have been in contact with infectious agents that may present a substantial threat to public health if improperly managed.
- Cultures and stocks to infectious agents and associated biological specimen cultures, wastes form production of biological and discarded live and attenuated vaccines.
- Contaminated carcasses, body parts and bedding of animals that were intentionally exposed to infection agents from zoonotic or human disease during research or testing of pharmaceuticals.
- Waste materials from the rooms of isolated patients because of diagnosed communicable disease.
- Dressing materials, POP cast (form compound fracture patients) etc.
- Any other waste material the generator designates as infectious wastes.

Non-infectious wastes:

- Include 75 to 90% of the waste produced by health care providers. Health care waste come mostly from the administrative and housekeeping functions of the hospitals and may also include waste generated.
- During maintenance of the health care premises, these wastes are non-risk similar to that of domestic wastes.
- If infectious waste is not properly separated at source all the waste volumes need to be considered as hazard.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 3 of 9

Document Title: Biomedical Waste Management

2. HOSPITAL WASTE MANAGEMENT CONSISTS OF THE FOLLOWING STEPS:

- Segregation and collection
- Transportation
- Temporary Storage
- Treatment
- Final Disposal

a. Segregation and collection

Segregation is defined as – Separation of different types of wastes as per treatment and disposal option.

Segregation should take place at the source of generation of waste. It is important that segregation takes place at source, as it is the person who generates the waste knows best its nature.

All waste from hospital is not considered as hazardous. Only 10 to 20% of wastes generated on a hospital are infectious / hazardous. If infected waste gets mixed with general waste, entire waste becomes infected. Segregation of waste and containment of waste helps to avoid this. Segregation limits infectious waste. That means less infected waste to manage.

By segregation waste:

- We are reducing quantum of infected waste.
- We are making way for management of general waste separately.
- We are reducing load and cost of infected waste.
- We are improving cleanliness of the surroundings within and outside the hospital.
- We are keeping ourselves away from contact with infected waste.
- Biomedical waste (management and handling) rules, 2016 have stipulated a simple color coded system for segregated collection of medical waste

Labeling- All the bag must be labeled according to the rules (Schedule 111 of Biomedical waste management and handling rule 2016)

Bags- It should be ensured that waste bag are effectively secured and filled up to only three fourth capacities and removed from site of generation regularly and timely.

Pre-treatment procedures: Certain categories of waste which may need pre treatment (decontamination / disinfection) at the site of generation such as plastic, sharp material, lab specimens,

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 4 of 9

Document Title: Biomedical Waste Management

etc. should be removed from the site of generation only after treatment. Pathology lab liquids are disposed of to ETP.

b. Transportation

Inside the wards at point of Generation: - The biomedical waste is carried from the point of generation to the nursing stations in the waste bins provided in the nursing trolley.

Infectious waste to yellow bags by Nurse / Doctor / Operation room assistant / Labor room nurse/ Laboratory technician

Sharps to puncture proof containers with disinfection solution by Nurse / Doctor (generator of waste)

Plastic to Black bag / disinfection solution by Nurse / Doctor (generator of waste) General waste to Black bags by housekeeping staff / patients / visitors.

From point of Generation to waste storage centre: -

- Housekeeping staff collect hospital waste twice a day from the point of generation.
- Covered wheel barrow / trolley to be used for transporting waste and the bags.
- The waste from the operation theatre and ICU are collected more often, depending on the number of operations and cases attended in a particular day.
- Housekeeping staff to wear protective clothing while collecting waste and should not manually lift the waste bin to final disposal site.
- The containers used for collecting food waste and general waste were cleaned and disinfected before replacement to the respective departments.
- On each bag particular ward / department Name, Date, Name & Signature if In charge and housekeeping staff will be written for auditing.
- Use a dedicate lift/ramp for transportation of waste.

c. Temporary Storage

- Separate areas within the hospital premises are allocated for temporary storage of each category of waste.
- The storage area should have an impermeable, hard-standing floor with good drainage; it should be easy to clean and disinfect.
- There should be a water supply for cleaning purpose.
- The storage area should afford easy access for staff in-charge of handling the waste.
- It should be possible to lock the store to prevent access by unauthorized person.
- Easy access for waste collection vehicle is essential.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 5 of 9

Document Title: Biomedical Waste Management

- There should be protection from the sun. - The storage area should be inaccessible for animals, insects and birds.
- There should be good lighting and at least passive ventilation

GENERAL

Awareness should be provided to all staff members in the hospital regarding collection, segregation, transportation, storage and disposal of different types of hospital waste.

The system and procedures for management of biomedical waste shall be in accordance with the appropriate legal guidelines as laid down by the environment (protection) Act, 2016 and biomedical waste (management & handling) Rule, 2016 and other guidelines as laid down by the government of India and Government of Maharashtra and its statutory agencies.

3. BLOOD SPILLAGE POLICY

When blood or other fluids which can transmit HIV are spilled, always wear protective gears to clean the spill. HIV is easily decontaminated by common disinfectants. Use spill kit to remove the spill.

- If the spill is small remove the visible material and then decontaminate the area with 1% Sodium Hypochlorite solution.
- If the spill is large, follow the procedure given below to clean the blood spill.
 - a. Restrict entry by keeping stop board
 - b. Use spill kit
 - c. Wear protects gears
 - d. Pour 1% Sodium Hypochlorite solution over the spill.
 - e. Spread Blotting paper / Newspaper over the spill and keep it understandable for 20-30 minutes.
 - f. Remove of along with newspaper to the bag assigned to it – (Yellow color).
 - g. Clean the floor using a scrubbing cloth with 1% Sodium Hypochlorite solution. This should be done for 2 or 3 minutes.

Spill kit should be including stop board, Mask, Gloves, Apron, Goggles, Sodium Hypochlorite, Scrubbing cloth, yellow cover, Newspaper etc.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 6 of 9

Document Title: Biomedical Waste Management

4. Urine spillage:

Immediate actions

- Isolate the area to prevent spread
- Place warning signage if required
- Don appropriate PPE
 - Gloves
 - Mask
 - Apron / Gown

Absorption of spill

- Cover the spill with
 - Absorbent paper
 - Spill absorbent material

Cleaning Process

- Remove soak material carefully

Clean area using:

- Detergent solution or
- Approved hospital grade disinfectant (non-chlorine based)

Disinfection

- Quaternary ammonium compounds
- Phenolic disinfectants
(As per hospital policy)

Final steps

- Dispose of contaminated materials as per BMW rules
- Performed hand hygiene
- Document spill if significant

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 7 of 9

Document Title: Biomedical Waste Management

Critical safety instruction (MANDATORY)

Sodium hypochlorite shall not be used for urine spills

Reason:

Urine contains urea/ammonia. When sodium hypochlorite reacts with the substance, it can produce:

- Chlorine gas
 - Chloramines vapors
- These are
- Toxic
 - Irritant to eyes and respiratory tract
 - Hazardous to staff and patients

5. MERCURY SPILLAGE POLICY:

Hazards of Mercury:

Mercury (Hg) is a naturally occurring highly toxic and volatile heavy metal, it remains in the atmosphere up to one year and finally settles in water bodies taken up by fishes. Some micro-organisms and natural process can change the mercury in the environment from one form to another, the most common one being Methyl Mercury which is one of the six most serious pollution threats to the planet.

Methyl Mercury has a capability to interfere with cell division. It also binds to DNA and interferes with the copying of chromosomes and synthesis of proteins. It can cross blood, brain and placental fluids. Pregnant women and children are thus most vulnerable to the effect of Mercury.

Mercury is a potent neurotoxin, at very low level of exposure. It can cause permanent damage to the human central nervous system. 1/7th fraction of a tea spoon mercury is enough to contaminate a 25-acre lake. At higher concentrations, mercury can damage vital organs such as lungs, liver and kidneys. The exposure to mercury can cause pneumonitis, bronchitis, muscle tremors, irritability, personality changes, memory loss mood swings, weak muscle, gingivitis and symptoms of neurotoxicity also.

Occupational health Hazard:

The most common potential mode of occupational exposure to mercury is via inhalation of metallic liquid mercury vapors. If not cleaned up properly, spills of even small amount of elemental mercury, such

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 8 of 9

Document Title: Biomedical Waste Management

as from breakage of thermometers can contaminate indoor air above recommended limits and lead to serious health consequences. Since mercury vapor is odorless, and colorless, people can breathe mercury vapor and not know it. For liquid metallic mercury, inhalation is the route of exposure that poses the greatest health risk.

Sources of mercury in hospital:

Thermometers, Blood pressure instruments, Feeding tubes, Batteries, Dental amalgam, Laboratory chemical like Zenkar's solution and histological fixatives. Medical waste incinerators are a significant source of mercury in the environment. Studies have shown that there are 158 tones of mercury emitted annually in to atmosphere, 10% comes from incineration of medical waste.

ALTERNATIVES TO MERCURY CONTAINING MEDICAL DEVICES

Mercury Containing Product	Alternatives
Thermometer	Electronic (Digital): - Oral / rectal tympanic (also called infrared thermometer) Glass filled with alloy of gallium, indium and tin (Liquid at room temperature)
Sphygmomanometer	Aneroid, Electronic
Gastrointestinal Tubes	Tungsten, considered to be as effective as mercury
Dental Amalgam	Ceramic fillings

Tips for handling mercury safely

- Use mercury in uncarpeted and well-ventilated areas. Provide troughs on smooth surfaced tables and benches to collect mercury spills.
- Remove all jewellery and watches, especially gold, Employees who handle mercury are to wear mercury vapor respirators and protective clothing, gloves, disposable gown and shoe coverings.
- Prohibit smoking and eating in or near mercury exposed areas.
- Train employees to understand the dangers and precautions while handling mercury. Staff training is a key element in the proper prevention and management of mercury spills.
- Clean and calibrate all mercury containing equipment to the significations of the manufacture.
- Properly document and label all containers containing mercury.
- Avoid having chemicals such as chlorine dioxide, nitric acid, nitrates, ethylene oxide, chlorine and methylamine in the same area as mercury, since they react violently with mercury.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	



SAIDEEP HOSPITAL

HOUSE KEEPING

Doc No	SDH/HSK/5.6
Date	01 Jan 2026
Rev. No.	02
Issue No	01
Page	Page 9 of 9

Document Title: Biomedical Waste Management

- h. Be sure to keep mercury away from biological waste or anything else that will be incinerated since incineration puts mercury vapor into the air.

METHOD OF CONTAINMENT OF MERCURY SPILL (IN CASE OF A MERCURY SPILL)

- **Do not touch mercury:** Remove any jewellery / watch. Put on all protective gear. Use a flash light to locate the mercury.
- **Collect the mercury carefully:** use cardboard sheets to push beads of mercury together. Use the syringe to suck the beads of mercury. Carefully place the mercury with stick tape and place contaminated tape in bag / cover as mercury waste and mention the ward / department and date of spill. Place this bag in the second bag / cover, label it as mercury waste and mention the ward / department and date of spill.
- **Never use a vacuum cleaner or broom**
- **Dispose the mercury properly:** The collected mercury is a hazardous waste. So, it should be stored safely in a locker and finally hand over to a mercury equipment manufacture.

Mercury spill kit: Should always be available in each ward / department. It includes gloves, face mask, eye shield, a syringe, and two stiff pieces of cardboard, two bags / covers, sticky tape, a flash light, glass bottle and packing tape.

Spill and containment plan: Collect the mercury spill as per the rule.

- Report the incident to the maintenance engineer who is in-charge of waste management.
- Fill the mercury Spillage – Incident reporting form
- Maintenance engineer should keep a register for the incident reporting.
- Send the collected mercury waste to the waste management department and store it safely in the locker at biomedical waste treatment plant.
- Handover to mercury equipment manufacturer.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	