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CHECKLIST

Hospital Daily Operations Checklist for India

Shift handover, patient safety, infection control, biomedical waste segregation, pharmacy, and emergency readiness for hospitals, nursing homes, and clinics. Every task is labelled by frequency and mapped to Indian regulations.

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75+
Checklist Items
Handover to night close

8+1
Sections + Quick Ref
Daily summary + 8 sections

4
BMW Bin Colours
Yellow, Red, White, Blue

3
Shifts / Day
Morning, evening, night

All
Facilities Covered
Hospitals, nursing homes, clinics

01 Daily Quick Reference

Print this one page and pin it at each nursing station. Tick off each task every shift.

When	Task	Who
Shift start	Nursing handover: patient list, critical cases, pending orders	Nurse in-charge
Shift start	Count crash-cart drugs, check defibrillator charge & O2 cylinders	Duty nurse
Shift start	Verify emergency drug expiry, seal intact on crash cart	Duty nurse
Morning	Doctor rounds: review charts, update treatment orders	Consultant/RMO
Morning	Hand-hygiene stations stocked: soap, sanitiser, gloves	Housekeeping
All day	Hand hygiene at WHO's 5 Moments for every patient contact	All clinical staff
All day	Segregate waste: Yellow / Red / White / Blue bins at source	All staff
All day	Sharps into puncture-proof white container, never recap needles	Clinical staff
All day	Medication given per doctor's order, double-check high-risk drugs	Duty nurse
All day	Patient ID confirmed (name + UHID) before every procedure	Clinical staff
Per shift	Vitals charted, intake/output recorded, alarms responded to	Duty nurse
Per shift	Pharmacy: dispense against valid prescription, log Schedule H1/X	Pharmacist
Midday	Housekeeping round: floors, toilets, high-touch surfaces disinfected	Housekeeping
Evening	DG set / power backup test, oxygen manifold pressure check	Maintenance
Night	BMW bags weighed, labelled, moved to central storage (<48 hrs)	Housekeeping
Night	Fire exits clear, extinguishers accessible, night security briefed	Duty manager
Shift end	Handover signed, incident register updated, census reconciled	Nurse in-charge

How to Use This Checklist

This checklist covers daily, weekly, and monthly tasks for hospital and nursing-home operations. Each item is labelled by frequency. This quick reference lists only the critical daily tasks. Detailed instructions and legal references are in Sections 01-08 that follow. Adapt items to your facility's size and department mix.

02 Shift Handover and Patient Rounds

The first 30 minutes of every shift set the tone for patient safety

3	100%	SBAR
Shifts to Hand Over	Patients Reviewed	Handover Format
Morning, evening, night	*No patient skipped at handover*	*Situation-Background-Assessment-Recommendation*

Nursing Handover

- ✓ **Structured bedside handover using SBAR for every patient** — Every shift
  Situation, Background, Assessment, Recommendation. Cover diagnosis, current vitals, pending investigations, medication due, allergies, fall/pressure-ulcer risk, and any deterioration overnight. Handover face-to-face, not on paper alone.
- ✓ **Reconcile patient census: admissions, discharges, transfers, deaths** — Every shift
  The incoming nurse-in-charge confirms the actual head count against the register, bed by bed. Discrepancies are resolved before the outgoing shift leaves.
- ✓ **Flag critical and high-dependency patients for priority monitoring**
  ICU, post-op, patients on ventilators, patients on high-risk medication (insulin, heparin, opioids), and patients with a MEWS/early-warning score above threshold get named handover and closer watch.
- ✓ **Verify pending orders, sample collections, and investigation reports**
  Blood samples due, imaging scheduled, consent forms pending, and reports awaited are listed so nothing is lost between shifts.

Doctor Rounds

- ✓ **Consultant / RMO rounds with updated case sheets**
  Every admitted patient is reviewed. Treatment orders, diet, and investigations are updated and signed with date and time. Verbal orders are written down and countersigned within 24 hours.
- ✓ **Review and document treatment plan changes in the case sheet**
  Illegible or unsigned entries are a legal risk during any medico-legal case or insurance audit. Every entry carries the doctor's name, registration number where required, date, and time.
  Clinical Establishments Act 2010; NABH standards
- ✓ **Confirm discharge plans and communicate to nursing and billing**
  Early notice of planned discharges frees beds, lets pharmacy prepare take-home medication, and gives billing time to prepare a clean final invoice.

03 Patient Safety and Clinical Care

The checks that prevent the errors that hurt patients

2	5	24 hrs
Identifiers Before Care	Rights of Medication	Incident Report Window
Name + UHID, never bed number alone	*Patient, drug, dose, route, time*	*Log any adverse event same day*

✓ **Confirm patient identity with two identifiers before any procedure** — Every procedure

Use name and UHID/registration number (and ID band where used). Never rely on bed or room number alone. Wrong-patient errors are among the most common and most preventable.

✓ **Follow the five rights of medication administration** — Every dose

Right patient, right drug, right dose, right route, right time. Double-check high-alert drugs (insulin, heparin, potassium chloride, opioids, chemotherapy) with a second nurse before administration.

✓ **Assess and document fall risk and pressure-ulcer risk on admission**

Use a simple scoring tool (Morse fall scale, Braden scale). High-risk patients get bed rails, call bells within reach, two-hourly position changes, and a visible risk marker.

✓ **Verify informed consent is signed before surgery or invasive procedures**

Consent must be in a language the patient understands, signed and dated, with the procedure, risks, and alternatives explained. For minors and unconscious patients, follow the guardian-consent protocol.

Clinical Establishments Act; MCI/NMC guidelines

✓ **Site marking and surgical safety checklist before every operation** — Every surgery

Mark the surgical site with the patient awake and confirming. Run the WHO Surgical Safety Checklist: sign-in, time-out, sign-out. This prevents wrong-site and wrong-side surgery.

✓ **Vitals charted at the ordered frequency, deterioration escalated**

Temperature, pulse, BP, respiratory rate, SpO2, and pain score recorded on the observation chart. A rising early-warning score triggers a defined escalation to the RMO or rapid-response team.

✓ **Log every adverse event, near-miss, and complaint in the incident register**

Medication errors, falls, wrong samples, needle-stick injuries, and equipment failures are recorded the same day with facts, not blame. Root-cause review drives correction. A non-punitive reporting culture surfaces problems before they harm patients.

04 Infection Control and Hand Hygiene

Hospital-acquired infections are preventable, and mostly by clean hands

5	20 sec	HICC
Moments for Hand Hygiene	Handwash Duration	Committee Meets Monthly
WHO hand-hygiene framework	*Or 20-30 sec alcohol rub*	*Hospital Infection Control Committee*

Hand Hygiene and PPE

- ✓ **Hand hygiene at WHO's 5 Moments for every patient contact** — Every contact
  Before touching a patient, before a clean/aseptic procedure, after body-fluid exposure, after touching a patient, and after touching patient surroundings. Alcohol rub for 20-30 seconds, or soap and water for 40-60 seconds when hands are visibly soiled.
- ✓ **Hand-rub dispensers stocked at every bed and entry point**
  Empty dispensers are the top reason staff skip hand hygiene. Housekeeping checks and refills every shift. Sinks have soap, running water, and disposable towels.
- ✓ **Correct PPE for the task: gloves, mask, gown, face shield**
  Gloves are not a substitute for hand hygiene. Change gloves between patients and clean hands after removal. N95 for airborne precautions, full PPE for isolation and aerosol-generating procedures.
- ✓ **Isolation precautions in place for infectious patients**
  Signage on the door, dedicated equipment, restricted entry, and correct waste handling for contact, droplet, or airborne precautions. Notify the infection-control nurse of any notifiable disease.

Sterilisation and Environment

- ✓ **CSSD load logged, autoclave cycle validated with indicators** — Every load
  Every sterilisation load is recorded with date, cycle, and a chemical/biological indicator result. Instruments are stored sterile, dated, and used before the expiry of sterility. Failed indicators mean the load is reprocessed.
- ✓ **High-touch surfaces disinfected between patients and each shift**
  Bed rails, call bells, IV poles, monitors, door handles, and switches with a hospital-grade disinfectant. Terminal cleaning after discharge or death before the next admission.
- ✓ **Linen segregated: soiled and infected linen in colour-coded bags**
  Infected linen goes in leak-proof bags, handled with gloves, never sorted on the floor. Clean linen stored separately and covered. A shortage of clean linen is both a hygiene and a dignity issue.
- ✓ **Water tanks, RO, and dialysis water tested on schedule** — Monthly
  Overhead and underground tanks cleaned and chlorinated periodically. Dialysis units test water for endotoxins and chemical purity per protocol. Keep the test records for inspection.

WHO 5 Moments for Hand Hygiene

1) Before touching a patient. 2) Before a clean or aseptic procedure. 3) After body-fluid exposure risk. 4) After touching a patient. 5) After touching patient surroundings. Audit compliance monthly by direct observation and feed the results back to each ward. Hand hygiene is the single most effective way to reduce hospital-acquired infections.

05 Biomedical Waste Management

Segregate at source into the right colour, every time

4	48 hrs	Annual
Colour-Coded Bins	Max On-Site Storage	BMW Return by 30 Jun
Yellow, Red, White, Blue	*Before authorised collection*	*To State Pollution Control Board*

Bin Colour	What Goes In	Treatment / Disposal
Yellow	Human anatomical waste, soiled dressings/cotton, expired medicines, chemical waste, lab/microbiology waste	Incineration or deep burial
Red	Contaminated recyclables: IV tubing, catheters, urine bags, syringes (no needle), gloves	Autoclave/microwave, then recycle
White (translucent)	Sharps: needles, fixed-needle syringes, scalpels, blades	Autoclave/dry heat, then shred
Blue	Broken/discarded glass, medicine vials, ampoules; metallic implants	Disinfect/autoclave, then recycle

Segregation and Handling

✓ **Segregate at the point of generation into the four colour-coded bins** — Every time

Segregation cannot be fixed later. Once a needle goes into a red bag, the whole bag becomes sharps risk. Colour-coded, foot-operated, lidded bins with the correct liner sit at every generation point.

Biomedical Waste Management Rules 2016 (as amended)

✓ **Never recap, bend, or break needles; drop directly into white sharps container** — Every time

Needle-stick injuries transmit Hepatitis B, Hepatitis C, and HIV. Puncture-proof white containers are filled to three-quarters only, then sealed. A post-exposure protocol is displayed and followed for any injury.

BMW Rules 2016

✓ **Bags weighed, labelled with date, ward, and biohazard symbol** — Daily

Every bag carries the biohazard symbol, generation date, and source ward. Maintain a daily waste-generation register with category-wise weights. This record is the basis of your annual return.

✓ **Waste moved to central storage within the shift, held under 48 hours**

Untreated biomedical waste is not stored beyond 48 hours. Central storage is covered, secured, labelled, and away from patient and public areas.

Authorisation and Records

✓ **Valid BMW authorisation from the State Pollution Control Board** — Compliance

Every healthcare facility that generates biomedical waste needs authorisation from the SPCB/PCC. Keep it current and displayed.

BMW Rules 2016, Rule 10

✓ **Signed manifest for every handover to the Common BMW Treatment Facility**

Waste handed to the authorised CBWTF operator is logged with quantity and date, and the collection vehicle's manifest is signed and filed. In-house treatment (autoclave/shredder) records are kept where applicable.

✓ **Staff trained and vaccinated (Hepatitis B) for waste handling** — Annual

Handlers wear gloves, masks, aprons, and boots. Hepatitis B vaccination is provided and recorded. Annual BMW training is documented for all staff.

✓ **File the annual BMW return to the SPCB by 30 June**

Annual

The annual return for the previous calendar year is submitted to the State Pollution Control Board by 30 June each year. Keep the acknowledgement.

BMW Rules 2016

Segregation Is a Legal Duty, Not a Suggestion

Mixing biomedical waste with general municipal waste, or wrong-colour segregation, is a violation of the Biomedical Waste Management Rules 2016 and can attract action under the Environment (Protection) Act 1986, including closure of the facility. The occupier (the person in charge of the establishment) is personally responsible for compliance.

06 Pharmacy and Medication Management

Right drug, valid prescription, correct storage, complete records

H1/X	2-8°C	Daily
Schedule Registers Kept	Cold-Chain Range	Narcotic Stock Register
Drugs and Cosmetics Rules 1945	*Vaccines, insulin, biologicals*	*NDPS balance tallied daily*

Dispensing and Prescriptions

- ✓ **Dispense only against a valid prescription by a registered pharmacist** — Every sale
  The in-house or retail pharmacy must operate under a valid drug licence with a registered pharmacist present during working hours. Schedule H, H1, and X drugs are not sold over the counter.
  Drugs and Cosmetics Act 1940 & Rules 1945

- ✓ **Maintain the Schedule H1 register for specified antibiotics and drugs**
  Record the prescriber, patient name and address, drug name, and quantity for every Schedule H1 dispensing. This curbs antibiotic misuse and is checked by drug inspectors.
  Drugs and Cosmetics Rules 1945, Schedule H1

- ✓ **Narcotic and psychotropic drugs stored in a locked cabinet, tallied daily** — Daily
  Schedule X and NDPS drugs are kept under double lock with restricted access. The balance is physically counted and signed off daily against the register.
  NDPS Act 1985; Drugs Rules Schedule X

- ✓ **Bill medicines with correct GST; healthcare services stay exempt**
  Clinical healthcare services provided by the hospital are GST-exempt (Notification 12/2017-Central Tax (Rate)). Medicine and consumable sales through the pharmacy attract GST at the applicable rate for each item. Bill the two correctly and keep them separate.

Storage and Stock

- ✓ **Cold-chain items stored at 2-8°C with a monitored, logged fridge** — Twice daily
  Vaccines, insulin, and biologicals lose potency outside range. Use a dedicated medical refrigerator with a min-max thermometer, twice-daily temperature log, and a backup plan for power failure.

- ✓ **First-Expiry-First-Out (FEFO) followed, near-expiry stock flagged monthly**
  Arrange stock so the earliest expiry is used first. Pull items within 90 days of expiry to a separate shelf for priority use or return. Expired stock is quarantined and never dispensed.

- ✓ **Crash-cart and emergency drugs stocked to par, sealed, and in date** — Every shift
  Emergency drugs (adrenaline, atropine, dextrose, antihistamines) are stocked to the defined par level, the cart is tamper-sealed, and expiry is checked at every shift. A used cart is restocked and resealed immediately.

- ✓ **Physical stock reconciled with system; pilferage investigated**
  Regular cycle counts reconcile shelf stock with the inventory system. Repeated discrepancies in high-value or habit-forming drugs are escalated the same day.

07 Equipment and Emergency Readiness

When the alarm sounds is the wrong time to find the defibrillator is flat

Every shift	24x7	PPM
Crash Cart Check	Oxygen & Power	Planned Maintenance
Drugs, defibrillator, airway kit	*Backup for critical areas*	*Scheduled for all equipment*

- ✓ **Crash cart checked and signed every shift: drugs, defibrillator, airway kit** — Every shift
  Confirm the defibrillator is charged and self-tests pass, the laryngoscope light works, oxygen is connected, suction is functional, and all emergency drugs are present and in date. Sign the crash-cart checklist.
- ✓ **Medical oxygen: cylinder stock, manifold pressure, and backup verified** — Daily
  Check the central manifold pressure, reserve cylinder count, and that flow meters at the bedside work. After the oxygen shortages of recent years, a documented daily oxygen check is essential in any facility with critical beds.
- ✓ **Power backup tested: DG set fuel, UPS for ICU/OT, changeover time** — Daily
  The diesel generator has fuel and starts on test. UPS and inverters cover ICU, operation theatre, ventilators, and the lab with an automatic changeover fast enough that critical equipment never drops.
- ✓ **Ventilators, monitors, infusion pumps functional and calibrated**
  Critical-care equipment is checked before each use and calibrated per the planned preventive maintenance schedule. Faulty equipment is tagged, removed from service, and logged for repair.
- ✓ **Suction apparatus, nebulisers, and glucometers working with supplies**
  Ward-level equipment is often forgotten until needed. Check suction catheters, nebuliser masks, glucometer strips, and BP cuffs of the right sizes are stocked.
- ✓ **Planned Preventive Maintenance (PPM) schedule up to date**
  Every biomedical device has a maintenance schedule and service record. AMC/CMC contracts for critical equipment are active. Calibration certificates for measuring devices are current and filed.
- ✓ **Radiology and lab equipment: AERB and quality checks current**
  X-ray, CT, and other radiation equipment operate under a valid AERB licence with radiation-safety measures and personnel dosimetry. Lab equipment runs internal quality control before reporting patient results.
  AERB (radiation); NABL (lab)

08 Housekeeping, Facility and Fire Safety

A clean, safe building is part of clinical care

3x	Annual	Clear
High-Touch Cleaning	Fire NOC / Mock Drill	Fire Exits Always
Per shift in clinical areas	*Renewal and drill on schedule*	*Never blocked or locked*

Cleaning and Environment

- ✓ **Clinical areas cleaned and disinfected on the scheduled frequency** — Per shift
  ICUs, OTs, and isolation rooms follow a stricter, documented cleaning schedule than general wards. Colour-coded mops and cloths prevent cross-contamination between zones. Cleaning is logged, not assumed.
- ✓ **Toilets, sluice rooms, and drains cleaned and deodorised**
  Patient and public toilets checked and cleaned multiple times a day with a visible cleaning log on the door. Sluice areas and drains kept clear to prevent odour and infection risk.
- ✓ **Pest control on schedule with a maintained register** — Monthly
  Kitchens, wards, stores, and waste areas are covered by a licensed pest-control contract. The register records dates, areas, chemicals, and the vendor licence number.
- ✓ **Kitchen and diet: food hygiene and FSSAI licence for hospital canteen**
  If the hospital runs a kitchen or canteen, it needs an FSSAI licence and must follow food-safety hygiene. Patient diets are prepared, labelled, and delivered per the dietician's orders.
  FSSAI Act 2006

Fire and Facility Safety

- ✓ **Fire exits, corridors, and staircases clear and unlocked at all times** — Every shift
  Blocked or locked fire exits have caused fatal hospital fires in India. Corridors are never used for storage. Exit signage is illuminated and directional signage is visible.
- ✓ **Fire extinguishers, hydrants, and smoke detectors serviced and accessible** — Monthly
  Extinguishers show a green pressure gauge and an in-date service tag. Fire alarm panels are functional. Staff know the location of the nearest extinguisher and hose reel.
  National Building Code 2016; state fire NOC
- ✓ **Valid fire safety NOC and hospital registration displayed** — Compliance
  The fire NOC, Clinical Establishment / Nursing Home registration, and other statutory licences are current and displayed. Renewal dates are tracked so nothing lapses.
  Clinical Establishments Act 2010; state fire rules
- ✓ **Fire mock drill and staff evacuation training conducted and recorded** — Annual
  A documented fire drill trains staff on alarm response, patient evacuation (including non-ambulatory patients), extinguisher use, and assembly points. Conduct it at least annually, more often for high-risk areas.

09 Staff, HR and Statutory Compliance

Rosters, credentials, and the licences that keep you legal

10+	20+	24x7
ESI / POSH Threshold	PF Threshold	Staffing Cover
ESI: 10+ ; POSH: 10+ employees	*EPF Act, 20+ employees*	*Doctor/nurse ratios per shift*

- ✓ **Duty roster covers every shift with adequate doctor and nurse ratios** — Daily
  24x7 facilities need a published roster with named cover for each shift, including on-call consultants. Nurse-to-patient ratios are heavier for ICU and post-op. Gaps are filled before the shift, not after.
- ✓ **Staff attendance marked; overtime and weekly-off compliant** — Daily
  Biometric or app-based attendance prevents proxy marking. Working hours and weekly offs follow the state Shops and Establishments Act or the Factories Act as applicable. Overtime is paid at the statutory rate.
  State S&E Act / Factories Act 1948
- ✓ **Clinical credentials verified: doctors and nurses registered and in date** — Compliance
  Every doctor holds valid registration with the State Medical Council / NMC, and nurses with the State Nursing Council. Keep copies on file and re-verify on renewal. Practising without valid registration is a serious offence.
  NMC Act 2019; State Nursing Council
- ✓ **PF for 20+ employees, ESI for 10+ employees, deposited on time** — Monthly
  PF applies at 20 or more employees; ESI at 10 or more where wages are up to ₹21,000/month. Both are deposited by the 15th of the following month. Late deposit attracts interest and damages, with liability extending to the person in charge.
  EPF & MP Act 1952; ESI Act 1948
- ✓ **POSH Internal Committee constituted and training done (10+ employees)** — Compliance
  Hospitals with 10 or more employees must have a Prevention of Sexual Harassment policy, an Internal Committee, and awareness training. The annual report goes to the District Officer by 31 January.
  POSH Act 2013
- ✓ **Staff health: Hepatitis B vaccination and periodic screening recorded**
  Clinical and waste-handling staff are offered Hepatitis B vaccination and periodic health checks. Records are maintained. A post-exposure prophylaxis protocol is displayed for needle-stick injuries.
- ✓ **Statutory registers and display boards current** — Compliance
  Registration certificate, licences, tariff/rate list, PCPNDT registration where ultrasound is done, blood-bank licence where applicable, and grievance/patient-rights information are displayed as required.
  Clinical Establishments Act; PCPNDT Act 1994

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Stop chasing *paper checklists*

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