

## MINIMUM STANDARDS FOR BURN CARE FACILITY

Template for Minimum standards for Hospital	BASIC ( Burn care facility for general /general surgical care )	ADVANCE CARE (Burn unit )	Remarks
<b>1 Definition</b>			
<b>2 Scope</b>	PATIENTS WITH UPTO 25% TBSA (total body surface area) in adult and 15 % in children burns with no comorbid condition	All burns patients (Minimum 2 beds with ICU facility)	
<b>I Services Provided</b>			
1.General purpose	Yes		
2.Single Speciality	Yes	Yes	
3.Multispeciality	Yes	Yes	
4.Superspeciality		Yes	
<b>3 Human resources</b>			
<b>1.1 Doctors</b>			for Anaesthetist services refer to Doc on Anaesthetist
Med person incharge	Surgeon-1 (MS General Surgeon)	MCh /DNB Plastic Surgery-1	
Full time consultant		Surgeon-1 (MS General Surgeon)	
Part time consultant			
visiting consultant			
Duty Doctors	MBBS cover round the clock	MBBS round the clock with Consultant cover	M
<b>1.2 Nurses</b>			
Nursing head		Yes	
General nurses	Staff Nurses-2 ,round the clock on shared basis	Yes	
Trained Nurses for ICU/OT/HDU	Yes	Yes	
1.3 Pharmacist	1	1	part of hospital
<b>1.4 Para Medical staff</b>			
Lab Tech	Yes	Yes	M- if own lab
Xray Technician	Yes	Yes	M- if own
OT Technician	Yes	Yes	M- in Major OT( In Minor OT trained Technician)

ECG Technician	Yes	Yes	D as part of hospital
Dietician	Yes	Yes	D as part of hospital
Physiotherapist	Yes	Yes	D as part of hospital
Psychologist		Yes	D as part of hospital
Medicosocial worker		Yes	M as part of hospital
<b>1.5 Support Staff</b>			
a.Receptionist & Billing	Yes	Yes	M-as part of hospital
b.MRD Office	Yes	Yes	M-as part of hospital
c.Security closed circuit surveillance and sanitation	Yes	Yes	Sanitation and Security Must ;Closed circuit surveillance desirable
d.Transport facility including driver		1 Yes	M-own/outsourced
e.Data entry operators		Yes	part of hospital
f.House keeping	Yes	Yes	M-Mandatory
<b>1.6 Rapid Response Team</b>	Yes	Yes	D
<b>1.7 others</b>			
Policy Manpower/ posting/ rotation/ of medical and ALLIED HEALTH PROFESSIONAL	Yes	Yes	M
STANDARD PERTAINING TO PERSONAL RECORD KEEPING AND TRAINING	Yes	Yes	M
PAYMENT/ROSTER OF STAFF	Yes	Yes	M
OTHER REQUIREMENT LIKE PERIODIC HEATH CHECK UPS,vaccination of staff in lab,bld bank,TLD badges	Yes	Yes	D
<b>4 Equipment</b>			
Therapeutic		Vital parameter monitor2, skin graft mesher1,Humby's knife-4,Portable light-1	M

			Ultrasound therapy machine-1, Overhead pulley-1, Shoulder wheels 1,Horizontal bar-1,static cycle- 1,Quadriceps table-1,Breathing exercise equipment-1, Hand gripper- 1,Electric muscle stimulator- 1 Paraffin box-1	M
Diagnostic				
Emergency				ANNEXURE-2
Sterilizing	M		M	
Drugs,Medical devices and consumables	I/VFluids,Antibiotics,Sedatives,Analgesics, Antiseptic cream, Plasma expanders		same	M-ANNEXURE-3
List of disposables	Yes		Yes	M-Mandatory
Annual Maintenance records of equip	Yes		Yes	M
<b>5 Support Service</b>				
Reception & Billing	Yes		Yes	M-Mandatory,part of hospital
Laboratory	Yes		Yes	M-own/outsourced
Imaging	Yes		Yes	M-own/outsourced
Pharmacy	Yes		Yes	M-own/outsourced
sterilization/CSSD	Yes		Yes	M-Mandatory
Laundry/Kitchen	Yes		Yes	M-own/outsourced
Medical Gas/Manifold			Yes	M-Mandatory
Blood storage unit/blood Bank	Yes		Yes	M-own/outsourced/Tie up
Amb service	Yes		Yes	M-own/outsourced/Tie up