

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/015
	Manual of Operations Vulnerable Patient Care	Date of Issue : 05/07 /2021 Issue No. : JSL/I//015 Date of Revision: 04/07/2022 Revision No. : 00

SERVICE NAME :	VULNERABLE PATIENTS CARE OPERATIONAL POLICY
DATE CREATED :	03/07/2021
APPROVED BY :	DOCTOR NAME
RESPONSIBILITY OF UPDATING :	RECEPTIONIST NAME

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AMENDMENT SHEET

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A. Purpose:

To provide guideline instructions in order to ensure a safe environment for vulnerable patients (children, disabled and elderly patients).

B. Scope:

Hospital wide.

C. Policy:

Hospital cares for the elderly, physically/ mentally challenged children in paired communication or language problems, unescorted female patients, foreigners in transit, not oriented to local language.

Elderly Patients & Patients with Disabilities:

1. Wheelchair accessibility is possible within the hospital.
2. Priority given to elderly, physically/ mentally challenged and children, to avoid wait times to meet doctors and to use lifts.
3. Beds will remain in the lowest possible position.
4. Handrails are provided for the senior citizens to move around the hospital.
5. Signage boards with contrasting colors; large fonts in English as well as the regional language are placed to help senior citizens and disabled people.
6. Clear pathways are provided for the disabled and senior citizens to move around at their own pace.
7. Washrooms with grab bars are designed mainly for the disabled and aged people.
8. Instruct patient and family to call assistance before getting out of bed if at risk for falls. Teach patients to:
 - a) Ask for help when needed.
 - b) Rise slowly and keep necessary items within reach.
 - c) Use wheelchairs, canes and walkers properly if needed.
 - d) Use handrails if needed.
 - e) Wear shoes when walking.
9. All staff involved in the care of the very young and elderly is trained and sensitized about the special safety needs of these patients at least annually.

Female Patients

Vulnerable female patients will be attended for their physical interventions such as bathing, toilet by a female attendant.

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VULNERABLE PATIENT CONSENT FORM

UHID..... OPD..... Bed No..... Date.....

- Parental/Legal Guardian permission and consent is required for:

a 'child' - a person under the age of 12

a 'vulnerable adult' - a person aged 12 or over whose ability to protect himself or herself from neglect, abuse or violence is significantly impaired on account of disability, illness or otherwise.

Patient's Name : _____ **Age** _____ **Sex** _____

Procedure details : _____

Address and Contact _____

This is consideration of the Panchkarma procedure as follows

1

2

3

with best possible outcome

Risks

Alternative

1. I hereby give permission and all necessary consent to **CENTRE NAME** to and those Authorised by the **CENTRE NAME** and other relevant records to support vulnerability of to record my child or the vulnerable adult in my legal charge (named below) and I agree that for educational / promotional purposes the **CENTRE NAME** may use the Recordings (in whole or in part, transcribed or otherwise) throughout the world for the full period of copyright, including all renewals, reversions, extensions and revivals of such period:

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2. The information provided in this form is used for the Panchkarma procedure as described above and is managed and stored in accordance with the Indian Data Protection Act 1998 For data storage purposes, the **CENTRE NAME** may store electronically the information and Recording.

3. This Consent/Release Form shall be governed in all respects by Indian penal code law.

NAME OF CHILD or VULNERABLE ADULT:_____

NAME OF PARENT/ LEGAL GUARDIAN:_____

SIGNATURE OF PARENT / LEGAL GUARDIAN:_____