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HR Policies

- PLAN 5** Call back the staffs those who are in long leave/ maternity leave if applicable
- PLAN 6** Call back the resigned staff nurse, hostilities and nearby qualified residents for additional duties
- PLAN 7** Final year students from all medical and paramedical courses

after Indese.

8.GENERAL POLICIES

Refer employee guidebook

One Amala → Hospital → Quality & DTC updates → **Employee guidebook**

8.1.MANPOWER POLICY

8.1.1. Purpose

The purpose of this Manpower Planning Policy is to establish a structured, responsive, and forward-looking workforce strategy that ensures optimal staffing levels, enhances employee satisfaction and retention, and aligns with the strategic goals of the hospital, including service expansion and technological adaptation.

8.1.2. Scope

This policy applies to all departments, staff categories (clinical and non-clinical), and human resources personnel responsible for workforce planning, recruitment, retention, and performance management.

8.1.3. Responsibility

- Human Resources Department: Lead coordination and implementation of the manpower planning framework.
- Departmental Heads: Provide insights on department-specific requirements and validate projections.

8.1.4. PROTOCOL

A vacancy in the hospital may arise under the following circumstances:

- Resignation of existing staff
- Retirement of existing staff
- Identified need for New post in any department

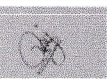



The procedure to be followed is as below:

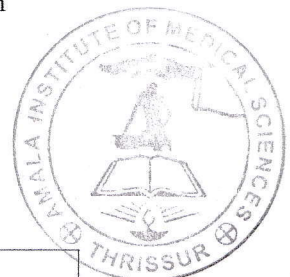
a) Manpower Requisition Forms:

The concerned department shall obtain the appropriate manpower requisition form from the Human Resources (HR) Department.

- Form for replacement of Resignation/Retirement staff.
- Form to request New Post.

b) Approval Requirements:

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- For replacement, the form must be signed and approved by the Joint Director.
- For creation of new posts, the form must be signed and approved by the Director.

c) Compliance Requirements:

- All recruitment processes shall be undertaken in alignment with the hospital's vision and mission.
- In the case of recruitment of doctors, the process must adhere to the norms and regulations of the National Medical Commission (NMC).
- In the case of nurses, the process must comply with the standards set by the Indian Nursing Council (INC).

8.1.5. Key Components of Manpower Planning

- Demand Forecasting:** Predict future staff needs (Man Power Plan) based on factors like patient volume, service mix, and technological advancements.
- Recruitment:** Attract qualified candidates through targeted strategies by qualification & experience.
- Retention:** Motivate and incentivize existing staff to stay, if found necessary.
- Standard Working Hours:** Unless otherwise specified by the terms of individual employment, the standard working hours for all employees shall be 48 hours per week.

8.1.6. Procedural Compliance

All manpower planning processes under this policy must strictly follow the procedures detailed in Page No. 23 of the HR Manual.

8.1.7. Review and Amendments

This policy will be reviewed periodically or as required based on hospital growth, external healthcare regulations, or internal audit outcomes. Amendments shall be made only after approval from the management.

8.2. CONTINGENCY PLANNING POLICY

8.2.1. Purpose

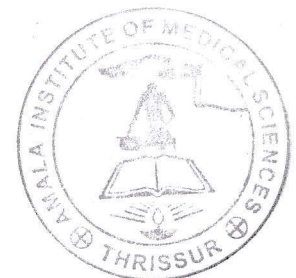
This Policy is established to ensure uninterrupted healthcare service delivery during emergencies, public health crises, or other extraordinary circumstances that may disrupt regular staffing levels. The objective is to formalize a contingency staffing framework that prioritizes continuity of patient care, protection of healthcare personnel, and efficient resource deployment.



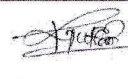
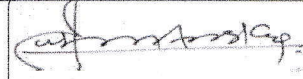
8.2.2. Scope

This Policy shall apply to all employees, temporary personnel, contracted service providers, volunteers, and external partners engaged by Amala Institute of Medical Sciences in the provision of healthcare services during a declared emergency or contingency situation.

8.2.3. Definitions

- Contingency Staffing:** A set of adaptive human resource practices undertaken during emergencies to address staffing shortages or increased demand.
- Crisis Event:** Any event (natural or man-made) that causes significant disruption to normal operations requiring immediate implementation of emergency response protocols.



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- c) **Volunteer Personnel:** Individuals including medical students, retired professionals, and other qualified persons temporarily engaged to assist in service delivery.

8.2.4. Contingency Measures

a) **Flexible Staffing Framework**

- All staff may be cross-trained to perform multiple roles, ensuring versatility in emergency deployment.
- Temporary or contract-based personnel, including but not limited to retired professionals and students, may be engaged to augment the workforce.
- An on-call roster shall be maintained to facilitate rapid staff deployment as required.
- Shift extensions and overtime arrangements may be invoked, with due regard to occupational health and safety norms.

b) **Staff Scheduling and Rotations**

- Staff shall be assigned in rotating shifts to prevent fatigue and ensure equitable workload distribution.
- Flexible work schedules may be offered to address individual or familial obligations without compromising operational readiness.
- High-priority units such as Intensive Care Units (ICUs) and Emergency Departments shall be prioritized for staff allocation.

c) **Volunteer Mobilization**

Medical and nursing students, retired personnel, and trained laypersons may be mobilized as volunteers subject to appropriate vetting and orientation.

d) **Emergency Training and Orientation**

- All personnel shall receive rapid training on emergency procedures, infection control protocols, and the correct use of Personal Protective Equipment (PPE).
- BRIDGE Programme shall be provided for previously inactive or returning healthcare workers.

e) **Staff Welfare and Well-Being**

The Institution shall provide access to mental health counseling, stress management programs, and adequate rest breaks.

f) **Incentives and Retention**

- Hazard pay, risk allowances, and other financial incentives may be approved to acknowledge the efforts of frontline workers.
- Institutional recognition programs shall be deployed to enhance morale and staff retention during crises.

g) **Contingency Planning for Staff Illness**

- Comprehensive isolation and quarantine protocols shall be established for staff who test positive or have been exposed to limit the spread.
- Substitute staffs shall be maintained to ensure minimal service disruption.

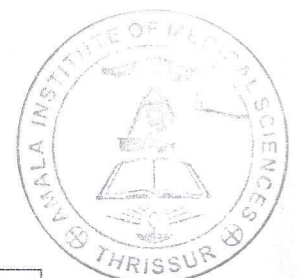
h) **External Collaboration**



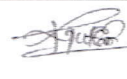
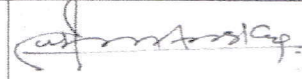
- The Institution shall enter into an understanding with local and national healthcare entities for mutual staffing support during emergencies.
- The Institution may also coordinate with private healthcare providers for additional workforce.

i) **Outsourcing of Non-Clinical Tasks**

To optimize clinical efficiency, non-critical services such as sanitation, food supply, and transport may be outsourced to third-party vendors under appropriate contracts.

j) **Inter-Facility Coordination**



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The Institution shall participate in regional healthcare networks to pool staff, share best practices, and streamline patient transfers when necessary.

k) Health and Safety Assurance

- Access to PPE shall be ensured for all personnel, with mandatory training in its correct use.
- Periodic health screenings shall be conducted to monitor fitness for duty, especially during extended shifts or high-risk operations.

8.2.5. Reporting Systems

A digital and manual reporting system shall be operational for staff to report availability, illness, exposure, and operational concerns. Data from such reporting shall be used for dynamic resource allocation.

8.2.6. Compliance

Non-compliance with the procedures enumerated herein may result in administrative action in accordance with the Institution's Disciplinary Regulations.

8.2.7. Review

This Policy may be reviewed and amended annually or as necessitated by emerging public health advisories, regulatory mandates, or institutional needs

8.3. ANTECEDENT VERIFICATION POLICY

8.3.1. Purpose

The purpose of this policy is to establish a standardised process for verifying the credentials and antecedents of all candidates seeking employment at our hospital. This policy is designed to protect the safety and well-being of our patients, staff, and the community we serve.

8.3.2. Scope

This policy applies to all applicants for physician and nursing and paramedical positions and all other staff at our hospital.

8.3.3. Verification

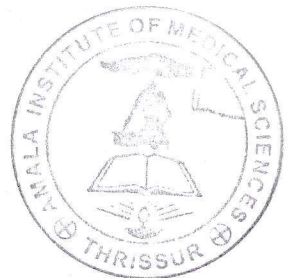
Education and licensure verification: HR Department will verify that all applicants have the education and licensure required for the position they are applying for. This will involve contacting the applicant's schools and licensing boards to confirm their degrees, licenses, and any disciplinary actions.





Employment verification: HR Department will contact the applicant's previous employers to verify their employment history and job performance and will also obtain references from the applicant's supervisors and colleagues.

8.3.4. Additional Requirements

- In addition to the above requirements, all applicants for physician positions must also meet the following requirements: Board certification in their specialty.
- In addition to the above requirements, all applicants for nursing positions must also meet the following requirements:
 - Current CPR certification
 - Current ACLS/BLS/NALS/PALS certification

If not possess a certificate, that staffs are requested to attend the course arranged by Amala Institute of Medical sciences.



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All applicants will be required to complete a credential verification form and release all necessary information to allow us to conduct the required checks. The Human Resources department will review the results of the verification checks and make recommendations to the hiring manager.

8.3.6. Maintaining Records

All credential verification records will be maintained in a confidential manner in accordance with applicable laws and regulations.

8.3.7. Non-Compliance

Any applicant who is found to have falsified their credentials or who does not meet the requirements of this policy will be automatically disqualified from employment.

8.3.8. Review

This policy shall be reviewed periodically and may be amended as deemed necessary to reflect organizational requirements and regulatory changes.

8.4. EXIT POLICY

8.4.1. Objective

The objective of this policy is to establish a comprehensive framework governing the separation of employment from Amala Institute of Medical Sciences, whether voluntary or involuntary. The policy aims to ensure an orderly, transparent, and respectful exit process that safeguards the interests of both the institution and the employee.

8.4.2. Scope

This policy shall apply to all categories of employees, including permanent, contractual, part-time, and temporary personnel, across all departments and units of the hospital.

8.4.3. Forms of Separation

An employment relationship may be concluded under the following categories:

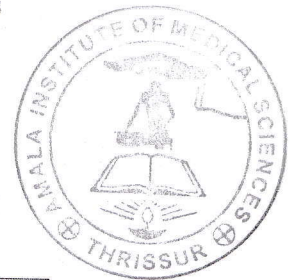
- a) Resignation: A voluntary separation initiated by the employee by submitting a formal notice of intent to resign.
- b) Retirement: Separation upon reaching the prescribed retirement age as defined under hospital service regulations or applicable employment contract.
- c) Termination: Involuntary separation initiated by the hospital due to disciplinary action, performance deficiencies, redundancy, or other lawful causes.
- d) End of Contract: Separation upon the expiry of a fixed-term employment agreement, without renewal.
- e) Medical Incapacity: Separation arising from a certified long-term medical incapacity or disability, rendering the employee un-fit to discharge duties.
- f) Death: Automatic cessation of employment upon the demise of the employee.





8.4.4. Notice Period Requirements

The following minimum notice periods shall apply in cases of voluntary resignation, unless otherwise stipulated in the individual employment agreement:

- a) All General Staffs & Junior Residents: 30 days
- b) Senior Residents: 60 days
- c) All Doctors other than Senior residents and Junior Residents: 90 days

The hospital reserves the right to waive or extend the notice period based on operational exigencies.



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8.4.5. Resignation Procedure

An employee intending to resign must:

- Submit a written resignation letter addressed to their immediate supervisor with a copy to the Human Resources Department;
- Complete and submit the prescribed Exit Interview Form;
- Fulfill all handover responsibilities and return institutional property;
- Obtain department-wise clearance prior to the last working day.

8.4.6. Exit Interview

The Human Resources Department shall conduct an exit interview prior to the employee's separation. This shall:

- Ascertain reasons for separation;
- Collect feedback on organizational culture, leadership, and work environment;
- Ensure confidentiality of the responses, which shall be utilized solely for institutional improvement and policy revision purposes.

8.4.7. Final Settlement of Dues

All pending dues shall be processed and settled by the hospital within 30 (thirty) days from the employee's last working day, including: Outstanding salary; Leave encashment; Reimbursements, if any.

No settlement shall be processed without submission of the duly signed No Due form.

8.4.8. Clearance and Handover Protocol

Before separation, the employee shall:

- Return all hospital property including ID cards, access passes, medical equipment, files, uniforms, and electronic devices;
- Properly hand over patient files, medical records, assignments, and active responsibilities;
- Secure a clearance signature from each relevant department on the Exit Clearance Form.

Failure to comply may delay the issuance of the final settlement or service certificate.

8.4.9. Post-Exit Benefits and References


- Employees who separate in good standing shall be entitled to a Certificate or Experience Letter upon request.
- Retiring employees shall receive retirement benefits as per the applicable rules and regulations.
- Positive reference may be provided at the hospital's discretion for employees in good standing.

8.4.10. Rehire Eligibility

Former employees may be considered for re-employment subject to:

- A positive exit record;
- Institutional staffing requirements;
- Approval by the authorities.

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