Standard Operating Procedure (SOP)

MCBRM – GOLD AGE HOME

Muvva Chinna Bapi Reddy Memorial (MCBRM) Trust envisioned Gold Age Home aims at providing and facilitating senior citizens to have an access to dignified life to senior citizens after attainment of specific age. This facility includes geriatric care and management, medical management to the cohort. The detailed Standard Operating Procedures (SOPs) of Gold AGE home are delineated here with,

1. Intake Methodology

A. Initial Contact and Outreach

Objective: Ensure a compassionate, dignified, and systematic initial interaction that builds trust and sets the foundation for quality care.

Protocol:

- Inquiries may be received through multiple channels: telephone, email, walk-ins, social media, and referrals.
- Assign a trained Social Worker or Case Manager within 24 hours of initial inquiry.
- Provide a standardized Information Brochure highlighting services, admission criteria, and policies.
- Schedule a Pre-admission Interview (physical or virtual) within 3 working days to assess fit and readiness.

B. Detailed Information Collection

Key Categories:

- Personal Detials: Name, DOB, Gender, Other details, Photograph etc.
- Medical Profile: History of the Client, medications, surgeries, mental health concerns, mobility aids.
- Psycho-social Background: Daily habits, religious practices, hobbies, behavioral traits, language preferences.
- Family Details: Primary contact, visitation permissions, family involvement expectations.
- Economic Profile: Monthly income, pension details, insurance coverage, financial sponsors (if any).

C. Referral Source Documentation

- Record source of referral in database: Local people, Hospitals, NGOs, Police, etc.
- Maintain physical/digital copy of any referral letters, health assessments, or background notes shared.

2. Admission Process

A. Legal & Procedural Requirements

- Completion of Admission Form and Resident Agreement.
- Agreement must specify:

- Type of accommodation (Dormitory/ room).
- Scope of healthcare support.
- Behavior expectations and grievance redressal process.
- Nature of stay: temporary/long-term/respite care.

B. Essential Documentation

- Photocopies of Government-issued ID. Election Card, Bank Account, Driving License, Passport etc..
- Medical history documents and prescriptions.
- Legal authority paperwork (if applicable): Power of Attorney, Guardianship Certificate.
- Passport-size photographs (2 copies).

C. Consent & Data Privacy

Obtain Written Consent for:

- Emergency medical care and routine treatment.
- Participation in social and wellness activities.
- Ensure data privacy as per Information Technology (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011 under Indian law.

3. Physical and Mental Health Assessment

A. Initial Health Evaluation

Within 24 hours of admission:

- Physical Examination by an in-house or affiliated general physician.
- Cognitive evaluation using tools such as MMSE (Mini Mental State Examination).
- Psychiatric screening (if suspected depression, anxiety, dementia).
- Baseline vital signs: BP, pulse, temperature, glucose levels.

B. Creation of Electronic Health Record (EHR)

- Digitized and secure documentation of all findings.
- Develop a Personalized Health Care Plan including fall risk analysis, dietary restrictions, medication mapping.

C. Referral to Specialists

As needed, appointments are coordinated with:

- Psychiatrist
- Physiotherapist
- Ophthalmologist
- ENT/Orthopedic/Neurologist (case-specific)

4. Facility Orientation

A. Onboarding and Settling-In

- Assign a Designated Caregiver or Peer Buddy to new resident.
- Provide a Welcome Kit: orientation guide, basic toiletries, contact list.
- Language-specific materials to ensure clarity.

B. Orientation Tour

- Highlight safety installations (grab bars, alarms, nightlights).
- Explain scheduled routines: Meals, Recreation Activities etc.
- Emergency exits and protocols to be clearly demonstrated.

C. Room Assignment

- Consider health condition, mobility, personality and cultural preferences.
- Furnish room with:
  - Lockable storage
  - Emergency bell
  - Slip-proof mats

5. Ongoing Care and Daily Support

A. Personalized Care Plan (PCP)

- Prepared within 72 hours of admission.
- Include:
  - Wake-up and sleep schedule
  - Medication administration times
  - Physiotherapy and wellness routines
  - Individual preferences (food, prayers, interaction level)

B. Continuous Monitoring

- Maintain Daily Observation Charts: Appetite, hydration, mood, mobility, hygiene.
- Conduct Monthly Health Checks: Weight, vitals, medication effectiveness.
- Quarterly Review with family or guardians.

C. Psychosocial Wellbeing

- Weekly group therapies: storytelling, craft, music therapy.
- Scheduled visits by a licensed counselor or psychologist.

6. Hygiene and Sanitation Protocols

A. Facility Hygiene

- Housekeeping Schedule:
  - Bathrooms sanitized thrice daily.
  - Common areas disinfected daily.
- High-touch surfaces (doorknobs, rails) cleaned every 4 hours.

B. Personal Hygiene

- Monitor and assist in:
  - Bathing, grooming, Personal care.
  - Grooming and Etiqutes.
- Monthly provision of hygiene kits.

C. Waste Disposal

- Compliant with Bio-Medical Waste Management Protocols

- Separate bins for disposing general, dry, wet, and bio-hazard waste.
- Weekly audit by facility manager.

7. Residential Amenities and Environment

- Fully furnished, well-ventilated rooms.
- Emergency call bell system installed.
- Mosquito nets, winter wear, and bed warmers provided.
- Cultural and emotional support through family memorabilia and community connection activities.

8. Dietary Planning and Nutrition

A. Menu and Meal Rotation

- Menu developed quarterly with Certified Dietician input.
- Include:
  - Locally available, seasonal produce.
  - Options for vegetarian/non-vegetarian diets.

B. Kitchen Hygiene

- Mandatory hygiene training for kitchen staff.
- Use of:
  - Hair caps, gloves, BSI Material.
  - Filtered water and FSSAI-approved ingredients.
  - No preservatives or processed foods.

C. Special Needs Catering

- Personalized diet charts for:
  - Diabetes
  - Hypertension
  - Post-surgical recovery
  - Bedside meal service for residents with mobility issues.

9. Staff Training and Capacity Building

A. Core Training Modules

- Elder Abuse Prevention and Reporting
- Emergency Response: CPR, First Aid, Choking Protocols
- Empathetic Communication with Seniors

B. Monitoring and Evaluation

- Biannual Performance Reviews
- Encouragement of certification in Geriatric and Palliative Care

C. Staff Wellbeing

- Monthly Emotional Resilience Sessions
- Access to confidential mental health support
- Recognition and appreciation programs

10. Emergency Preparedness

A. Medical Emergencies

- Equipped emergency response kit with:
  - Blood pressure monitors
  - Glucometer and basic medication
  - 24x7 tie-up with a nearby hospital for ambulance support
  - Clinic in the old age home.

B. Fire and Natural Disasters

- Emergency evacuation plans
- Mock drills every 6 months
- Clearly marked exits and battery-operated lighting in corridors

C. Power Backup

- Inverter systems for critical areas
- Advance notice of planned outages
- Maintain emergency contact charts at each floor

11. Resident Rights and Responsibilities

- Rights:
  - Right to Dignity, Privacy, and Respect
  - Right to Informed Consent for any procedure
  - Right to Access Medical and Personal Records
- Responsibilities:
  - Adherence to facility rules
  - Respect for co-residents and staff
  - Timely reporting of discomfort or grievances

12. Roles and Responsibilities of Staff

Designation	Core Duties
Project Coordinator	Administration, grievance redressal, coordination
Nurse	Medication dispensing, wound care, health records
Caregivers	Personal hygiene, feeding, companionship
Diet Cook	Meal preparation, dietary customization
Security Staff	24x7 monitoring, visitor verification, patrolling

13. Community Participation and Social Inclusion

- Monthly Open Day for families and volunteers.
- Collaborate with schools, NGOs, medical colleges for internships.
- Celebrate:
  - Birthdays
  - Regional festivals

- Cultural heritage days

14. Illness Management Protocol

A. Initial Response:

- Isolate immediately if contagious symptoms present.
- Record vitals and inform medical officer.

B. Escalation:

- Coordinate with on-call physician.
- Hospitalization based on medical severity.

C. Communication:

- Inform family within 1 hour of diagnosis.
- Daily updates during critical illness period.

D. Recovery:

- Physiotherapy and rest.
- Counseling support.

E. Post-analysis:

- Conduct internal review for improvement in response systems.

15. Discharge or Exit Procedures

- Document exit reason: family reunification, death, referral, relocation.
- Hold Exit Meeting with family and staff.
- Handover:
  - Personal belongings
  - Medical and care summary
  - Secure Discharge Acknowledgment signed by resident/family.

16. End-of-Life and Mortal Remain Handling

A. Immediate Response:

- Confirmation by medical personnel.
- Notify family, legal authorities, and village panchayat (as per protocol).

B. Cultural and Dignified Handling:

- Respect religious or cultural final rites.
- Ensure respectful body handling with PPE and linens.

C. Support to Family:

- Death certificate coordination.
- Transportation arrangements and funeral assistance.
- Offer remembrance service if desired.

D. Internal Grief Support:

- Debrief with caregivers and residents.
- Psychological support for affected staff and peers.