

Equal Opportunity, Accessibility & Disability Inclusion Policy

(Aligned with the Rights of Persons with Disabilities Act, 2016 and NABH Standards)

1. Purpose

The purpose of this policy is to ensure equal opportunity, non-discrimination, accessibility, safety, and dignity for persons with disabilities (PwDs) in compliance with the Rights of Persons with Disabilities (RPwD) Act, 2016, and in alignment with NABH standards relating to Patient Rights & Education, Human Resource Management, Facility Management, and Quality Improvement.

2. Scope

This policy applies to:

- All employees (permanent, contractual, consultants, trainees)
- Patients with disabilities
- Attendants and visitors
- Vendors and service providers
- All clinical, non-clinical, and administrative areas of the Hospital
- Physical infrastructure, emergency services, and digital platforms

3. Definitions

A Person with Disability is defined as per the RPwD Act, 2016, including individuals with long-term physical, mental, intellectual, or sensory impairments which may hinder full and effective participation in society on an equal basis with others.

4. Policy Statement

SNH is committed to:

- Providing equitable access to healthcare services for patients with disabilities
- Ensuring equal opportunity in employment
- Maintaining a barrier-free, safe, and accessible environment
- Providing reasonable accommodation wherever required
- Preventing discrimination, neglect, or denial of services on the grounds of disability
- Discrimination against persons with disabilities, whether direct or indirect, is strictly prohibited.
- Equal Opportunity in Employment

SNH shall:

Ensure fair and inclusive recruitment, placement, training, promotion, and career progression

Not deny employment solely on the basis of disability if the individual can perform essential job functions with reasonable accommodation

- Provide reasonable accommodation such as:
- Modified duties or work schedules
- Assistive devices or ergonomic support
- Accessible workstations
- Supportive supervision or reassignment where feasible

5. Patient Access & Continuity of Care

SNH shall ensure that patients with disabilities receive:

- Priority and assisted access at entry points, registration counters, OPD, diagnostics, pharmacy, billing, and discharge.
- Safe movement within the hospital using wheelchairs, stretchers, escorts, or other aids
- Support during clinical care, investigations, consent, and discharge planning
- Respect for dignity, privacy, and autonomy at all times
- Front office, nursing, and security staff shall be sensitised to identify and assist patients with special needs.

6. Accessibility & Facility Management

SNH shall ensure:

- Barrier-free access including ramps, lifts, handrails, accessible toilets, signage, and parking
- Adequate lighting, non-slip flooring, and hazard-free movement
- Clear directional and safety signage
- Periodic accessibility audits and corrective actions
- Accessibility shall be integrated into new construction, renovation, and maintenance activities.

7. Communication, Consent & Information

SNH shall:

- Facilitate effective communication with patients having hearing, visual, speech, or cognitive impairments
- Provide assistance during consent, counselling, and discharge instructions
- Involve caregivers or legally authorised representatives when required, while respecting patient autonomy

8. Emergency & Disaster Preparedness

SNH shall ensure:

- Safe evacuation support during fire, disaster, or emergency situations
- Staff awareness of evacuation procedures for persons with disabilities.

9. Reasonable Accommodation

Requests for reasonable accommodation from employees or patients shall be:

- Assessed on a case-to-case basis
- Provided unless it results in undue hardship
- Documented and periodically reviewed

10. Grievance Redressal & Feedback mechanism

Any employee, patient, attendant, or stakeholder may report discrimination, denial of access, lack of reasonable accommodation, or violation of patient and family rights through incident reporting forms and patient feedback or grievance forms, in alignment with NABH Patient Rights and Education standards PRE.1(d) and PRE.1(e). Appropriate assistance shall be provided to persons with disabilities to enable them to raise complaints, and all reported concerns shall be addressed through the hospital's established grievance redressal mechanism.

Complaints shall be handled confidentially, promptly, and without retaliation

RPwD-related grievances shall be reviewed through existing grievance mechanisms and quality systems

Feedback from persons with disabilities shall be used to improve infrastructure, processes, and patient experience.

11. Liaison Officer- Head Quality will be the liaison officer

In compliance with the RPwD Act, the Hospital shall appoint a Liaison Officer who shall:

- Oversee implementation of this policy
- Coordinate accessibility initiatives
- Facilitate reasonable accommodation
- Act as the nodal contact for disability-related matters

12. Training & Sensitization

The Hospital shall conduct:

- Induction training for new employees
- Periodic refresher training for clinical, nursing, security, housekeeping, and front-office staff
- Awareness programmes on disability rights, patient dignity, and inclusive care
- Training records shall be maintained.

13. Monitoring, Audit & Quality Improvement

- Compliance with this policy shall be monitored through periodic audits

- Feedback from patients with disabilities shall be analyzed
- Gaps shall be addressed through corrective and preventive actions
- Policy implementation shall be reviewed in Quality / Management Review Meetings

14. Documentation & Records

The SNH shall maintain:

- Accessibility audit reports
- Training records
- Accommodation requests and actions
- Grievance records and resolutions

15. Review & Updation

This policy shall be reviewed:

- At least once in a year
- Earlier if required due to statutory changes, NABH revisions, or organisational needs

16. Publication

This policy shall be:

- Incorporated in the HR Policy Manual
- Displayed on notice boards and/or published on the Hospital website
- Made accessible to employees and stakeholders

Effective Date: January 13, 2026



Proposed By

Preeti Rajput

Policy Owner: HR Department / Quality Department

Approved by: 

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