
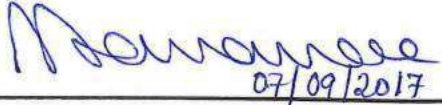
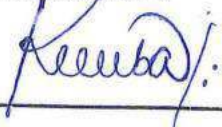





E.S. Hospital

E.S. HOSPITAL

VILLUPURAM

Document Name :	POLICIES & PROCEDURES ON FACILITY MANAGEMENT AND SAFETY
Document No. :	NABH-E/ESH/FMS/ 1 - 4
No. of Pages:	35
Date Created :	06.09.2017
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Prepared By :	Designation: Biomedical Engineer Name : Mrs. Vidya .R Signature : 
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CONTROL OF THE MANUAL

The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.

The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.

Human Resources In charge is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the HOD.

The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.

The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non conformities raised during the self assessment or assessment audits by NABH. The authority over control of this manual is as follows:

Preparation	Approval	Issue
Human Resource In charge	Managing Director, ES Hospital	Accreditation coordinator

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

Distribution List of the Manual:

Sr. No.	Designation
1	Managing Director
2	Administrative Officer
3	Accreditation Coordinator
4	Quality Coordinator
5	Bio Medical In charge



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1.0 PURPOSE:

- 1.1 To provide guidelines for ensuring safety of Patients, their Families, Staffs and Visitors.

2.0 SCOPE:

- 2.1 Hospital wide

3.0 RESPONSIBILITY:


- 3.1 Administrative Head
3.2 Security Head
3.3 Biomedical Engineer
3.4 Maintenance department Staff
3.5 Safety Committee

4.0 ABBREVIATION:

- 4.1 NABH : National Accreditation Board For Hospitals and Healthcare providers
4.2 FMS : Facility Management and Safety
4.3 HMIS : Hospital Management Information System
4.4 CA : Corrective Action
4.5 PA : Preventive Action
4.6 HIRA : Hazard Identification and Risk Analysis

5.0 REFERENCE:

- 5.1 NABH: Pre Accreditation Entry Level Standards for Hospitals, First Edition, April 2014.
5.2 FMS.1.: The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.

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5.3 **FMS.2.:** The organization has a program for clinical and support service equipment management.

5.4 **FMS.3. :** The organization has provisions for safe water, electricity, medical gas and vacuum systems.

5.5 **FMS.4. :** The organization has plans for fire and non-fire emergencies within the facilities.

6.0 POLICY:

6.1 Safety Policy:

- a) The hospital aims to provide a safe facility for all its occupants.
- b) This are accomplished by a Facility management and Safety Committee, which shall oversee all aspects of Facility Safety:
- c) Preventive and breakdown maintenance Schedule are monitored and carried out by the Maintenance department, viz Biomedical Engineer, Site Engineer, Electricians and House Keeping Supervisor.
- d) Drawings (site layout, floor plan and fire escape route) are maintained in each floor in a visible manner.
- e) Fire escape is marked in each area with Red color by Site Engineer.
- f) Internal and external sign posting in the organization are maintained in a language understood by patient, families and community – responsibility House Keeping Executive.
- g) The provision of space are in accordance with the available literature on good practices.
- h) Space is provided for the proper functioning of the department.
- i) A comprehensive safety inspection are done twice a year in patient care areas and once a year in other areas by Site Engineer and Electrical Contractor.



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- j) A report are generated after each inspection by maintenance department in-charge which are discussed in Facility Management and Safety Committee Meeting and shall form the basis for safety.
- k) Records are maintained and monitored at the time of reporting for taking corrective and preventive action.
- l) Response times are monitored from time of reporting to time of inspection and time of implementation of corrective actions.
- m) A complaint registers are maintained to indicate the date and time of receipt of complaint, allotment of job and completion of job.

6.2 **Safety committee:** The Safety Committee shall conduct Hazard Identification and Risk Analysis (HIRA) and accordingly take necessary steps to eliminate or reduce such hazards and associated risks. The committee shall comprise of the following members:

- a) Administrative Head
- b) Managing Director
- c) Nursing Superintendent
- d) Maintenance In-Charge
- e) Paramedical staff

6.3 **Patient-safety devices:** Patient-safety devices are installed across the organization and inspected periodically. The devices are:

- a) Grab-bars
- b) Bed-rails
- c) Sign postings
- d) Safety belts on stretchers and wheelchairs
- e) Alarms – both visual and auditory
- f) Warning signs – radiation or biohazard
- g) Call bells

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h) Fire safety devices

6.4 Facility Inspection Rounds:

- a) Facility inspection rounds are conducted by Safety Committee to ensure safety at least twice in a year in patient care areas and at least once a year in non-patient care areas.
- b) Potential safety and security risks enlisted including hazardous materials checklist are identified during the rounds.
- c) The finding of the rounds are documented and the CA / PA measures are taken to rectify the faults.

6.5 Safety Education for Staff:

- a) All staff are educated about safety requirements – in both patient care areas and non-patient care areas
- b) There are regular safety training covering Fire safety, Hazardous materials, use of Personal Protective Equipment, Bio-Medical waste Management, etc.

7.0 PROCEDURE:

7.1 The hospital adheres to the following applicable laws and regulations:

- a) Bio-medical Waste Management and Handling Authorization
- b) Registration With Local Authorities
- c) X-ray (including portable and c-arm)
- d) PNDT Act Registration
- e) Drugs-Retail license

7.2 The hospital has identified administrative officer in the Administration Department as the person who will maintain a record of the above Licenses and regularly update their renewals.

7.3 Equipment planning:

- a) The organization has a proper equipment planning system that takes in to account the future requirements of the organization in accordance with its scope of services and strategic plans.



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- b) The plans are reviewed periodically or as and when required.
- c) All equipments are selected, rented, updated and upgraded by collaborative process.
- d) There is involvement of the end-users, management, finance, engineering and biomedical departments in the selection of equipments.

7.4 Equipment management:

- a) All equipments are inventoried and proper logs maintained in the Registers, including rental equipments or equipments brought for demonstration purposes.
- b) All equipments are allotted with asset stickers.

7.5 Equipment Maintenance:

a) Routine maintenance:

- 7.5.a.1 The Biomedical Engineer is responsible for the overall management and upkeep of the Bio - medical equipments.
- 7.5.a.2 Designated staff is responsible for daily maintenance of equipments based on daily monitoring checklist/Weekly monitoring /monthly monitoring.
- 7.5.a.3 Deficiency details are documented in equipment break down book and the same is communicated to the biomedical engineer.

b) Breakdown Maintenance:

- 7.5.b.1 All breakdown entries are made in the Registers.
- 7.5.b.2 The complaint is registered and complaint number is generated.
- 7.5.b.3 Bio medical engineer is assigned or directed to the site for rectification as per first line service guidelines.
- 7.5.b.4 If it is minor break down, corrective actions are taken by the biomedical engineer with the available spare parts in-house within 2-3 hours and the same is documented in the breakdown register with the time of rectification details and it is counter signed by the biomedical engineers who have performed the tests.



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7.5.b.5 If the problem is not solved, the Biomedical engineer is put forward to the service engineer depending upon the warranty/AMC and further plan of action is decided.

7.5.b.6 Average down time is 1-2 days based on the type of break down.

7.5.b.7 The details are updated in to the daily breakdown report and follow up is done.

c) Preventive maintenance:

7.5.c.1 The Biomedical Engineer prepares and maintains a maintenance plan as per the list of available equipments.

7.5.c.2 The Preventive Maintenance of instrument having an AMC/CMC contract is done by communicating with Bio-Medical engineer and company engineer.

7.5.c.3 A schedule is prepared by the biomedical department for preventive maintenance as per the manufacturer recommendation.


7.5.c.4 All medical equipments undergo preventive maintenance at prescheduled period.

7.5.c.5 The concerned department is informed about the schedule of the equipment for preventive maintenance well in advance, so that they can keep the equipment free for required time period.

7.5.c.6 The availability of necessary spares, consumables, tools and necessary materials are ensured through standardization and /or advance planning, through Stores and guidance by Head of Bio Medical Department.

7.5.c.7 After completion of maintenance (whether preventive or breakdown) the OK report and acknowledgment is taken from user department.

7.5.c.8 All preventive maintenance jobs done are maintained for each equipment / devices (unit wise).

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7.6 Calibration of Devices:

- a) A list of all instrument /equipment/ devices requiring calibration is prepared and maintained.
- b) The list identifies the measurement instruments by name, type, serial number, location, applicable calibration requirements, date of calibration done and calibration due date.
- c) The calibration status is updated continuously.
- d) Calibration certificate to be obtained from calibration agency with verification marked as O.K. /Not O.K.
- e) The same is kept with the biomedical department and copy is provided to the user department. Sticker is displayed on the machine which shows the last calibration date and next due date.

7.7 The maintenance of medical gas lines and vacuum lines are looked after by the hospital Maintenance team.

7.8 This team is responsible for the uninterrupted supply of piped medical gases, compressed air and vacuum.

7.9 There is a maintenance plan for medical gas and vacuum compressor.

7.10 All the faults and repairs of the gas and vacuum pipe lines are identified and rectified by them.


7.11 They are responsible for intimating the authorities about the deficiencies of gas supplies and the quality of their services.

7.12 A log is maintained on the supply and installation of gases.

7.13 This hospital has provisions and facilities to combat any fire emergencies. All the floors of the hospital are provided with adequate fire fighting equipments and fire alarms.

7.14 Besides the members of the 'Fire Fighting Team' other staffs both medical and non medical are trained to react and combat in such emergencies, with the priority to protect the patients and valuable hospital equipments and assets.

7.15 The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force. All staff takes part the drill which gives emphasis of

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safe evacuation of the patients and occupants in the affected areas or hospital in general, as the fire fighting and containment activity is under progress.

7.16 Hospital Fire Fighting Team:

a) During Daytime [8:00 am to 5:00 pm]:

7.16.a.1 Ravi, Bakthavasthalam , Selvam , Raju, Santhosh

b) During Night Time [5:00 pm to 8:00 am]:

7.16.b.1 Suresh, Murugan, Bala Murugan, Raja, Mohan

7.17 Fire Safety Protocol:

a) Fire Preventive Measures:

7.17.a.1 Fire risk areas in the Hospital are identified as given below:- Kitchen; Generator Area; Electrical Area; Medical Gas storage Area and medical record room.

7.17.a.2 At these places, First Aid fire appliances are provided.

7.17.a.3 In case of any fire incident the following action is to be taken: - Try to put it off; Shout for help in case not being able to put it off; If it is an electrical fire, inform Tel (**Extn. 200/9/140**) or cutting off the power supply.

7.17.a.4 In case of fire in the hospital building and surrounding areas following action is to be taken:- Immediately try to put it off; If not extinguished, shout to help; Switch off the electrical supply; Inform tele. nos. (**Extn.200**) or (**Extn: 9**) or (**Extn:140**); Shift the patient to safer places. If fire has not been extinguished, without panic direct the patients to safer locations through fire escape route.

7.17.a.5 Use fire escape route for going out of the hospital building (Fire /Emergency escape route is drawn and displayed at all floors important locations for information of patient and staff).

7.18 Fire Fighting Instructions:

a) The fire-fighting is an emergency requirement and this is called as **CODE RED** in this hospital it will be alerted through Public Announcement system/fire alarm.



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b) Fire accidents may occur any time. If these fire accidents are not attended immediately it can cause loss to life and property. In case a fire incident is noticed at this hospital area, the following action is to be taken:-

7.18.b.1 Try to put off electric equipment.

7.18.b.2 Shout for help in case assistance is required. If unable to put off inform Tel. Ext.

No: 9/200/140 about the type of fire and location of fire. Security Supervisor will activate "Code Red" signal and assemble the fire fighting team on duty at this hospital. Security Supervisor will inform all the above personnel and reach the fire site without delay. If it is an electrical fire the electric supply should be switched off by informing duty electrician. Water will be used if it is confirmed as solid fire. If evacuation is required, the evacuation plan is to be activated. The Security Supervisor will maintain a record of the fire accident by noting the date, time of call and time of dousing the fire and loss of life or property if any. If the fire is not controllable the matter to be informed to civil fire station for immediate help while informing give type of fire and correct location of fire. The fire fighting team shall reach to the place of fire without delay and organize fire fighting after getting this warning of " Code Red "

7.19 Fire Prevention Points:

- a) Do not store inflammable materials like petrol, LPG, in the hospital building and rooms.
- b) Do not use kerosene stove, burners, gas stoves in the hospital rooms and department.
- c) Do not use the candles / oil lamp to light the rooms department.
- d) Do not use the unauthorized electrical appliance in this hospital rooms and department.
- e) Do not store the loose papers files and old record in card board boxes.
- f) All important departments will be provided with the first aid fire appliance.
- g) Do not leave the remains of used match stick, candles or cloth pieces etc in the floor area.
- h) Extinguish and throw these items in dust bin only.



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- i) Put off electrical supply to the rooms in case any spark is noticed and inform duty electrician.
- j) While refueling the diesel tank of generator take fire precautions and do not bring any lighted material near to the refueling point.
- k) Put off all light fans and electrical equipment and remove the equipment connection from the plug while locking the room after the work.

7.20 **Emergency Evacuation Plan /Emergency Exit: Ground Floor Occupants:** In the event of fire or other emergencies which warrant the evacuation of patients and duty personnel, please be guided by the following evacuation plan:

- a) Alert all inmates one by one and room by room of the emergency situation without causing undue panic and commotion while informing the matter.
- b) Evacuate all the patients first with the help of stretcher, trolleys or by the wheeled cots.
- c) The medical documents of the particular patient should be sent along as well.
- d) The only route to be used for evacuation of such patients should be the hospital Staircase.
- e) ***The lifts should not be used in such situations.***
- f) Ambulatory or semi-ambulatory patients should be evacuated one by one using wheel chairs.
- g) The patient's medical documents should be sent along.
- h) Evacuation should be done in an orderly manner without causing confusion or panic.
- i) These patients will occupy the vacant beds on the other floors except the affected area.
- j) Casualty observation beds or crisis management beds on the ground floor shall also be used.
- k) The duty personnel will leave the emergency affected floor last after ensuring that all the patients, their personal belongings and medical documents are safely evacuated.

7.21 **Fire Fighting Training:**



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a) The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force.

7.22 All staff takes part the drill which gives emphasis of safe evacuation of the patients and occupants in the affected areas or hospital in general, as the fire-fighting and containment activity is under progress.

Hospital procedures for handling Non-fire emergencies

Emergency Codes

Policy

In the event of an emergency in the hospital, and when there is a need to make a public announcement or raise an immediate alert, the staff will dial the operator and inform the nature of the emergency. The CC will refer to the situation as a color code, so that panic is prevented in patients/ visitors, and employees know exactly how to act without ambiguity.

Code Red	Fire	CODE RED - Fire detected at "<Location>". Please activate Emergency Response Team
Code Pink	Child Abduction	CODE PINK - CHILD MISSING from "<Location>". CLOSE ALL EXITS & INITIATE SEARCH
Code Black	Bomb Threat/Physical Threat	CODE BLACK - Suspected bomb threat - please activate response team
Code Blue	CP Arrest	CODE BLUE at "<Location>". RESPOND IMMEDIATELY



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Code Yellow	External Disaster	CODE YELLOW - Activate Central Command center
Code Violet	Violent Patient/Attendant	CODE VIOLET - Violent or agitated patient/attendant at <"Location">. REACH IMMEDIATELY

Emergency Response

Refers to an event or series of events natural, technological or manmade (e.g. terrorism) that the safety committee can not address through Day to Day operating procedures and necessitates activation of CC (Command Center) of Safety committee.


- They meet in an emergency situation – at the Safety committee office and decide upon the response to be taken – This is called command center being activated.

The Communication Facility

1. Mobile cell phones of the Safety committee members are the most important communication lines to be used for co-ordination.
2. Cell Phone Numbers of all Safety committee members are written out on a chart – and displayed in the Head of Dept Rooms, all Administrative Officers Rooms.
3. The Operator who mans the telephone exchange of the HOSPITAL is been specially trained to respond to the calls on these numbers.

Public announcement loud speakers are placed at all corridors, Wards, OPDs, OTs etc. the operator announces the Code and any message as directed by the CC.

CODE BLACK -BOMB THREAT

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Purpose:

The purpose of this policy is to lay down the procedure for dealing with the bomb threats at all levels, with a view to safe guard life and property as well as to avoid panic.


Procedure:

Bomb Threats generally emanate from terrorists, anti social elements, pranksters etc. These are designed to create panic as well as to cause damage to life and property. These Threats may assume both overt and covert forms. While generally these calls are hoax, yet will be treated and dealt as true.

Overt Bomb Threat:

These bomb threat calls may come through telephone from an anonymous / assumed name/designation person to convey a message about an impending placement/blowing off of a bomb in the hospital or particular location in the hospital. On receipt of such a call, the following action is taken:

- The recipient of the call should try to prolong the conversation with the caller & seek information of the area/ location of the bomb, nature of the bomb and other relevant information.
- The recipient of the call should record the time & exact conversation, soon after the call is over. Effort should be made to gather as much information as possible. Details to be noted down as per Bomb Threat action card. See Annexure – 1
- The recipient of the call should not disconnect the call, but try to have it traced through the telephone exchange.
- The recipient of the call should immediately pass this information to CC Control Room. The CC will meet and decide further course of action.
- ERT should be briefed to search their areas and identify doubtful objects. They should not touch/ remove any such object found/located. They should also cordon off the area.

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Covert Bomb Threat:

This will generally take the form of placement of Bombs/similar exploding devices in a concealed form in a particular place or places. On receipt of such information all likely places where such devices could be possibly placed, would be searched with a view to identification and location of such devices.

Important:


Staff member shall be briefed not to make any communication about the bomb threat to any Patient/Visitor, at any stage. All Queries in this regard would be referred to the Medical Superintendent.

Actions (General)

- On receiving the information from Operator about suspicious objects in the hospital the CC will be activated for a Major response
- On arrival the ERTs will be divided into 04 teams:
 1. -Scanning Party
 2. -Cordon Party
 3. -Salvage Party
 4. -Rescue Party

Scanning Party

- Area for scanning will be defined for all ERT members. Preferable to their respective departments.
- Area will first be scanned from ground to belt level.
- Area will then be scanned from belt to head level.
- Finally, it will be scanned above head level.

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Scanning will be carried out to look for any suspicious object. All members will ensure that throughout the scanning operations no object will be touched. After the scanning is completed the room /area will be marked to remove the possibility of rechecks of same area my mistake.

Cordon Party

- Will cordon the area require to be scanned
- Will ensure that only required in and out movement to the area.

Salvage Party

- Will take out material around the area require to be scanned only on the instructions of CC.

Rescue Party


- Will ensure that the Patients/Visitors, employees and all others are evacuated from the area of scanning.

On identification the device would be isolated, without being physically handled in any way. The police would be contacted and apprised of the situation with a view for getting help to neutralize the Bomb. CC will take all the decision on calling police, bomb squad, fire tenders and evacuation.

ACTIONS -ON DETECTION OF A BOMB / SUSPICIOUS OBJECT

ACTION BY THE INDIVIDUAL ON DETECTION

- Inform Emergency No. Operator.
- Do not raise an alarm, under any circumstances.
- Keep distance from the object and under no circumstance touch the object.
- Do not let the object to be out of your sight.
- Do not let anyone go near the object by purpose or by default.
- Do not give away the feeling to the Patients/visitors that something is wrong.

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- Do not open doors /windows with force as the trigger mechanism of the explosive may go off.
- If you hear symptomatic behavior of the object like the ticking sound or protruding wires or batteries or gunpowder smell the spare no time to inform the security immediately.

ACTION BY CC CONTROL ROOM

- Security Officer will ensure that the object is covered with Bomb suppression Blanket & Security personnel is posted.
- Area to be cordoned off up to the arrival of ERTs
- Surrounding area to be vacated.
- Inform Police Control (Tel. 100) for Bomb Disposal Team.
- Provide all assistance to Police/ Bomb Disposal Team on arrival.

Annexure - 1

BOMB THREAT ACTION CARD

Side A

(To be completed during the telephone conversation)

- Keep Calm – Act Normally
- Listen Very carefully to the caller
- Take Down the exact words of the message

When the message has been given, ask the under mentioned questions (unless the information has been received in the original message)

1. Where is the BOMB?



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2. What Time will it go off?
3. What Kind of Bomb is it?
4. What does it look like?
5. Why are you doing this?
6. When the call is finished?
7. Make a Note of the Time?

Side "B"

(To be completed immediately after the call is terminated)

List as many details as possibly ticking the boxes where Appropriate. This will help to determine whether or not the threat is genuine.

Sex & Age:

- Man
- Women
- Child
- Age (Young/old)

Speech:

- Rational
- Rambling
- Any Accent
- Speech Impediment



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-Intoxicated

Message:

-Was the message read?

-Or Spontaneous

-Was the caller serious?

-Or Joking

Background Noise:

-Traffic

- Machinery

-Aircraft

- Music

-Typing

-People in Background

-Others (Please Specify)


Telephone:

On which number was the call received

Was it from a pay phone (Call Box)

Any Other Information:

CODE PINK PLAN

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CODE PINK

Missing child Protocol

- Is an emergency code announcement to alert staff to a potential or actual infant / child abduction
 - Emergency phone no. – 9/200 /140
 - Campus security phone no : 125

Code Pink – Policy

1. Employees are responsible for the safety and security of infants and children in our care.
2. All employees are educated regarding their responsibilities in the event of 'Code Pink'.
3. If person has left hospital - Police information to be given (so police have to be informed and aware of this protocol)

Procedure

1. Immediate communication and response in patient care area
2. General response of all available employees
3. Response if you find the child
4. Once child is located - announcement 'code pink all clear'

1. **Immediate communication and response from patient care area**
When a sister/nurse suspects infant / child is missing

- Immediate call to the emergency phone number and description of suspected person
- Age, gender, color, height, weight, clothing and any other features
- Immediate secure the local area and close all exits
- Search the local area immediately
- Move family to an particular designated area
- Stop all suspicious persons, if they refuse call campus security
- Rest of patient gets regular care
- All to remain in work area till advised



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2. General response of all available employees

- Listen to code pink announcement
- Close all doors
- Monitor all exits
- Complete search of hospital area
(Rooms, toilets, staircase, etc.)

- Observe all patients carrying suitcase, big bulky clothing, large boxes, blankets, etc

- Report suspicious activity to the emergency number or hospital security

3. Response if you find the child / infant

- Take child to the patient party / room
- Do not leave the child unattended
- If child refuses to come with you then get parents to child by informing Information desk

ABDUCTION RESPONSE

1. At the abduction scene:

A. Dial "9/140" and tell the operator we have an "infant or child abduction" Give the operator the abduction location and age of the child. Then, if known, give a description of the abductor, the direction of travel, and any other pertinent information.

1. Make sure all other infants/children are accounted for and have someone with them.
2. Control access to the area.
3. Do not disturb anything that may be evidence.
4. Do not discuss the situation with anyone other than the Law Enforcement officials, Administrator on Call or Patient Care Coordinator. Do not speak with reporters.

2. Remote from the abduction scene: When Code Pink is announced over the intercom:



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- A. Each department will send two staff members, with a pen and paper, to the nearest exit. Additional staff members will check the parking lots for people leaving and record the make, model and license plate number of the vehicles.
- B. All individuals will be treated as politely as possible and are considered innocent. Attempt to keep the person with a child from leaving by letting them know that we are asking them to wait for the safety of the children in our hospital.
- C. If the situation warrants dial "9/140" to announce a Code Pink
- D. Anyone attempting to leave the building will be detained and cleared.
- E. Anyone carrying large bags, suitcases, large package or loosely wrapped bundles should be directed to the Conference Room. Permission to search the bags will be obtained.
- F. Document the description of individuals leaving the hospital. Attempt to get the license plate number, a description of the vehicle, a description of the driver, and the direction of travel.
- G. Each monitor should remain at the exit until the Code Pink is cancelled or they are assigned to other duties.
- H. The Administrator on Call or his/her designee will assign staff members to conduct an internal search of the facility.
- I. During a "Code Pink" everyone should try to remember if anything out of the ordinary has occurred during the past hour or so and write down anything unusual. Everyone should stay alert and call the operator with "238" if you find the infant/child or see the abductor.
- J. All information that has been collected will then be taken to the Conference Room. Any witnesses will also report to the Conference Room.
- K. The Administrator on Call will be the contact person for Law Enforcement.
- L. The Administrator on Call will maintain communication with the family.
- N. All inquiries regarding the event should be directed to the Administrator on Call or his/her designee.

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O. After resolution of the situation a Security Incident Report will be completed. The Director of Human Resources (Security Officer) and/or Quality Management Director will conduct a debriefing with involved individuals to evaluate the response and recognize opportunities for improvement and possible prevention of similar situations. A Root Cause Analysis (RCA) will be conducted as outlined in the Root Cause Analysis Policy in this manual.

P. A summary of the incident and critique will be presented to the Patient Safety Committee, Quality Council and Board QI Committees at their next scheduled meeting

CODE YELLOW: DISASTER

External Emergency Disaster & Preparedness Plan

Definition of Disaster Management

Any occurrence that causes damage, ecological disruption, loss of human life, deterioration of health and health services, on a scale sufficient to warrant an extraordinary response from outside the community.
(WHO)

Code yellow is announced by the Command center. At the announcement of the Code on the paging system / telephone / mobiles the safety committee and ERT team leaders will report immediately to CC.


Planning

Planning is based on the motto "Greatest Good for the Greatest Number". The planning

- Identifies the problems
- Triage: Patients, Resources, Communication Personnel

Following points require special attention:-

Blood Bank & Laboratory

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- Requisition extra Personnel for Disaster situation.
- Arrangement of extra blood.
- Well-meaning voluntary/ in-house donors may be needed... taking care that they do not clog the area and the system.

NURSING DEPARTMENT

- Identifying nursing needs.
- Allocating extra nursing staff in essential areas
- Re-deploying existing staff and Recalling of staff
- Activation the pre-arranged general ward in free side.
- Triaging by Unit Leader.
- Assisting in providing Basic Life Support.
- Liaison with the sister in charge of casualty ward to arrange extra beds drugs trolleys, oxygen cylinder in coordination with all supportive department

SECURITY

- Cordon off area affected.
- Regulate the entry and exit on Doors.
- To safeguard all the belongings of the disasters victims.
- Police arrangements, if required
- Parking arrangements
- Personal effects not removed
- All Emergency Disaster Equipments available
- The destination of body recorded
- Preservation of specimens and clothing.

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HOUSEKEEPING

- Relocation of manpower to Triage area
- Providing Extra beds/linen in essential and previously earmarked areas
- Proper waste disposal and Sanitary supervision
- Transferring of patients out of Emergency
- IV Setups under Nursing guidance
- Extra patient trolleys and wheelchairs and Screens.

FOOD SERVICES AND DIETARY

- Safe Drinking Water
- Nourishments for patients.
- Maintain adequate supplies

ENGINEERING

- To liaise on with Command Center to Requisition Extra Engineering Equipments/Beds etc.

BIOMEDICAL

- Arrange for monitors, Defibrillator, Ventilators.
- To ensure support to prevent equipment failure.

RECORD KEEPING

- Accurate record keeping is important to identify patients and their locations



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- Paperwork is not considered a priority in a disaster
- Develop forms that are simple and familiar and that require minimal duplication
- Disaster tags
- Further documentation may be done at casualty-collection points and during ambulance transport.

PHASES OF RESPONSE

1. Initial Response
2. Search and rescue
3. Emergency & Triage
4. Casualty-collection points

Initial Response

- Initial responder : lay-person, followed by fire and civil defense
- Most experienced takes charge till Command Center takes over
- Security secures the area and manage volunteers for care and transport
- Keep the victims in the system or else the nearest hospital with ambulatory casualties gets overloaded
- Eliminate danger
- Specialized team will have to come in
- Field triage, even if hospital assisted, is done before sending the victims

Emergency and Triage-Patients are triaged on the basis of the Modified ESI Triaging Criteria. The patients are color coded as



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- Red (exigent, Category I)
- Yellow (Emergent, Category II/III)
- Green (Deferred, Category IV and V)
- Black (Dead)

The color coded bands are placed at the wrist with an accession number written in indelible ink. The color coded patients are then dispatched by the Triage Team Leader to the various areas of the emergency including Casualty Collection Point.

Casualty Collection Point-All fatalities are directed to a single designated area away from the emergency. The security personnel take charge of the fatalities and their job description includes the following, in which fatalities are:

- Clearly Marked
- Photographed
- Thumb Impression
- DNA tissue
- Storage of bodies / IDs
- In Epidemics storage & transport has to be taken care.

TERMINATION OF CODE

The Command Center authorizes the termination of code.

Earthquake Response Procedure

PROCEDURE:



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General:

It is to be remembered that the actual movement of the ground in an earthquake is seldom the direct cause of death or injury. Most casualties result from falling objects and debris because the shocks can shake, damage or demolish buildings and generate huge ocean waves (seismic sea waves), each of which can cause great damage. Earthquakes usually strike without warning. In most cases the shock occurs and ends in seconds, which precludes any personal protective action during the tremor. If the seismic action is a prolonged shaking and rolling, it is sometimes prudent to take protective measures. These might include taking cover in a doorway or under a table. In any event, if you have time, cover your head and shoulders and try to protect yourself from falling objects or shattered glass. The scope of this procedure covers response to all types of earthquakes.

Injuries are commonly caused by:

- Partial building collapse, collapsing walls, falling ceiling plaster, light fixtures and pictures;
- Flying glass from broken windows and mirrors;
- Overturned bookcases, fixtures and other furniture and appliances;
- Fires, broken gas lines and similar causes; the danger may be aggravated by the lack of water due to broken mains.
- Fallen power lines;
- Drastic human actions resulting from panic.

Immediate Response Measures - All Personnel:

- Upon detection of shock - remain in place.
- Remain calm. Think through the consequences of any action you take. Try to calm and reassure others.
- If indoors, watch for falling plaster, light fixtures and other objects. Watch out for high storage areas, shelves and tall equipment, which might slide or topple. Stay away from windows and mirrors. If in



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danger, get under a table, desk, or in a corner away from windows; or in a strong doorway. Encourage others to follow your example. Usually it is best not to run outdoors.

- After the initial shock has ended, and a reasonable interval has passed with no further shock, survey immediate surroundings to determine injuries and damage.
- Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
- If telephones are operating, call the operator and report condition of patients and estimated damage in your area.
- If you are in a patient care area and are not seriously injured, your first responsibility is to the patients in the vicinity. If possible, reassure them and attempt to calm those who may be hysterical or panic stricken. If there are obvious injuries from falling objects, shattered glass or if patients or personnel are trapped under debris, you must request assistance and perform first aid within your capability where possible until additional medical personnel arrive to assist in treatment or rescue.
- Check for fire or fire hazards from broken electrical lines or short circuits and follow the Fire Response Procedure if a fire is discovered or reasonably expected.
- Do not attempt to lead or assist any patients to leave the facility until you are directed to do so by the Manager/designee. If the facility has not been rendered untenable by the earthquake, it is advisable to keep the patients inside.
- Make sure all ambulatory patients wear shoes in areas near debris and glass.
- Immediately clean up spilled medications, drugs and other potentially harmful materials.
- Check to see that sewage lines are intact before permitting continued flushing of toilets.
- Check closets and storage shelf areas. Open closet and cupboard doors carefully and watch for objects falling from shelves.
- Be prepared for additional "aftershocks". Although most of these are smaller than the main shock, some may be large enough to cause additional damage.

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Responsibilities:

- After receiving damage assessment reports from all departments, determine the advisability of partial or complete evacuation of the facility.
- If evacuation is deemed advisable, determine condition of exit areas and avoid those that are obstructed or otherwise hazardous.
- Conduct an immediate check of all communications systems including the Facility's PA, radio network and telephones. Initiate actions to restore service or use other communication resources, including walkie-talkie, ham radio or messengers.
- Direct implementation of evacuation procedures outlined in the Facility's Emergency Preparedness Plan.

Ensure that all local emergency service authorities are informed of the degree of damage and extent of injuries sustained by the facility, its patients and personnel

Code Violet: Response to Disruptive or Dangerous Individuals

Purpose

To establish a policy regarding staff role and Security Department response to disruptive or dangerous individuals on the hospital.

Policy:

It's the policy of the hospital to take reasonable precautions to protect the safety of its staff, patients, and visitors from disruptive or dangerous individuals on the premises, and to provide a mechanism for alerting Security of situations where their assistance may be required.

Specific Information:



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- No person, other than a licensed police officer in performance of his/her duties, is permitted to carry a weapon on the premises.
- When situations or individuals are identified as having an increased potential for disruptive behavior, Security is notified as early as possible. These situations would include:
 1. When a patient is suspected to be a current victim of adult, domestic, or child abuse.
 2. When threatening or intimidating language or physical conflicts have occurred or are occurring.
 3. When patients, visitors have active legal protective orders.
 4. When a person other than a licensed law enforcement officer in the performance of his/her duties, is suspected to be carrying a weapon or firearm on the premises.
 5. Other situations as determined by the staff.
- Security is notified of the location and nature of the incident, as well as a description of individuals involved.
- While waiting for assistance, the staff uses every precaution to protect himself or herself or others from injury.
- When an individual is actively disruptive, or the potential for disruptive behavior is identified, staff should:
 - Avoid confronting the individual, if possible.
 - Excuse himself /herself from the area.
 - Notify security.
 - Meet with the officer away from the individual and provide additional information on the incident.
 - Identify a non-public area where officers may speak with the individual until the situation de-escalates.

Responding officers evaluate the situation and may remove individuals from the premises and/or inform police when necessary

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Safety of electrical maintenance: Refer Safety manual

7.23 Maintenance plan for medical gas & vaccum system :

Medical gases form the very backbone of an HCO. Without them it would be impossible to run a healthcare organization, as they play an essential role in the functioning of critical care units and key operational areas.

It is recommended that:

Medical gas installations are constructed as per norms.

Strict safety requirements as per the norms are followed.

Trained medical gas operators or technicians are available in the case of central supply and continuous supply.

Maintenance should be done regularly as per requirements.

II. REQUIRED DOCUMENTS

- i. Protocol for operating medical gas and vacuum installations shall be managed as per policy.
- ii. Daily, weekly, monthly and annual maintenance schedule.
- iii. Uniform colour coding of medical gas pipelines.

DOCUMENTS

Protocols for operating medical gas and vacuum installations shall be managed as per policy.

Procedure	Responsibility	Supporting Documents
Medical gas installations and vacuum installations shall be managed by adequate staff.	HR	Personal Files
Appropriate backup (cylinders) shall be made available to handle any emergencies that arise out of the failure of piped medical gases.	Maintenance In charge	Records of backup cylinders
Appropriate personal protective devices such as earmuffs and rubber gloves should be used by the Staff.	Engineering	Actual availability/ Inspections at random
Medical gas and vacuum installations shall be	Engineering	Daily, weekly,



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maintained as per protocol.

monthly and annual maintenance schedule, records of maintenance.

Daily, weekly, monthly and annual maintenance schedule

	Daily Check	Parameters to be checked
1.	Vacuum pump	Pressure, machine running status (lead, standby, last), oil level, belt tension, loading and unloading pressure range, auto drain
2.	Nitrous oxide, carbon dioxide, oxygen manifold	Line pressure, heater coil, cylinder stock

Weekly Maintenance

All medical gas outlets of the clinical area to be checked for pressure range and leaks. If the Pressure drops, the outlet needs to be scanned.

Monthly Maintenance

No	Daily Check	Parameters to be checked
1.	Vacuum Pump	Cleaning, oil level and quality, belt tension check for fasteners, auto drain and check for silencer cleaning, loading and unloading Pressure range.
2.	Manifolds	Line pressure, heater coil, cylinders stock, leak test.

Annual Maintenance

As per the equipment requirements and manual, thorough overhaul should be performed.
Colour coding of medical gas pipelines:

