



KMCT AYURVEDA MEDICAL COLLEGE

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TO WHOM SO EVERIT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.

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DETAILS OF AVAILABILITY OF EMERGENCY KITS AND MOCK DRILL CARRIED OUT TO MANAGE COMPLICATIONS ETC



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KMCT
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FACILITY MANAGEMENT AND SAFETY MANUAL

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Document Number	KMCT/MNL/ 08	
Date of Issue	15/06/2023	
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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL, MUKKAM
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FACILITY MANAGEMENT AND SAFETY (IMS)
MANUAL

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FACILITY MANAGEMENT AND SAFETY (FMS)

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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.

Quality Executive 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 Accreditation in charge.

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:

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SAFETY OFFICER	QUALITY COORDINATOR	PRINCIPAL
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1. THE KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL HAS A SYSTEM IN PLACE TO PROVIDE A SAFE AND SECURE ENVIRONMENT

a) Hospital Facility & Safety committee:

Purpose

The safety committee role is to establish and maintain a progressive patient safety program to provide safe and effective care to the patient of **KMCT Ayurveda Medical College Hospital** by creating an environment conducive

Members

1. Dr. Sarun Mohan (Chairperson)
2. Mr Suraj P (HR Manager)
3. Mr. Krishnan Kutty M (Safety Officer)
4. Mrs. Deepa V (Quality Co Ordinator)
5. Mrs. Shiji (Infection Control Nurse)
6. Mr. Binu Kumar (Therapist)

Frequency of meeting

Once in three months

Responsibilities and functions

- Coordinates development, implementation and monitoring of the safety plans and policies
- Promote a culture of safety throughout the hospital through staff education programme and trainings.
- Conduct a thorough safety inspection through patient care areas every 6 months and non-patient care areas at least once a year; to mapping potential safety risks to patients and

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employees. The documented findings of the safety inspection will be submitted to Quality Management Committee with suitable recommendations for actions.

- Analyze all reported safety related incidents and ensure appropriate corrective and preventive actions.
- Conducting mock-drills for fire and other identified hospital emergencies

b) Patient-safety devices:

Patient-safety devices has been installed across the organization and inspected periodically. The devices are:

- Grab-bars
- Bed-rails
- Sign postings
- Safety belts on wheelchairs and stretchers
- Fire safety devices

c) "No smoking area" is displayed in both English and in regional language.

d) Facility Inspection Rounds:

- Facility inspection rounds are conducted by Hospital Safety Committee to ensure safety at least once in a year in patient care areas and at least once a year in non-patient care areas.
- Potential safety and security risks enlisted including hazardous materials checklist are identified during the rounds.

e) The findings of the rounds are documented and the CA / PA measures are taken to rectify the faults.

*(CA-corrective action and PA-Preventive action)

f) Safety Education for Staff:

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

Procedure:

The hospital adheres to all applicable laws and regulations

The hospital has identified Mr. Manu Jose as the person who will maintain a record of Licenses and regularly update their renewals.

2. THE ORGANISATION'S ENVIRONMENT AND FACILITIES OPERATE TO ENSURE SAFETY OF PATIENTS, THEIR FAMILIES, STAFF AND VISITORS

- The hospital provides the best services and facilities as per the national /international standards within its scope.
- The hospital maintains and display the site layout, floor plans and fire escape routes.
- Internal and external sign postings are displayed in English and in the regional language.
- The hospital ensures the availability of potable water and electricity round the clock. MOUs are made with the alternative sources also. The quality of these sources is checked regularly.
- A qualified Maintenance manager is responsible for the maintenance of all the facilities. For emergency repairs service of the maintenance staff is available round the clock. Response time of the maintenance staffs is monitored.

3. THE ORGANISATION HAS A PROGRAMME FOR ENGINEERING SUPPORT SERVICES

- According to the services and strategic plans organization does the equipment planning.
- Equipment's are selected, updated or upgraded by a collaborative process.
- Proper inventory of equipment has been done.

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- Only qualified and trained personnel are allowed to operate and maintain the equipment's and utility systems.
- Documented operational and maintenance plans are there for the equipment's.
- There is a maintenance plan for water management, electrical systems, and HVAC systems.
- There exists a proper equipment replacement and disposal policy.

4. THE HOSPITAL HAS A PROGRAM FOR BIOMEDICAL EQUIPMENT MANAGEMENT

- The hospital plans for equipment in accordance with its services.
- There is a documented operational and maintenance (preventive and breakdown)
- There is a documented operational and maintenance (preventive and breakdown) plan

Scope

To ensure that equipment is used or operated in the right manner, equipment is checked periodically to avert repairs, and also to address repairs immediately, if they occur. Hospital equipment includes biomedical equipment like monitors or infusions, used for direct patient re and engineering equipment such as generators and motors for the functioning of the hospital. It is recommended that they be operated and maintained appropriately; otherwise, it could compromise patient care

Operational plan

Operational plan is to ensure that the equipment is used or operated by the technician as per the instructions of the manufacturer in order to do so, it is recommended that the operator or technician be trained in safe operation by the equipment company.

Maintenance plan

1. Maintenance plan addresses preventive and breakdown maintenance.
2. The primary aim of preventive maintenance is to avoid or mitigate failure of equipment. It is designed to preserve and restore equipment reliability by replacing worn components before they actually fail, and includes partial or complete overhaul at specified periods.

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- For example, oil changes, lubrication.
- Breakdown maintenance intends to address the mechanism to get the equipment repaired properly, and without delay, if failures have occurred.
 - Both preventive and breakdown maintenance may be outsourced in the form of Annual Maintenance Contract (AMC) and is done by qualified engineers.

PROCEDURE FOR OPERATIONAL PLAN FOR EQUIPMENTS

Procedure	Responsibility	Supporting Documents
The operational plan should be as per the instructions of the manufacturer as each manufacturer and each model of equipment will have different operating instructions.	Staff handling the equipment	Operational plan for each equipment
Staff handling the equipment must be trained by the supplier of the machine and the instructions strictly followed by personnel operating the machine for its safe operation.	Staff handling the equipment	Training records/checklist and records
The equipment must be operated based on the operating instructions or plan.	Staff handling the equipment	Operational plan for the equipment
The operating instructions should be available with the operator or hung on equipment's	Staff handling the equipment	Operational plan for the equipment

PROCEDURE FOR HANDLING BREAKDOWN REPAIRS OF EQUIPMENT

If the machine is not functioning, information should be passed on to the engineer or the outsourced company handling the equipment	Staff who handles the equipment	Complaint register
The repair may include spare part replacement and small component replacement	outsourced engineer	Receipts

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After the machine is brought back to normal working condition, complete calibration and testing has to be performed, including electrical safety, before it is handed over to the user department	outsourced engineer	Records of repair done
The breakdown of life saving equipment, surgical equipment and critical care equipment, may be considered as Emergency breakdown and priority given for such breakdown.	Out sourced engineer	Complaint register
Records of the time of raising the complaint, the person who raised the complaint, the job completion, and equipment handling over time along with the types of repairs done should be maintained	Outsourced Engineer	Complaint register

Policy:

Safety Policy:

- The hospital aims to provide a safe facility for all its occupants.
- This shall be accomplished by Hospital Facility & Safety Committee, which shall oversee all aspects of Facility Safety and Hospital safety.
- Preventive and breakdown maintenance Schedule are monitored and carried out by the Maintenance department.
- Drawings (site layout, floor plan and fire escape route) shall be maintained in each floor in a visible manner.
- Fire escape route in the display of escape route drawing is marked in green color.
- Fire EXIT signage is provided in Green Color through self-illuminating stickers.
- Internal and external sign posting in the organization shall be maintained in a language understood by patient, families and community
- The provision of space shall be in accordance with the available literature on good practices.

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- i) Space is provided for the proper functioning of the department.
- j) A comprehensive safety inspection shall be done twice a year in patient care areas and once a year in other areas by Site Engineer and Electrical Contractor.
- k) A report shall be generated after each inspection by assigned person, which shall be discussed in Hospital Facility & Safety Committee Meeting and shall form the basis for safety.
- l) Records are maintained and monitored at the time of reporting for taking corrective and preventive action.
- m) Response times are monitored from time of reporting to time of inspection and time of implementation of corrective actions.

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.
- b) The plans shall be reviewed periodically or as and when required.
- c) All equipment's are selected, updated and upgraded by collaborative process.
- d) Involvement of the end-user, management, finance, engineering in the selection of equipment's will be ensured where ever possible.

Equipment management

- a) All equipment's are inventoried and proper logs maintained in the Registers
- b) All equipment's are allotted asset numbers.

Equipment Maintenance

- a) Routine maintenance:
 - The OT technician & Maintenance in charge is responsible for the overall management and upkeep of the Bio - medical equipment's.
 - Designated staff is responsible for daily maintenance of equipment's based on daily monitoring checklist/Weekly monitoring /monthly monitoring.

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- Deficiency details are documented in equipment break down book and the same is communicated to the administrator

b) Breakdown Maintenance:

- All breakdown entries are made in the Registers.
- The complaint is registered.
- If it is minor break down, corrective actions are taken by the Maintenance In-charge within 2-3 hours and the same is documented in the breakdown register with the time of rectification details.
- If the problem is not solved, the Maintenance In-charge calls the company personnel or external agency for its repair.
- Most of the biomedical equipment's and some other equipment's are having AMC-annual maintenance plan. Those equipment's maintenance and breakdown service is done by the company.
- AMC and service reports of the equipment's are documented by the maintenance in-charge.

c) Preventive Maintenance:

- A maintenance schedule for all equipment's is prepared and managed by the administrator
 - The Preventive Maintenance of instrument having an AMC contract is done by communicating with Maintenance Technician and company Manager.
 - All medical equipment's undergo preventive maintenance at prescheduled period.
 - 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.
 - After completion of maintenance (whether preventive or breakdown) the OK report is taken from the user department and also an acknowledgment is taken from user department.
- The list identifies the measurement instruments by name, type, serial number, location, applicable calibration requirements, date of calibration done and calibration due date.

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- The calibration status is updated continuously.
- The same is kept with the General manager. Sticker is displayed on the machine which shows the last calibration date and next due date.

5. THE HOSPITAL HAS PROVISIONS FOR SAFE WATER ELECTRICITY, MEDICAL GAS, AND VACUUM SYSTEMS

There is a maintenance plan for medical gas and vacuum systems.

Scope: To ensure that there is safe and continuous supply of medical gases and vacuum for patients in the wards, OTs.

Medical gases form the very backbone of a hospital. Without them it would be impossible to healthcare organization, as they play an essential role in the functioning of critical care units an operational area. It is recommended that:

- Medical gas installations are constructed as per norms and licenses obtained for Oxygen as per requirements.
- Strict safety requirements as per the norms are followed.
- Maintenance is done regularly as per requirements.

Procedure for operating medical gas and vacuum installations

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.	Staff handling the equipment	Records of backup cylinders

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Appropriate personal protective devices such as earmuffs and rubber gloves should be used by the staff	Staff handling the equipment	Actual availability/Inspections at random
Medical gas and vacuum installations shall be maintained as per protocol.	Staff handling, they equipment	Daily, weekly, monthly and annual maintenance schedule, records of maintenance.

Responsibility:

- 1 Medical Superintendent
- 2 General Manager
- 3 Safety Committee
- 4 Safety Officer
- 5 Maintenance department Staff


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

Reference:

- NABH: Pre-Accreditation Entry Level Standards for SHCO, First Edition
- NABH: Ayurveda Standards 2nd edition.
- FMS.1.: The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.

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

6. THE ORGANISATION HAS PLANS FOR FIRE AND NON –FIRE EMERGENCIES WITHIN THE FACILITIES

A) Fire Safety in the Hospital

- This hospital has provisions and facilities to combat any fire emergencies. All the floors of the hospital are provided with adequate firefighting equipment's and fire alarms.
- The hospital has marked fire exits strategically located. The emergency exit routes are marked. Each patient room and common passages have marked directions of the exit routes to be used in the case of fire and other emergencies. Fire extinguishers and other firefighting equipment's are provided in high-risk areas like the medical records room, pharmacy, store, etc.
- 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 equipment's and assets.
- 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 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.

Fire Fighting Instructions: Code Red

- 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.
- 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: -
 - Try to put off electric equipment.
 - Shout for help in case assistance is required. If unable to put off inform Emergency. Inform reception staff to activate code red.

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- Front office staff will activate "Code Red" signal and assemble the firefighting team consisting of the following personnel on duty at this hospital.
- Front office 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. Water will be used if it is confirmed as solid fire.
- If evacuation is required, the evacuation plan is to be activated.
- If the fire is not controllable, then the matter to be informed to civil fire station for immediate help while informing give type of fire and correct location of fire.
- The firefighting team shall reach to the place of fire without delay and organize firefighting after getting this warning of "Code Red"
- The Safety officer 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.

Emergency Evacuation Plan

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:

- Alert all inmates one by one and room by room of the emergency situation without causing undue panic and commotion while informing the matter.
- Evacuate all the patients first, with the help of stretcher, trolleys or by the wheeled cots if needed.
- The medical documents of the particular patient should be sent along as well.
- The only route to be used for evacuation of such patients should be the hospital Staircase.
- Ambulatory or semi-ambulatory patients should be evacuated one by one using wheel chairs. The patient's medical documents should be sent along.
- Evacuation should be done in an orderly manner without causing confusion or panic.
- 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.

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CODE RED Mock drill CHECKLIST

Location of incident:

Date & Time:

Section 1 – Immediate Staff Response

	Performed		Points Scored
R-Rescue Removed persons from immediate danger (5 points.)	Y	N	
Hospital equipment's are shifted to safer area (5 points)	Y	N	
A-Alarm dialed "100", CODE RED activated & gave correct location. (5 points.)	Y	N	
A-Alarm Fire Alarm activated automatically / Pulled Fire Alarm (5 points.)	Y	N	
Electricity main switched Off & Lift shutdown after rescuing pts (5 points)			
C-Contain Closed doors & windows, Fire catching products removed from the area (5 points.)	Y	N	
E-Extinguish Staff can demonstrate the fire extinguishing technique "P.A.S.S." (5 points.)	Y	N	
All patients and staff reached the assembly point (5 points)	Y	N	
List of Patients checked and verified by nursing supervisor (5 points)	Y	N	

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List of staff checked and verified by HR manager (5 points)	Y	N	
Was the fire exit passage cleared in the drill area? (5 points.)	Y	N	
Employees acted as a team (5 points.)	Y	N	
Sub Section Total (60 points possible)			
Section 2 – Staff Knowledge			Points
	Performed		Scored
Does staff know location of fire exits in the drill area? (5 points.)	Y	N	
Does staff know the location of Fire Extinguishers in the drill area? (5 points.)	Y	N	
Does the staff know the R.A.C.E procedure? (5 points.)	Y	N	
Does the staff know the P.A.S. S ? (5 points)			
Does staff know about assembly point (5 points.)	Y	N	
Sub Section Total (25 pts possible)			
Department Scoring Grid			
75 – 85 points = Excellent	65 – 74 points = Acceptable		
55 – 64 points = Department In-service required	<54 points = Department In-service & Re-Drill		
Department Score Add Sections 1 & 2 (85 pts possible)			

B) Management of Medical Emergency (Code Blue Procedure)

- Code blue procedure is initiated when a patient collapses or is found not responding
- Hospital has identified the following members in code blue team
 - Any Doctor available in the hospital (Unless attending emergency case/surgeries)
 - Administrator/assistant administrator/ available in the hospital
 - Nursing supervisor
 - Safety Officer

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- All staff shall be trained in giving cardio pulmonary resuscitation
- On finding such a patient, the staff shall immediately call the emergency telephone number :21 and inform the emergency
- Staff will start CPR as per the standard procedure
- The staff will announce Code Blue through public address system, specifying the location of emergency, repeatedly for not less than three times
- All members of the Code blue team shall reach the location and take over the patient from the staff
- Decision for shifting out the patient for advanced care will be taken by the code blue team.
- Once the emergency is over, the staff will call the emergency number 21 again, and inform that the emergency is over
- Information that the emergency is over shall be announced through the public address system, that CODE BLUE deactivated.

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Code Blue

Location of incident:

Date & Time:

Code conducted by:

Section 1 – Immediate Staff Response	Competently Performed		Points Scored
Person identified cardiac arrest status of the patient	Y	N	
Notified reception, dialed “*100” & gave details	Y	N	
CPR started by the cardiac arrest identified staff?	Y	N	
Code Blue announced by Reception staff through public announcement system in 1min	Y	N	
Is the Public announcement system working properly?	Y	N	
Does the code blue team reach within 2 minutes?	Y	N	
Does the staff reach with all required medical facilities?	Y	N	
Does the equipment’s are working properly?	Y	N	
Does the supporting staff attended acted properly?	Y	N	
Remarks:			
Patient details properly noted by staff assigned	Y	N	
Code blue deactivated	Y	N	
Sub Section Total (..... pts possible)			
Department Scoring Grid			
8 – 10 points = Excellent	6 – 8 points = Acceptable		
4 – 6 points = Department In-service required	<4 points = Department In-service & Re-Drill		
Variations Observed:			

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Name, sign, date & time of Observer:

Comments of Quality Controller -

Name, sign, date & time of Quality Controller

C) Management of CODE PINK (Child Abduction)

- After the bystander informs about child missing to a staff, he/she should report CODE PINK by dialing 21 or calling reception with all identification details of missing person and missing location or floor within 30 seconds
- Receptionist or extn no-21 attending person should announce **code pink** three times with all missing child identification details and the location by using public announcing system- sex of child, age, color of clothing, name of the child and parent and identification marks
- Front office staff should close the gate within 30 seconds
- Inform all other members within 1 minute including administrator, medical director, safety officer, and code pink team
- Code pink team should start searching for child, all floors within 1 minutes
- Administrator start to comfort the bystander within 1 minute
- Safety officer should ensure that the child was found or not within 10 minutes
- Safety officer deactivate the Code using public announcement system when the child is found
- If the child is not found within 10mins, safety officer with the permission of Administrator, should inform the Police.
- The Safety officer should deactivate the code after informing the police.
- Quality Coordinator will check the deficiencies and present it at safety meeting.

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Code Pink -Checklist
Location of incident:
Date & Time:

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S. N	Event	Yes/No/NA
1	Identified staff reported Code Pink to reception/ dial 100 with all identification details of missing person within 30 seconds.	
2	Receptionist announced code pink three times with all missing person identification details and the location by using public announcing system	
3	Public Announcement System working condition	
4	security guard the gate within 30 seconds	
5	Informed to all other members within 1 minute including Medical Director, administrator, Safety officer, counselor and code pink team	
6	Code pink team started searching all floors within 1 minute. Staff should be placed in the exit points and at the lift.	
7	Counselor started searching the CCTV footage & also comforting the bystander within 1 minute	
8	Safety officer ensured that the child found or not within 10 minutes	
9	Code deactivated by safety officer using public announcement system when the child is found	
10	If the child not found within 10mins, safety officer with the permission of Administrator informs the Police and other external agencies (if not applicable give full score)	
11	Code de-activated after informing the Police by the Safety officer.	

Variations Observed:

Name, sign, date & time of Observer:

Comments of Quality Co-Ordinator

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Name, sign, date & time of Quality Co-Ordinator

Total Marks:/11

6 – 8 points = Excellent

5– 6 points = Acceptable

3 – 5 points = Department In-service required

<5 points = Department In-service & Re-Drill

D) Policy on Disaster & Emergency Preparedness Plan

Purpose

This policy serves the following purpose: -

- Ensure the safety of people;
- Ensure continued delivery of critical and essential functions and services;
- Reduce losses and damage to records, facilities, and systems
- To provide policy for response to both internal and external disaster situations that may affect hospital staff, patients, visitors and the community.
- Identify responsibilities of individuals and departments in the event of a disaster situation.


Evacuation for Internal Disasters

- A. Reasons for Evacuation- To remove patients and personnel from actual or threatened danger such as fire, explosion, enemy attack, Bomb threat, etc. To free hospital beds for the care of incoming casualties

Implementation of Internal Disaster Plan

- The reception will be informed that an "internal disaster" is in effect by dialing emergency number 21. If fire is involved, they will dial 21 and Code Red is activated.
- Patients will be evacuated from hospital areas to 'assembly point' of the hospital or any other safe areas.
- The decision, as to the extent to which the plan is to be implemented, will be determined by the person in charge.

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Resources for Patient Transfer

- Other hospitals in the vicinity can be contacted for transfer of patients, additional supplies, or additional personnel.
- Contact the Telephone Exchange, Medical record department, if these other hospitals need to be contacted. They will need to know the number of patients to be transferred and the diagnosis or types of injuries.
- Hospital shall make an **MOU with an ambulance service**, so that ambulance services can be obtained to our hospital in emergency and non-emergency situations.

Inter-Hospital Transfers

If, in the judgment of the physician or emergency physician (in conjunction with the private physician), the patient cannot be adequately cared for at this hospital, the patient should be transferred to an appropriate private care facility. This applies to the following conditions:

Procedure for Transfer:

- A copy of the patient's chart or treatment record accompanies him with all charting completed.
- That facility shall be contacted prior to the transfer and agree to accept the patient.
- Physician to physician contact by telephone should take place prior to transfer.
- A Certification of Appropriate Transfer should be completed and signed by the transferring physician, the patient, if possible, and the transfer nurse.
- The patient has been adequately prepared for transfer according to his condition (IV established, pressure dressings, immobilization of fractures, patient airway) and is accompanied in the ambulance by competent personnel.
- A nurse-to-nurse contact should also take place. This can be done after patient has left for transfer.

Hospital Evacuation Plan:

- In the event of fire or other internal disaster, all patients and personnel will have to be removed from immediate danger to a safer section of the building, through fire exit or other exit.
- Moving will be done in a systematic fashion by moving all patients and personnel closest to the danger first.

Evacuation of First & upper Floors of Hospital

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- Activate the fire plan by pulling the fire alarm when a dangerous situation is found.
- Start evacuating all patients and personnel from the immediate danger area, in a systematic manner.
- The Administrator/Safety officer is responsible for calling Fire force 101/Police 100 and requesting all available fire and ambulance personnel to respond.
- Orange Alert plan may be activated at the discretion of the Administrator supervisor.

Remember keep cool, calm, and collected and we should have a successful evacuation.

If we evacuate the entire building, everyone will report to the parking lot. A roll call will be made of each department area involved by the person in charge of each area. The supervisor will check with each department head to make sure everyone is accounted for.

External Disaster Plan for Disaster like Flood

General Directions for the Implementation of the External Disaster Plan like Flood or Earthquake

- The Administrator/Safety officer receiving the communications about the disaster situation like flood, should implement the first step of the disaster plan by notifying the administration that a disaster situation exists and requesting them to notify the following:
 - a. Chairperson of Facility & safety committee
 - b. Medical officer
 - c. Department Heads in hospital
- The nurse in immediate charge will notify the doctor (or doctors) on call or she will ask another nurse to notify them.
- Office personnel, at the direction of Administration or Safety officer, will then make the following announcement on the public announcement system and repeat it 3 times: "YOUR ATTENTION, PLEASE...ORANGE ALERT."
- At this announcement, all department heads will report to the Administrator office for instructions.
- Department will keep current list of personnel and telephone numbers.
- All patients in the hospital are transferred to safety area or discharged and to their homes.
- All the equipment's that is ambulatory are moved to other safe area.

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- All the documents and the backup data are transferred to the secure area.
- All the staff are transferred to safe area.
- Hospital power is cut off and the building is closed

E) Bomb Threat Protocol

A. Receipt of Warnings:

1. When a phone call is received:
 - a. Prolong the conversation as long as possible;
 - b. Be alert for distinguishing background noises, such as music, voices, aircraft, and church/Temple bells;
 - c. Note distinguishing voice characteristics;
 - d. Ask where the bomb will explode, and at what time;
 - e. Note if the caller indicates knowledge of the hospital by his/her description of the location.
2. Notify authorities and key personnel:
 - a. POLICE
 - b. Administrator/Chairperson Disaster committee.
 - c. Nursing, or Supervisor on duty at the time.

B. Search Procedure:

1. After the basic details are provided by the person receiving the call, the Administrator or his designee should make all the necessary decisions, issue orders, and prepare for the arrival of assistance.
 - Police should be put in complete authority upon arrival. Cooperation with the police and others involved is most important. Hospital personnel with master keys should be available.
2. The Administrator must depend upon his key personnel and the equipment immediately available.
 - Local authorities may not be as familiar with the floor plan as hospital personnel, nor will they have sufficient manpower to conduct an adequate search within a reasonable period of time.

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- Therefore, the building will be divided into sections, and certain employees be made responsible for the search in each assigned area.
- 3. Watch for and isolate suspicious objects such as packages and boxes.
- 4. Public areas such as the lobbies, cafeterias, public toilets, and stairwells should be thoroughly searched.
- 5. The search should be thorough, eliminating those areas which are locked and unavailable to the public.
 - If the caller indicates the area in which the bomb is located, this area should receive immediate attention. Tight security should be maintained on each area searched until the entire search is completed.
- 6. Elevators should be kept available for local authorities.
- 7. If what appears to be a bomb is found, **DO NOT TOUCH IT**. Clear the area and obtain professional assistance. Also, try to isolate the object as much as possible by closing doors.
- 8. Generally, personnel should remain calm and alert. Personnel should be properly trained so that patients will not become alarmed.
 - Notify the Administrator or his designee promptly of significant developments, and do not divulge to the patients that a bomb threat has been received.
 - In the event the patients do learn what is taking place, they should be reassured that all is well.

C. Evacuation:

If a bomb is found, the police will notify the proper authorities to come and disarm it. We **WILL NOT EVACUATE** unless a bomb is found. If evacuation becomes necessary, this will be a decision of the Administrator or person in charge and the police.

D. Reports:

Each person involved should report to the Administrator immediately after a thorough search of his area has been completed indicating the results of the search.

Key personnel should prepare written comprehensive reports to the Administrator outlining any difficulties encountered during the incident. These reports will be used to update or revise the existing bomb threat procedure.

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7. THE HOSPITAL HAS A PLAN FOR MANAGEMENT OF HAZARDOUS MATERIALS.

Purpose:

To ensure the safety of patients, families, staff and visitors to the hospital by identifying all the Potential risks, and having adequate safety measures in place to prevent accidents and harm.

Scope:

Risk is a potential threat that affects the ability to achieve the desired outcome hospital setting is an environment of risk and potential danger. There are potential hazards in every area of the hospital such as radiation leaks, chemical exposure, infections, and security issues. Risk management is achieved through detecting, managing, reporting, and correcting potential deficiencies. It is recommended that

- Staff be educated about the various risks in the hospital environment identify potential risks, manage and report them immediately
- Appropriate mechanisms be implemented for the staff and visitors to report any identified potential risk.
- The reported risks be addressed immediately and appropriate corrective and preventive measures be taken to mitigate the risk.

Procedure:

Procedure	Responsibility	Supporting Documents
All staff are trained to identify and report safety and security risks in the hospital	Quality team	Training records
Any staff member who identifies a potential risk should immediately call Reception.	All staff members	Reporting register
If the risk is of immediate concern, it should be addressed through the hospital phone number.	All staff members	Reporting Register

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While calling the number, the reporter must identify herself, the identified risk, and the location.	All staff members	Reporting Register
The designated person along with the concerned person should visit the spot and ensure that the complaint is addressed.	Concerned departments	Reporting Register
On receiving the call, the information should be recorded in the incident report form with the date, time, caller details and the reported incident.	Reception	Reporting Register
The information should be passed on to the designated person concerned, who in turn will have to contact groups responsible for addressing the complaint.	Reception	Reporting Register
Once rectified, the designated person should conduct a random inspection and see if similar problems exist in other places in the hospital, and if so, address them.	Designated person	Inspection report

Some of the common risks in a hospital environment include:

- Chemical hazards- hazardous chemicals (including blood, and their spillage)
- Security risks-theft, abduction, sabotage
- Fire risks due to smoking, short circuits
- Risk to building and infrastructure - lightning, termites
- Risk to patient like infections, falls, medication errors

Risks due to Hazardous Chemicals

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There are many hazardous chemicals in the hospital environment such as mercury, glutaraldehyde, cleaning chemicals, lab reagents. The primary objective is to identify all the chemicals stored in the hospital and guide their storage, usage. All staff handling these chemicals must be aware of how to handle them and what to do in case of a spill or splash of the chemical

List of your hazmat

Handling mercury spills in hospitals

A mercury spill kit with plastic zipper bag, dropper, heavy paper card, absorbent material may be kept in a box and provided in wards and other places handling thermometers and BP apparatus. If the spill occurs, the following protocol may be adopted.

1. Isolate the spill and ventilate the area right away
2. Place the mercury spill kit nearby
3. Remove all jewelry
4. Wear personal protective equipment's (PPEs)
5. Aspirate the mercury spill with eye dropper/use small size x-ray films and then scoop with it
6. Pour to dedicate glass bottle which contains water
7. Locate any remaining mercury with the flashlight, the beads will reflect the light making them easier to locate.
8. If any mercury spill remains, repeat 5th and 6th step again
9. Secure closure & label with date, time& location
10. Keep the mercury in store
11. Place all items used in the mercury clean up, including gloves, in a yellow trash bag
12. Seal the yellow trash bag with tape and label as "mercury waste & dispose PPEs"
13. Hand wash
14. Incident report
15. Keep the room ventilated
16. The mercury should be then disposed of by handling it over the appropriate agency for recycling.

When cleaning up a mercury spill:

Do not use household cleaning products, particularly products that contain ammonia or chlorine. These chemicals will react releasing a toxic gas. Do not use a broom or paint brush. It will spread

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them around by breaking them into smaller beads. Do not use vacuum as it will disperse mercury vapor into the air and increase the likelihood of human exposure.

8 ORGANISATION HAS HERBAL PLANTATION WITHIN THE ORGANISATION

Our hospital is having an herbal garden in front of our hospital. Housekeeping staff is maintaining the garden.

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