



SRI LAKSHMI MEDICAL CENTRE AND HOSPITAL

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Thudiyalur, Coimbatore – 641 034.

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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
Administrative Manager	Chairman, Sri Lakshmi Medical Centre & 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'.

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S.No.	Designation
1	Accreditation Coordinator
2	Administrative Manager

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1.0 PURPOSE:

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

2.0 SCOPE:

2.1 Hospital wide

3.0 RESPONSIBILITY:


- 3.1 Administrative Head
- 3.2 General Manager
- 3.3 Security Head
- 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

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

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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 shall be 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, Electrical Engineer & Electrician, and House Keeping Supervisor.
- d) Drawings (site layout, floor plan and fire escape route) shall be maintained in each floor in a visible manner.
- e) Fire escape route in the display of escape route drawing is marked in Red color.
- f) Fire EXIT signage is provided in Green Color through self-illuminating stickers.
- g) Internal and external sign posting in the organization shall be maintained in a language understood by patient, families and community – responsibility House Keeping Executive.
- h) The provision of space shall be in accordance with the available literature on good practices.
- 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 maintenance department in-charge which shall be discussed in Facility Management and Safety Committee Meeting and shall form the basis for safety.

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- 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.

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:

- **Chairman**
- **Quality Manager**
- **NABH coordinator**
- **RMO**
- **Anesthetist**
- **Gynecologist**
- **Safety officer**

6.3 **Patient-safety devices:** Patient-safety devices shall be 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) Fire safety devices

6.4 **Facility Inspection Rounds:**



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- a) Facility inspection rounds shall be 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 shall be 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 cath lab)
- d) PNDT Act Registration
- e) License for MTP
- f) *Pharmacy* license

7.2 The hospital has identified Mr. Krishna Kumar 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 shall be reviewed periodically or as and when required.
- c) All equipments are selected, 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.
- b) All equipments are allotted asset tags.

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 chief 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 service 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 depends on the type of breakdown

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 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 is taken from the user department and also an acknowledgment is taken from user department.

7.6 Calibration of Devices:

a) A list of all instrument /equipment/ devices requiring calibration is prepared and maintained.

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- 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 piped gas, compressed air, and vacuum 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, compressed air, and vacuum installation.
- 7.10 The orders for replenishing the exhausted gas cylinders are done by the store.
- 7.11 All the faults and repairs of the gas and vacuum pipe lines are identified and rectified by them.
- 7.12 They are responsible for intimating the authorities about the deficiencies of gas supplies and the quality of their services.
- 7.13 A log is maintained on the supply and installation of gases.
- 7.14 This hospital has provisions and facilities to combat any fire emergencies. All the floors of the hospital is provided with adequate fire fighting equipments and fire alarms.
- 7.15 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 fire fighting equipments are provided in high risk areas like the medical records room, pharmacy, store, etc.
- 7.16 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.

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7.17 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.

7.18 Hospital Fire Fighting Team:

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

7.18.a.1 **Names of Team members**

Mr.Vignesh
Mr.Kishore
Mr.Santhosh
Mr.Sabarigiri
Mr.Manikandan

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

7.18.b.1 **Names of Team members**


Mr.Agnel
Mr.Krishnaswamy
Mr.Ashok
Mr.Nagaraj
Mr.Arun

7.19 Fire Safety Protocol:

a) **Fire Preventive Measures:**

7.19.a.1 Fire risk areas in the Hospital are identified as given below:- Generator Room; Substation; Medical Gas storage room and medical record room.

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

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7.19.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. 316)** or cutting off the power supply.

7.19.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. 316) or (Extn: 316); Shift the patient to safer places. If fire has not been extinguished, without panic direct the patients to safer locations through fire escape route.

7.19.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).

7.20 **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/bell/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:-

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

7.20.b.2 Shout for help in case assistance is required. If unable to put off inform Tel. Ext. No : 316 about the type of fire and location of fire. Security Supervisor will activate “Code Red” signal and assemble the fire fighting team consisting of the following personnel 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



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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 ”

7.21 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) The spirit lamp used in the laboratory should be placed in a safe place and put off after use.
- d) Do not use the candles / oil lamp to light the rooms department.
- e) Do not store the loose papers files and old record in card board boxes.
- f) The old record room should be properly ventilated and electrical line protected against the fire.
- g) All important departments will be provided with the first aid fire appliance.
- h) Do not leave the remains of used match stick, candles or cloth pieces etc in the floor area.
- i) Extinguish and throw these items in dust bin only.
- j) Put off electrical supply to the rooms in case any spark is noticed and inform duty electrician.
- k) While refueling the diesel tank of generator take fire precautions and do not bring any lighted material near to the refueling point.
- l) Put off all light fans and electrical equipment and remove the equipment connection from the plug while locking the room after the work.

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7.22 **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 of 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.

7.23 **Fire Fighting Training:**

- 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.

7.24 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.