



INODAYA Hospitals - Kakinada

Documentation code:

INH/FMS.Doc.No:17

Emergency Preparedness & Safety manual

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1. POLICY

Defined with each section of Disaster preparedness plan

2. 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.

3. SCOPE

This policy is applicable for entire hospital.

4. ABBREVIATION

5. RESPONSIBILITY

Employees at every level of the organization

6. PROCESS

6.1 Description of process

Defined in each section (below)

6.2 Activity / Responsibility

Defined in each section (below)

7. DISTRIBUTION

Emergency department, Security Office, FMS office, Disaster Control Area, Reception area, Administrator's office & Fire Safety Officer

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Verified by:

Approved by:

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EMERGENCY PREPAREDNESS AND SAFETY PLAN

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18. Radiology Services Safety

19. Accident Investigation And Analysis

20. Safety Orientation Special Training

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EMERGENCY CODES ACROSS THE HOSPITAL

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:

EMERGENCY CODES ARE AS FOLLOWS:

EMERGENCY CODES RESPONSE			
Code	Situation	To be Contacted	Message
Code Red "9"	Fire	Fire Safety Officer/Security Officer/Security Supervisor/Nursing Supervisor/Nursing Superintendent/Administrator/ Manager – Operations/CMO	CODE RED - Fire detected at "<Location>". Please activate Emergency Response Team

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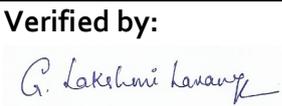
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Code Yellow “g”	Missing Child/Patient	Security Officer /Nursing Supervisor/Nursing Superintendent	CODE YELLOW – MISSING CHILD/PATIENT from "<Location>". CLOSE ALL EXITS & INITIATE SEARCH
Code Blue “g”	Cardio Pulmonary Arrest	Duty Intensivist/MET In-charge/ Nursing supervisor/ Nursing superintendent/Duty Doctor	CODE BLUE at "<Location>". RESPOND IMMEDIATELY
Code Orange “g”	External Disaster	Administrator/Security Officer & Supervisor / Manager – Operations/ House Keeping Supervisor/ CMO/ Nursing superintendent	CODE ORANGE - Activate Central Disaster Command center
Code Brown “g”	Hazardous Spill Major spill (HAZMAT)	Respective Housekeeping Supervisor & HAZMAT team	CODE BROWN - <"Location">. ACTIVATE HAZMAT TEAM
Code Purple “g”	Civil Disturbance (Internal Disaster / security threats)	Administrator/security officer and supervisor/Manager Operations/CMO	CODE PURPLE < « Location » >. ACTIVATE TEAM MEMBERS

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CODE BLUE: CARDIAC RESUSCITATION

Policy:

Advise the operator to announce a "**CODE BLUE**" along with the location of the code (which floor& respective room number). This should be announced three times in rapid succession with a gap of 10 seconds between each of the cycle of announcement.

Response teams for code blue event will be as below:

Refer to the below mentioned table in the next page.

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For Code Blue Event in Ground Floor (Parking areas & Waiting areas) – Code Blue team consists of	For Code Blue Event in 1st Floor (OPD areas, Radiology, Echo/TMT rooms) the team consists of	For Code Blue event at 2nd Floor (Dialysis, Labs, Endoscopy room, waiting area) the team consists of
Duty Intensivist/MET Incharge	Duty Intensivist/MET Incharge	Duty Intensivist/MET Incharge
Casualty CMO	Junior Resident - ICU/Wards	Junior Resident - ICU/Wards
Casualty Nursing In-Charge	MICU nursing incharge	MICU nursing incharge
Night Nursing Supervisor	SICU nursing incharge	SICU nursing incharge
Nursing Help 1	Night Nursing Supervisor	Night Nursing Supervisor
Nursing Help 2	OPD Code blue nurse	Dialysis incharge
Executive – Casualty	OPD Code blue nurse	Dialysis Nurse Help 1
Housekeeping supervisor Ground Floor	OPD nursing help 1	Dialysis Nurse Help 2
Housekeeping Help 1	Executive – OPD	Endoscopy Nurse
Housekeeping Help 2	Housekeeping supervisor Ground Floor	Executive – ICU
Security Supervisor	Housekeeping Help 1	ICU - Housekeeping supervisor
Security Help 1	Housekeeping Help 2	Housekeeping Help 1
	Security Supervisor	Housekeeping Help 2
	Security - ground floor	Security Supervisor
		Security MICU area

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For a Code Blue event in 4th Floor (HDU, Wards) the code blue response team consists of	For Code blue event in 5th & 6th Floor (HDU, Wards & Administrative areas) the team consists of
Duty Intensivist/MET Incharge	Duty Intensivist/MET Incharge
Junior Resident – Wards	Junior Resident – Wards
4th Floor Nurse Incharge	5th Floor Nurse Incharge
4th HDU Nurse Incharge	5th HDU Nurse Incharge
Night Nursing Supervisor	Night Nursing Supervisor
Nursing Help 1	Nursing Help 1
Nursing Help 2	Nursing Help 2
Executive – Wards	Executive – Wards
4th Floor Housekeeping supervisor	5th Floor Housekeeping supervisor
Housekeeping Help 1	Housekeeping Help 1
Housekeeping Help 2	Housekeeping Help 2
Security Supervisor	Security Supervisor
Security help – Wards	Security help – Wards

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CARDIOPULMONARY RESUSCITATION EMERGENCY PROCEDURE

Procedure

DIAGNOSE

- No spontaneous respiration
- No carotid or femoral pulses
- Dilated pupils
- NOTE TIME
- SUMMON HELP (call out or send someone for help).
- STAY WITH THE PATIENT!
- The operator will call “CODE BLUE” over the intercom, after department personnel have notified him.
- BEGIN EXTERNAL CARDIAC MASSAGE (bed should be flat).
- Place patient on cardiac arrest board or flat surface.
- Kneel by the patient's chest and bare the chest.
- Place base of one hand on the lower half of the sternum, while applying pressure with the upper limb in contact with the sternum also perpendicular to the sternum.
- Use only one hand for children and two fingers for babies.
- With hands, thrust vertically downward, displacing the sternum 1 1/2 to 2 inches, at a rate of 100 thrusts per minute initially pausing NOT before 2min of CPR for reassessment of NOT over 15 sec.
- Massage faster and with less force for children and babies.
- Release pressure rapidly and completely between thrusts; however, DO NOT lift the hand off the sternum. Let your body weight do the work.
- Check effectiveness of cardiac massage by palpating the femoral or carotid pulsations carotid or femoral pulsation, pupils, improved body color, etc.

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- OPEN AIRWAY (chin lift- head tilt), INFLATE LUNGS QUICKLY with two breaths (mouth-to-mouth breathing / bag & mask).
- Remove foreign bodies if any in the upper airway.
- Insert airway if necessary - give bag & mask ventilation **or** hyperextend neck, pinch patient's nose, takes a deep breath and place your mouth over the patient's mouth making a tight seal and give breaths
- For small children or babies, place your mouth over victim's mouth AND nose.
- Inflate lungs until chest expands. Proceed at a rate of once every 5 seconds or 12 per minute.
- For infants, once every 3 seconds or 20 per minute.

SOLITARY CARDIOPULMONARY RESUSCITATION

- For adults do 30 chest compressions & 2 breaths
- For infants, use a 30:2 ratio with 100-120 compressions per minute.

DUAL CARDIOPULMONARY RESUSCITATION

- For adults, utilize a 30:2 ratio of compressions to breaths. Switching positions is recommended, after 2 min. as personnel get tired. The latest AHA protocol states that chest compression @ 100/min & no breaths needed.
- For infants, use a 15:2 ratio with 100-120 compressions per minute

NEVER STOP CPR FOR MORE THAN 5 SECONDS DURING AN ARREST!

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Nursing procedure:

- Upon the calling of a Code Blue, the nursing staff will obtain the nearest emergency Crash Cart and make it available at the location of the Code Blue.
- Immediately following an emergency, a cardiac arrest sheet will be completed and placed in the patient's chart.
- After the Emergency Crash Cart has been used, the nursing personnel is responsible for placing all used instruments on the cart, clear all disposable items and immediately replenish the contents.
- Each unit is responsible for checking the integrity of all equipment on top of the cart. in each shift
- Each patient care unit will check the integrity of the seal on each shift.
- Each drawer of the Emergency Crash Cart is set up in a modular fashion in order to facilitate the restocking

CODE ORANGE – EXTERNAL 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)

TYPES

The Hospital has a policy and plan for External and Internal Disaster. The Emergency Department will take care of the External Disaster.

Alert Code and Assembly

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Code Orange is announced by the reception area. At the announcement of the Code on the paging system / telephone / mobiles the following personnel will assemble at the base station. These will include:

- CMO / Junior Resident
- 6 Staff Nurses (One nurse from each of the floors)
- Consultants from Neurosurgery, Orthopedics, Surgery & Anesthesia
- Functional HODs & representatives
- Operations executives / representative from billing department
- MRD representative

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

- Identifies the Hospital Incident Command Center
- Identifies the in-hospital problems
- Triage: Patients, Resources, Communication Personnel

Hospital Incident Command Center

Concept of unified command permitting centralized supervision employing a management-by-objective style

- Administrator
- Director – Medical Services
- Nursing Superintendent
- Emergency Physician/ CMO

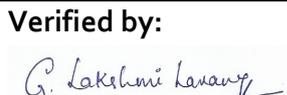
Incident Command

- Place of assembly: Casualty

The following tasks are allotted

EMERGENCY DEPARTMENT:

- Authorize code

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- Liaison with other agencies
- Coordinate the various hospital activities
- Periodic Review
- Authorize press briefs

LABORATORY PERSONNEL

- Requisition extra Personnel for Disaster situation.
- Arrangement of extra blood
- Well-meaning voluntary/ in-house donors may be needed

BILLING

- Billing of patients may be a big problem due to the priorities and legal problems.
- Resuscitated and Stabilized patients may stay back at the hospital to complete their treatment.
- Others may need to be shifted to Government Facilities (occ. Govt. may be willing to pay)

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 etc in co-ordination with all support departments

SECURITY

- Cordon off area affected.
- Regulate the entry and exit on Doors.

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- To safeguard all the belongings of the disasters victims.
- Police arrangements, if required
- Parking arrangements
- A mortuary Register
- Personal effects not removed
- All Emergency Disaster Equipments available
- The destination of body recorded
- Preservation of specimens and clothing.

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 & personnel on duty
- Maintain adequate supplies

ENGINEERING

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

BIOMEDICAL

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

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RECORD KEEPING

- Accurate record keeping is important to identify patients and their locations
- Paperwork is not considered a priority in a disaster
- Develop forms that are simple and familiar and that require minimal duplication
- Disaster tags- TRIAGE Tags
- Further documentation may be done at casualty-collection points and during ambulance transport.

PHASES OF RESPONSE

- Initial Response
- Search and rescue
- Emergency & Triage
- Casualty-collection points

Initial Response

- Initial responder : lay-person, followed by fire and civil defense
- Most experienced takes charge till Incident Command takes shape
- 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 hazmat situations
- 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

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

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- **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 Incident Command authorizes the termination of code.

EARTHQUAKE RESPONSE PROCEDURE

PROCEDURE:

General:

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

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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;

Overtured 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;

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 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.

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- Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
- If telephones are operating, call the switchboard for assistance 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 Incident Commander. 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.

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- Be prepared for additional "aftershocks". Although most of these are smaller than the main shock, some may be large enough to cause additional damage.

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.

RIOT OR CIVIL DISTURBANCE RESPONSE PLAN (CODE PURPLE)

A civil disorder may escalate a minor disturbance to a major riot, through the actions of one or a group of individuals who are well organized. The first ingredient is a 'cause' or reason for upsetting the normal routine or committing aggressive action against the healthcare facility, its personnel or one or more of its patients.

A healthcare facility is particularly susceptible to incursions by malcontents or individuals with a "cause," because of its lack of security and open admissibility to the public. An

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individual determined to enter the healthcare facility to start trouble will pay no attention to signs restricting entrance, such as "Authorized Personnel Only," "Facility Personnel Only," " and other similarly restrictive notices. In fact, such an individual will probably go to the rear or side entrance where he/she is not likely to be observed and probably won't be challenged if he/she is seen entering the building.

PROCEDURE:

General:

- As soon as it is determined or suspected that a person with no official business or medically-related reason for being in the facility is, in fact, circulating within the premises, he/she shall be challenged, preferably by an official of the facility and escorted out of the building as discreetly as possible, on the basis that he/she has no reason for being in any part of the facility except the reception area, and that it is a private institution. If he/she objects, the facility official shall notify the police department, and the challenged individual shall be allowed to speak to the police department on the telephone. In most cases, the person will not avail himself/herself of the opportunity, but the facility will have protected itself from any charges of unfair treatment or discrimination.
- When it has been determined that a group of individuals are in the facility on other than official or medically-related business, all entrances shall be secured and, where possible, the group shall be isolated, by activating the fire doors, and prevented from circulating through the rest of the facility. The police shall be summoned by the Security Officer/Security Inspector or designee who shall brief the police over the telephone.

Responsibilities - Potentially Violent Situation:

Security:

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Maintain contact with the police and fire departments.

- Familiarize personnel with the procedures used by the police department for handling unrest, civil disorders or riots. Since security personnel are often the first contact with participants in any type of civil disturbance, it is most important that they correctly estimate the situation and avoid aggravation of the existing situation. These personnel will be the first and most reliable sources of information needed by the police to properly respond to a potentially violent situation. Information regarding the circumstances surrounding the situation of unrest shall help facility officials in dealing with the group or individual ringleader in the early stages of the controversy. In the case of an organized group attempting to reach a patient or a member of the facility staff with intent to harm, the Safety Officer's only recourse is to prevent entry to the area where the target individual is located.
- Be prepared to call the police if a trouble situation appears to be developing. If there is any doubt, it is better to inform them too early rather than too late, as the situation can often be resolved before violence occurs.
- All non-public entrances to the facility shall be posted with restrictive notices to establish legal basis for possible subsequent recourse measures against illegal entrants.
- Special precautions shall be taken to protect the manifold room oxygen/LPG storage area; a supply of auxiliary cylinders shall be maintained in the facility as back-up to the main storage and supply source and for use in an emergency situation. The generator shall also be guarded against actions by intruders.

Telecommunications:

- Maintain a current list of phone numbers for the police, fire departments and key facility personnel to be notified in an emergency situation; also the code designations familiar only to facility personnel to be announced over the public address system to alert them to a possible or actual civil disturbance.

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- Be prepared to report any disturbance in accurate detail. It is essential that the true nature of the disturbance be reported, in order that the appropriate course of action and corrective measures can be applied.
- Responsibilities - Violence Imminent or in Progress:
- Contact police and fire departments. Use emergency phone numbers, if violence has occurred or is imminent. Carefully report the incident in terms of numbers of participants, reasons for unrest, observed conduct of group leaders and any other information requested by the police. Write down any instructions given by the police and follow their procedures precisely.

ADMINISTRATOR / TEAM LEADER

- Decide on course of action to be taken, pending arrival of police.
- Facility could be closed to all except bona fide emergency cases, i.e., those confirmed by the radio operator, or by calls from staff physicians or other authentic sources. The Urgent Care entrance should be guarded until arrival of police.
- Instruct Telecommunications to call off-duty personnel and inform them of the situation and recall those who may be required.
- Depending on estimate of the seriousness of the situation, determine whether to secure vital records and cash by locking them in a vault or in a safe cabinet or turning them over to key employees for transport to a safe place off the facility premises. Special care shall be taken to safeguard the accounting office and any electronic or computer operations areas.
- Instruct the Safety Officer to prepare for a fire alert and to have his/her forces standing by to shut off electrical power, natural gas or any source of ignition. It is imperative that

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the Security Services of the facility cooperate fully with the police and fire services of the community responding to the disturbance.

- In the final analysis, any local condition of unrest or social upheaval which affects the orderly conduct of the facility functions shall be handled by the local public protection services with full assistance and cooperation from the facility and its staff.

FIGHTING TERRORISM – A PLAN

A. The plan relates to such matters as:

- Dealing with bomb threat telephone calls.
- Building searches and evacuation.
- Contingency planning for terrorist incidents.
- Dealing with suspect packages
- Physical building and location security
- Protection of key assets

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- Terrorist acquisition of materials.

B. Focus on hospital defense.

- **Effective Screening:** we have invested in equipment to screen for explosives and weapons – unobtrusively and the metal detectors are present at all entrances (All baggage must be screened).
- Identify and protect important vulnerable sites.
- Critical step in creating a hostile environment for terrorist is developing a public awareness strategy that gives public a chance to report particularly suspicious behavior to the security when it happens.
- We also have continuous patrolling of our security guards in the whole campus.
- Target hardening from building design onward. When at all possible, management plans of expand or construct new facilities with security measures from the outset. This is likely to make target hardening more efficient (in time and expense) and effective than adding more security on an ad hoc basis later.
- Management can work to make security awareness part of the hospitals ongoing routine.

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- Hospitals liaisons with police and distribute police briefings to critical members of the organization.
- Management encourages implementing crime prevention measures by ensuring that perimeters around the hospital location are clear, well lit, and devoid of any obstructions that make the target more vulnerable to terrorist or criminal activity.
- Access points to the premises are kept to a minimum. Access control is a key feature of security. We have passes for employees and procedures for booking in visitors and contractors. Searching of bags also happen, as with other measures, is proportionate to the threat and also carefully explained to staff.
- Management also looks carefully at vehicle assess and parking arrangements for vendors and employees. High-risk targets consider introducing a barrier system and arranging that parking lots are located so that unauthorized vehicles cannot get close to the premises.
- Most effective and appropriate physical measures for building security are – locks on windows and doors, CCTV, alarms, or improved lighting – and are installed according to context and need. Hospital ensures that physical countermeasures are working by examining them on a regular basis.
- Hospital has implemented security procedures for man handling.

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- When recruiting staff or hiring contractors, we ensure that they are who they say they are by checking documentation. Private firms and police work together to check terrorism watch lists for employees who have access to sensitive areas or materials.
- Hospital also has set up firewalls and other electronic measures to protect critical information and vital IT systems. We ensure that those who supply, operate, and maintain IT systems are reputable and reliable.
- Hospital constructs business continuity plans, designating how the hospital will continue to function if something happens that destroys or degrades critical systems or facilities or prevents access to its site/office.

Design

- Good lighting and secure fencing in station, parking lots, and surrounding entrances and exits.
- Up-to-date information and clear signs for the public.
- Clear lines of vision.

Management

- Security staff presence / CCTV surveillance.

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- Rapid response in emergencies.
- Regular inspection and maintenance.
- Special training for staff to deal with conflicts and emergencies.

Defining the Problem

We sought to redefine and reevaluate the catchments of the patient population and communities of interest. This evaluation focused on the unique threats of terrorism and led to the realization that there are vulnerabilities and potential targets within the country.

The group's first task was to modify the hospital's existing disaster plan to address the unique nuances of a response to chemical, biological, or nuclear agent exposure.

Defining Critical Functions

We have identified five functions critical to event mitigation: safety and security, decontamination, acute and definitive medical care, communications, and resource procurement and management. These functions may be applicable in whole or in part, depending upon the agent used in the terrorist attack.

Safety and Security

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Since terrorists may identify health care facilities as primary or secondary targets, safety and security issues are important. Since the use of a weapon of mass effect is a criminal act, key information should be collected from victims. Scripted interrogation should include the time and location of the event, estimate of the number of people involved, any unusual activities or people noticed just prior to the event, and any unusual sights, sounds, or smells just after the incident. Documentation of the prominent signs and symptoms experienced by those who have been exposed may aid in the early identification of the agent involved. Evidence collection (such as bagging of clothing samples) from victims before decontamination may yield clues to the nature of the agent. Interrogation and evidence collection should be coordinated with local police. Regular security sweeps of the hospital facility should be performed to look for secondary devices, the presence of unauthorized personnel, or breaches in building access.

Decontamination

To prevent contamination and subsequent closure of the hospital facility, and to ensure the safety of personnel and currently hospitalized patients, victims of nuclear or chemical attacks will usually be triaged and undergo decontamination.

Acute and Definitive Medical Care Hospital personnel should be available to respond to a mass-casualty incident as needed. As established in the response plan, a roster system should be used for mobilizing adequate numbers and types of workers.

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Communications

An organized and regimented system for external and internal communication is an important component of any disaster plan. External communication issues deal with the need to exchange information with local emergency management agencies and other health care facilities; disseminate standardized, non-sensational information sound bites for the local news media; act as a clearinghouse for victim identification and acuity; and act as a public information source (providing public service announcements) about event-related issues (signs and symptoms, where to obtain medical care, etc.) Internal communications involve the need to communicate with employees concerning the nature of the event, implement the hospital disaster plan, activate the staff callback and rotation system to ensure adequate personnel, and provides critical incident stress debriefing for personnel and their families.

Resource Procurement and management

Knowing the particular agent (chemical, biological, or nuclear) and route of exposure (inhalation, ingestion, contact), hospitals may anticipate an increased need for specific facilities, supplies, equipment, and medical expertise. The hospitals response plan should include prearranged agreements with local industries and agencies, vendors, and other health care facilities for re-supply and exchange of resources in the event of an incident involving weapons of mass effect.

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BOMB THREATS

A. PURPOSE

To establish uniform procedures for management of any bomb threats.

B. SCOPE

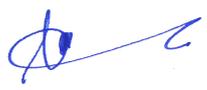
Hospital wide.

C. PROCEDURES

Following points to be noted before informing the security / safety officer control room 9 and other authorities.

WHEN A BOMB THREAT IS RECEIVED BY TELEPHONE

- Listen
- Be calm and courteous
- Do not interrupt the caller
- Obtain as much information as you can

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- After the caller hangs up, notify the security control room 9 and other authorities as soon as possible.
- Please fill up the following information

BOMB THREAT PROCEDURE

Report of person who receives the bomb threat call

QUESTIONS TO ASK (Try to ask)

- What time will the bomb explode?
- Where are you calling from?
- What is your name?
- Where and why did you place the bomb?

PERTINENT DATA TO RECORD

Name of the person who received the call

Title: -----

Time _____ Date _____

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EXACT WORDING OF THE THREAT

.....

.....

.....

Gender of caller..... Age..... Length of call.....

CALLER'S VOICE

_____ Calm _____ Slurred

_____ Angry _____ Stutter / stammer

_____ Excited _____ Deep

_____ Slow _____ Harsh

_____ Rapid _____ Clearing throat

_____ Soft _____ Deep breathing

_____ Loud _____ Cracking voice

_____ Laughter _____ Disguised

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_____ Crying

_____ Accent

_____ Normal

_____ Whispered

_____ Distinct

_____ Familiar

If voice is familiar, who did it sound like?

BACKGROUND SOUNDS

_____ Street noises

_____ Factory machinery

_____ Crockery

_____ Animal noises

_____ Voices

_____ Clear

_____ Music

_____ Long distance

_____ House noises

_____ Other

Motor _____ Office machinery **THREAT LANGUAGE**

_____ Well spoken (educated) _____ Incoherent / not clear and logic

_____ Foul

_____ Taped

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_____ irrational

_____ Message read by threat maker

REMARKS _____

Reported Call immediately: _____

Signature

BE PREPARED TO EVACUATE AS SOON AS POSSIBLE, AFTER A BOMB THREAT IS RECEIVED

SEARCH GUIDERLINES

- Look around your immediate area for any suspect object.
- Do not touch anything – report the suspect object if any.
- You can be of help to authorities by pointing out any other unidentified objects.
- Unlock drawers, cabinets, etc. for search crew.

PRECAUTIONS

- Shall a device or suspect device be discovered :
- Do not touch or move it
- Do not assume that it is the only one.

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- Leave the area immediately.
- Notify the Security Control Room (Extn. – “9”) as soon as possible.

EVACUATION GUIDELINES

Note: If necessary, the Fire Alarm system may be activated in order to initiate an evacuation. This will also bring the assistance of fire fighting personnel.

- Keep calm
- Follow instruction of supervisors or other authorities.
- Remember that you have been trained to cope with this.
- When evacuating, remove identified personal property, such as lunch containers, briefcases, purses, etc.
- Assist with requests from police, fire or other authorities in order to safely resolve the situation.

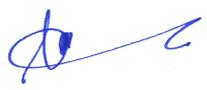
DISRUPTION OF SERVICES: ELECTRIC

Purpose

To notify the proper service of failure and educate personnel about the steps to be taken in the event of failure.

Procedure

In the event of commercial electrical service failure, the following steps will be taken:

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Check to make sure the electrical generating plant is functioning and that adequate emergency power is provided to the following essential services:

Life Support Systems

Air conditioning

Equipment Support Systems

Communication Systems

Lifts

Ask the contact to determine how long the service will be out.

Notify all departments and tell personnel that service will be out and approximately how long. (Notify surgery first.)

After electric service is restored, check for proper operation of:

- Ventilating Systems
- Pumps
- Motors
- Air Compressors
- Air Conditioning

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- Vacuum Pumps
- Notify all departments when service has been restored.

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DISRUPTION OF SERVICES: MEDICAL GAS

Purpose

To define the steps which shall be taken in the event of a medical gas system failure?

Policy

Oxygen

Use Extreme Caution! The risk and severity of a fire are much greater in an oxygen rich environment. Absolutely No smoking or Open flames. Try to avoid making sparks.

If the problem is a leak, shutoff supply to the affected zone using the appropriate shutoff valve. Notify the affected area first and receive permission from medical personnel before shutting off supply.

If oxygen supply is not working and the problem cannot be corrected immediately, notify the affected areas and deliver portable cylinders. If necessary, order emergency delivery of additional cylinders until the system can be repaired.

Call and request emergency delivery of oxygen, as needed.

Make necessary repairs. Request outside assistance, if necessary.

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DISRUPTION OF SERVICE: PIPED VACUUM SYSTEM AND COMPRESSED AIR

Definition

A central system for delivery of compressed air and vacuum to area of use through pipe

Procedure

Call Engineering/BME Dept.

The Engineering/BME Dept will respond to failures in the piped vacuum system and compressed air.

If there is a failure of a vacuum pump or air compressor:

Shut off faulty pump or compressor - allows its mate to carry load.

Failure of Air Conditioning System

Policy

The Engineering Dept will take the necessary steps to correct any failures.

Procedure

- Notify the engineering services

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- After determining the repairs cannot be made in a timely manner or beyond the scope of in-house capabilities, call external service provider.
- Notify department managers of departments that will be affected. Tell them approximately how long this will affect that department.
- After repairs are made, notify the departments.

FAILURE OF OPERATING ROOM AIR CONDITIONING

Purpose

Remedial measures for operating Room Air Conditioning breakdown

PROCEDURE:

- If a unit fails for any reason, such as faulty motor, dirty filters, grounded compressor, frozen unit, etc., the Maintenance is to be notified to determine the ability of the in-house staff to make appropriate repairs.
- A unit can only be secured, electrically, after first checking to see that there are no surgeries and/or treatments taking place in the operating room pertaining to the unit in question; and by receiving a clearance from the Operating Room Supervisor. Only then may you secure power to that unit.

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DISRUPTION OF SERVICES: WATER

Purpose

To notify failure of water services and steps to be taken in the event of water service failure.

PROCEDURE:

In the event that the water service is interrupted for reasons other than a shutdown for repairs, the Manager will take the following steps:

Notify each department so they can limit the use of water.

Ask for an estimate of the amount of time that service will be interrupted.

He/she will determine how much water will be needed and make arrangements alternatively.

Bottled drinking water
Emergency Water

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CODE YELLOW

MISSING PERSON / ABDUCTION RESPONSE PROTOCOL AND POLICY

Purpose

To establish guidelines relating to the safety and security of patients and visitors.

Policy

All staff shall take appropriate measures to locate a missing infant, child, or adult patient or visitor who is reported missing.

Specific Information:

The first few minutes after a person is missing or abducted are critical. Quick, decisive action may help locate the missing person or prevent an abductor from leaving the premises.

Missing Person Definitions:

Internal Disaster Situations: The person is missing and presumed injured, killed, or displaced as the result of an internal disaster event (e.g., fire, building collapse, hazardous materials incident, etc.).

Disability Situations: Situations which will endanger the person or public if the person is not located (e.g., persons requiring medication or medical treatment to survive, Alzheimer's patients, psychiatric patients, head injury patients, etc.).

Endangered Situations: The person is missing and presumed endangered (e.g., extreme weather conditions, emotional crisis, etc.).

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Involuntary Situations: The person is missing and presumed endangered as the victim of a crime (e.g., kidnapping/abduction or custodial interference statutes).

Adolescent Situations: The missing person minor, under the age of 18, and the incident is not attributable to any reason listed above (they are presumed to have run away voluntarily).

Missing Person: A person whose whereabouts are unknown and safety and welfare cannot be determined, as defined by one or more of the situations described

Adult: person aged 18 or older.

Special Considerations: By law, an adult is afforded the right to privacy, freedom of movement, and association, and any attempts to locate the missing person must be made with caution so as to not violate those rights. However, this should not limit any attempt to locate a missing person. The following should be considered when attempting to locate a missing adult.

Adult patients are normally being treated at the hospital on a voluntary basis, with their own consent, or with the consent of someone acting on their behalf.

A mentally competent adult patient has an absolute right to refuse medical care for any reason, or for no reason, even when that decision may lead to his or her own death. A mentally competent adult patient cannot legally be prevented from leaving the facility, or forced to return to the facility after he or she leaves. Accordingly, mentally competent adult patients who leave the facility LAMA are allowed to leave.

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When an adult patient leaves the hospital without requesting to do so and the patient is missing under any of the conditions provided in Section IV,

- A. Internal Disaster Situations,
- B. Disability Situations,
- C. Endangered Situations, and
- D. Involuntary Situations, a missing person alert should be initiated.

Patients who are not mentally competent, including those with psychiatric disorders that make the patient a danger to themselves or to others, may be detained inside the healthcare facility against their will or returned to the healthcare facility against their wishes.

When a patient who is not mentally competent leaves LAMA or cannot be located within his or her assigned care or treatment area, an alert shall be initiated immediately – through code yellow protocol

Adolescent: A person aged 13 to 17 years of age.

Special Considerations:

An adolescent may be missing under a variety of circumstances, as a patient or a visitor. Examples of a missing adolescent can fall into these categories:

An adolescent leaves without permission and is considered a runaway who has eloped from the hospital

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An adolescent is abducted by either a stranger.

Child: A person aged one to 12 years of age.

Missing Child

Special Considerations: A child may be missing under a variety of circumstances, as a patient or a visitor. Each of these circumstances is treated in the same manner.

Examples of a missing child can fall into these categories:

- A child wanders away from a parent or caregiver
- A child is abducted by either a stranger.
- A child runs away voluntarily

Infant: A person younger than 12 months old.

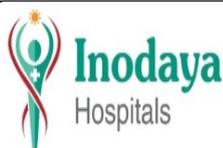
Physical Description: Race, age, gender, height, build (slender, medium, heavy), hair color and cut, clothing description, and any medical devices attached to the individual at the time the person is reported missing.

Patient Specific Definitions:

A. **"LAMA" or 'Leaving Against Medical Advice":** A patient leaves LAMA when he or she insists on being discharged and/or leaves the healthcare facility despite recommendations of medical personnel that the patient should stay for treatment, and even though the patient is told he or she is in danger of adverse medical effects by being discharged.

B. **Mentally Competent:** A patient is mentally competent to make his or her own health

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care decisions when he or she:

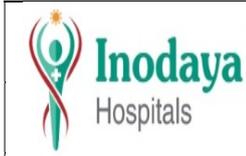
1. Understands his or her situation,
2. Understands the risks associated with the decision to leave without recommended treatment, and
3. Can communicate a decision based upon that understanding.

Notification Procedure:

When a staff member suspects an infant is missing from the ward:

- The nurse will notify the Security Department and inform them that an infant is missing.
- If the infant is known to have been abducted, a description of the abductor shall be given, if known.
- Will inform of the last known location of the infant and how long the infant has been missing.
- Notify the patient's attending physician if the infant is an inpatient.
- Inform staff members in the area and designate staff to inform families in the unit that a police investigation is underway, as the police presence in the unit will be evident and law enforcement officials may need to question them about what they may have seen.
- Assess the need to notify and designate a counselor to provide crisis intervention or support for family members of the missing infant that are present at the medical center.
- Assign a staff member to stay with and support the family members of the missing infant that are present.
- The family will be kept informed and updated on the search status through this staff member.
- The Security Dept will notify the following:

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- Appropriate Administrative Director who in turn will inform the public
- Additional law enforcement agencies

Search Protocols for all Missing Persons Incidents:

- Staff in areas that are located at/ or around exits/access points of the hospital shall monitor those areas and report any possible sightings of the missing person immediately to Security. For infants, staff reports any suspicious persons or activity they observe in those areas (specifically those involving newborns or persons carrying items large enough to conceal an infant).
- Security will assign officers to the unit that reported the missing person and to search the exit pathways from the facility, to include adjacent streets and parking areas around.
- On duty staff members assigned to the unit/area where the person is reported missing, will report to their unit/area for further instructions.
- All Clinical Staff in the hospital will search their respective units and all adjacent common areas for the missing person.
- Support and administrative staff not assigned to the incident will search common areas of the medical center to include hallways, corridors, garage connectors, cafeterias and break areas, basement and sub-basement connectors.
- Security will designate appropriate personnel to review the digital camera systems that cover the egress areas from the unit and the medical center.
- If the missing person is not located during an initial search may inform Police.

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Incident Protocols, by Missing Person Definition:

- If the area/unit is not locked down or does not have the ability to lock down, the area will be secured by unit staff being on duty at the entrances and exits and access/egress to the area will be restricted. The Security officer/Security Inspector will assign staff to stand outside the area to permit and document only authorized on-duty personnel to enter. The area should remain locked, or exits staffed until it has been determined that:
 - The infant is located and in the area and no abduction has occurred or,
 - A Security officer has informed the Nurse/Supervisor that it is acceptable to unlock and remove staff from the exits.
- Staff, visitors, and families will be questioned about the incident by Security and/or other law enforcement personnel only.
- The physical environment in the immediate vicinity of the incident will be left untouched and secured for law enforcement personnel. The infant's family members that are on the unit at the time of the incident will be moved into an empty patient room or other private, unoccupied space on that unit. All of the patient's belongings will be left in the patient's room.
- The Nurse/manager or their designee will secure the infant's medical records and initiate appropriate measures to obtain the cord blood sample and the security photo of the missing infant, if available.
- All staff communication with news media related to the incident will be through or with the approval of, the Department of Public Relations.
- All staff on duty on the unit when abduction occurs (even if this occurs during change of shift) will remain on the unit until law enforcement personnel release the staff members.
- If the person is recovered in a timely manner inside the hospital, he/she will be taken to the Emergency Room and medically examined by a physician while the family of the infant is notified.

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Response to Disruptive or Dangerous Individuals

- **Purpose**

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

- **Policy**

It is 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:

- 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:
 - When a patient is suspected to be a current victim of adult, domestic, or child abuse.
 - When threatening or intimidating language or physical conflicts have occurred or are occurring.
 - When patients, visitors have active legal protective orders.
 - 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.
 - 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.

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- While waiting for assistance, the staff uses every precaution to protect him or her 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 him/her 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.

CLINICAL STORAGE GUIDELINES

Purpose

To establish guidelines for clinical storage.

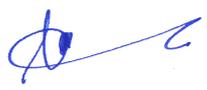
Policy

The hospital staff shall use the following procedures for the safe storage of equipment, supplies and medications.

Specific Information:

A. Supplies/Equipment

1. Store all supplies at least 18 inches below the ceiling in buildings that have sprinkler systems.

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2. Store all equipment and supplies at least 6 inches off the floor.
3. Store items containing liquid below other supplies.
4. Store only cleaning supplies under sink. (If pediatric area, secure cabinet with lock.)
5. Place linens in a covered cart with a solid bottom or a cabinet.
6. Store appropriate personal protective equipment (PPE) such as, gloves, gowns, eyewear, masks, goggles, and face shields at the work site.
7. Keep all corridors free and unobstructed by equipment, furniture, and storage.
8. For temporary placement, items with wheels are permissible in corridors (e.g., medical carts, wheelchairs). Items are all on one side of the corridor and cannot block fire prevention equipment, electrical panels, and/or exit doors.

B. Refrigerator/Freezer Contents

1. Place medications, specimens, and food in separate refrigerators.
2. Post signage on outside of refrigerators to specify contents.
3. Store specimens in refrigerator labeled with a biohazard sticker.

C. Sharps Container

1. Place Sharps containers in an easily accessible area out of children's reach.
2. Close and lock Sharps containers when contents reach the fill line and place in a dirty area.
3. Secure Sharps containers in a manner to avoid spillage.

D. Medications

1. Store medications in a clean dry area.
2. Store all medications (including sample meds), sharps, and prescription pads in a locked area away from patient view.
3. Separate internal medications from external medications.
4. Double lock controlled medications.

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E. Radiology Equipment/Supplies

1. Store x-ray films in a clean, dry area.
2. Hang lead aprons and gloves crease free on rack.
3. Store sandbags off floor.

F. Chemicals

1. Label secondary containers with name of chemical and appropriate hazard (list specific organ affected).
2. Label secondary container for high level disinfectant (Cidex) with mixture/expiration dates and staff initials.

G. Medical

Records

Store medical records in a location not easily accessible to patients/visitors.

H. Miscellaneous

1. Food and/or drink may not be located or consumed in areas where blood or body fluid/tissue are present, collected, handled, or processed.
2. Have manuals readily available to all staff.

COMPRESSED GAS SAFETY PRECAUTIONS

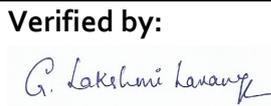
Purpose

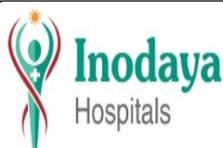
Frame guidelines for the safe use and handling of compressed gas cylinders in the hospital.

Policy

All staff will use, handle, and store compressed gas cylinders in a manner that is consistent with State requirements.

Specific Information:

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A. Storage

1. Storage Location
- b. Signage
- c. Rooms containing compressed gas cylinders other than oxygen and medical air are appropriately signed to communicate the potential hazard (i.e., "Caution, Compressed Gases").
- d. Rooms containing only oxygen cylinders are appropriately signed to communicate the potential hazard (i.e., "Caution, Oxygen Stored" or "Compressed Gas Storage").
- e. Oxygen signs on emergency (crash) carts are required.
- f. Cylinders are not stored near elevators, in corridors, or in locations where heavy objects may strike or fall on them.
- g. Cylinders are secured at all times with a chain or strap or stored in suitable protective containers when not in use. Metal and wooden racks are permitted for cylinder storage.
- h. If a chain or strap is used to secure cylinders, the chain or strap is kept tight and at a level that prevents cylinders from falling. All cylinders need to be individually secured.
- i. Cylinder valves are kept closed on all cylinders in storage. Cylinder valve protection caps, when provided, are kept in place and hand tightened except when cylinders are in use or connected for use.
- j. Cylinders are not draped with any materials such as hospital gowns, masks, or caps.
- k. No flammable materials (i.e., cylinders containing flammable gases or containers containing flammable liquids) are stored with compressed gas cylinders.
- l. If stored in the same location in gas storage rooms, empty cylinders are segregated from full cylinders. Appropriate signage indicates which cylinders are empty and which are full.

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- m. Empty cylinders are marked to avoid confusion and delay if a full cylinder is needed in a rapid manner.

Transport

- o. Cylinders are not lifted/handled by the valve assembly. (Exception: Newer e-cylinders have a special handle built into the valve/regulator assembly.)
1. Cylinders are never used as rollers or supports.
 2. Cylinders are not transported by rolling or dragging.
 3. When compressed gas cylinders are relocated within the facility, they are securely strapped to a designated wheeled cart or placed in a designated compressed gas holder for transport.

Use

- o. Cylinders are not dropped or permitted to violently strike each other.
1. Cylinders that have been dropped with potential impact to the valve are:
 - a. removed from service
 - b. marked that they were dropped
 - c. returned to vendor, or as appropriate.
 - e. Oil, grease, or other readily combustible substances are not permitted to come in contact with the valve, cylinder, regulator, gauge, or fittings. Certain gases such as oxygen and nitrous oxide could react with the petroleum-based material with explosive violence.
 - f. Staff never attempt to repair cylinders or regulators. Damaged regulators are returned to gas handling unit / Engineering Services for repair.
 - g. Staff never attempt to mix gases in cylinders or transfer gas from one cylinder to another cylinder.
 - h. Modification of the valve pin-index or regulator is not permitted. Always use the proper regulator to fit the cylinder valve. Do not improvise, adjust, or modify regulators to accommodate other cylinders.

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- i. Before using any compressed gas, the content is verified by reading the label. Labels are not defaced, altered, or removed. Never assume cylinder content by the color of the cylinder.
- j. When using cylinder oxygen, the flow is shut off at the cylinder valve if the oxygen is to be discontinued for half an hour or more. If the cylinder valve is left open when the oxygen is shut off at the flow meter, there is undue pressure applied to the regulator diaphragm resulting in leakage and damage to the regulator.

Damaged or Leaking Cylinder

11. If the cylinder is in a designated gas storage room, do not enter the room. Many compressed gases are simple asphyxiates. If a cylinder is leaking, the storage room may have insufficient oxygen.
12. Notify the Engineering Dept as soon as possible

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ELECTRICAL EQUIPMENT

Purpose

To establish guidelines concerning electrical equipment used within INODAYA HOSPITAL.

Policy

Electrical equipment used within INODAYA HOSPITAL for direct patient care will be tested prior to initial use and at scheduled intervals as determined by the Biomedical Engineering Department. Equipment not specifically addressed will be covered under the following Special Instructions.

Specific Information:

A. Patient/Visitor Non-Biomedical Electrical Equipment

1. The following patient/visitor owned items are prohibited from use in the hospital/clinic: coffee pots, electric blankets, electric clocks, electric radios, friction and motor-propelled toys, heating pads, hot plates and other cooking equipment, portable heaters, television sets, VCRs.
2. No patient/visitor owned electrical devices are used in the Intensive Care Units unless prescribed by the treating Consultant
3. The use of all other patient/visitor owned electrical devices is discouraged. However, should the patient insist on using a personal item that is not specifically prohibited:
 - a. The item may be used in a non-intensive care area if the patient is judged by his/her nurse and physician to be capable of using the item safely.
 - b. The item must be visually inspected by the patient's nurse to determine whether there are any obvious physical hazards present, (e.g., frayed cords, broken case, etc.)

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4. If there is a question about the safe use of any patient/visitor owned electrical device, contact Engineering Department.

B. Patient-Owned Biomedical Equipment

1. Whenever possible, HOSPITAL owned equipment is used. If the physician determines that it may be in the best interest of the patient to use his/her home equipment while hospitalized, the following procedure is followed:
 - a. Patient-owned biomedical equipment (e.g., ventilator, pump, etc.) that is requested to be used in the hospital is identified by the admitting nurse who calls BME.
 - b. The patient-owned equipment is first checked by BME to determine if the equipment is comparable to HOSPITAL equipment. Staff then determines if the patient-owned equipment can be safely operated and monitored.
 - c. The patient is maintained on HOSPITAL equipment until the equipment check can be accomplished unless the physician and staff believe it would be detrimental to the patient's condition to do so.
2. Patient-owned biomedical equipment (e.g., ventilator, pump, etc.) may be used as follows:
 - a. If staff have the ability to competently and safely use and monitor the patient-owned equipment.
 - b. If the patient-owned equipment fails the performance check, the patient cannot use the equipment in the medical center and must use medical center equipment.
 - c. The patient is responsible for any necessary equipment repair.
3. If a patient chooses to use their own biomedical equipment, and standard medical center supplies are not compatible with the equipment, the patient must provide their own supplies. The patient is responsible for the cost of these supplies.

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4. The hospital reserves the right to place a patient on medical center equipment if in the clinical judgment of staff; it is in the patient's best interest.

C. Extension Cords and Adapters

1. The use of extension cords and adapters within the Hospital is authorized in the following situations:
 - a. Temporary use of equipment in the Operating Room not equipped with an OR-type plug.
 - b. In emergency situations when necessary and approved by the in - charge of the area.
 - c. Multi-outlet power strips with surge suppressors for computer equipment.
2. Authorized extension cords are in good repair. These devices are checked for signs of deterioration and defect at an interval of not less than annually. It is the responsibility of the department head or designee to perform these checks.
3. All electric cords are properly grounded. No more than one extension cord may be used per piece of equipment.
4. Electrical outlets have safety plug covers or safety outlets in the pediatric areas or waiting areas where children might visit.
5. To promote compliance with this policy, the safety officer checks all areas for the unauthorized use of extension cords and adapters.

D. Staff Personal and department-owned Non-Biomedical Electrical Equipment

1. The following list of staff/faculty's personal electrical devices is prohibited from being used in all areas of the hospital:

Portable heaters,

Hot plates,

Extension cords.

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2. In general, staff/faculty's personal electrical devices should be discouraged from use in HOSPITAL.
3. If there is a question about the safe use of an item, contact Engineering /BME.

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CODE BROWN – HAZMAT CODE

HOSPITAL – HAZMAT POLICY

HAZARDOUS SUBSTANCES: A substance, material or mixture, which by reason of being explosive, flammable, poisonous, corrosive, oxidizing, an irritant or otherwise harmful and is likely to cause injury or illness.

Management of hazardous material for dilutions and spills

Handling of all hazardous material when diluting stock solutions should be done with precautions as if managing a minor / major spill depending on the nature of the material.

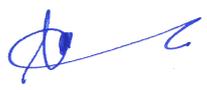
Eg.

Strong acids and Alkalis – wear basic protective equipment of

- Gloves (latex/rubber)
- Goggles
- Chemical resistant suit
- Breathing Mask

For other materials like Cidex OPA, Cidizyme, Formaldehyde, etc, wear

- Goggles
- Mask
- Latex Gloves

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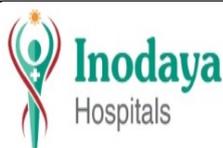
- Apron and or chemical resistant suit

Minor spills

- A spill of 30 ml or 30 gm or less of any material defined as hazardous as per definition
- Do not announce or report telephonically
- Manage at unit/ward/operational level
- Personnel trained as per spill management response teams to deal with spill
- Wear all appropriate protective gear
 - Gloves(latex)
 - Mask
 - Goggles
 - Apron
- Take minor spill kit to site of spill
- Collect information on nature of spill
- Formulate action plan

Minor spill(Less than 30 ml)

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- a. Place the chemical spill sign board next to the spill. Minor chemical spill can be cleaned up with the available departmental spill kit by personnel who have been trained to work with the material.
- b. Wear appropriate personal protective equipment (gloves, mask, eye goggles) to clean up spill.
- c. Pick up any broken glass with tongs. Do not use your hands.
- d. Sprinkle adsorbent material (Chemi absorb) over the spill, making sure not to spread liquid.
- e. .Dispose of all contaminated material in yellow colour plastic bag. Label the bag with the name of the Hazardous materials, date and name of the department and handover to Hazmat team.
- f. Clean the area as per the cleaning procedure.

Major spill (More than 30 ml)

- a. Place the chemical spill sign board next to the spill. Wear appropriate personal protective equipment (gloves, mask, and eye goggles) to clean up spill.
Pick up any broken glass with tongs. Do not use your hands.
Sprinkle adsorbent material (Chemisorb) over the spill, making sure not to spread liquid.
- d. Collect the entire spill with water pusher and dust pan.
- e. Dispose of all contaminated material in white colour plastic bag. Label the bag with the name of the Hazardous materials, date and name of the department and sent to Hazmat room.

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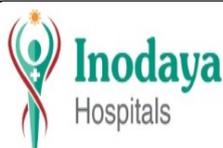
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f. Clean the area as per the cleaning procedure.

g. Document the incident with complete details and authorization of the unit head in the hazmat INCIDENT FORM and forward it to Quality Office...

- Trained personnel are required to manage and deal the all major spills.
- Personnel trained in Major spill management constitute the spill management Response Team and the primary location responder shall be responsible for preventing the spill from spreading and for local containment, ventilation and protection.
- They are also the only personnel who should report the Major Spill and this is done telephonically to the Main Command Centre – using the intercom number “9”.
- On receiving information of a Major Spill, the personnel attending the call at “9” shall collect information in the below mentioned format and use the internal paging system to call in the Major Spill Management Response Team.
- **The message paged shall be in the following manner.**
 - Attention all personnel
 - Major Spill
 - Chemical Name (eg. Formaldehyde / Formalin)
 - Location (eg. OT Recovery / Histopathology Laboratory / etc.)
- On hearing the announcement the appropriate designated members from the concerned and conjoint area shall respond immediately and inform their appropriate trained colleagues of the incident.

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- They will proceed to the scene of the spill taking with them Major Spill Management Kits from the PPE Boxes fitted through out the Hospital
- On arrival at the place of occurrence, the response group will collect all relevant information regarding the spill from the person(s) who first reported the spill / who was / were present at the time of the spill occurrence and shall then assess the spill. The overall leadership shall be assumed by the senior most member of the responding individuals.
- Criteria for arrangement shall depend on the initial assessment and will be based on
 - Actual quantity
 - Actual Chemical / Nature of the spill
 - Whether the spill has been diked or is spreading
- Following the initial assessment, response team shall deal with the spill in the following manner.
- Wear all appropriate Personal Protective Equipment
 - Chemical mask (if indicated)
 - Chemical Suit (if indicated)
 - Nitrite / Rubber Gloves
 - Protective Foot Wear.
- Ensure that the area is protected and cordoned off and well ventilated and devoid of intrusion

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- Evacuate any affected personnel for decontamination and management at ER
- Place a chemo absorb on spill
- Allow appropriate reaction time and absorbent time
- Use dust pan and shovel to pick up the absorbent and place it into an appropriate sized Black stringed containment bag.
- Seal the bag and label appropriately
- Place the bag in a second black bag and re-label mentioning the chemical / spill
- Send for appropriate waste management
- Remove protective equipment and discard all soiled and contaminated material clothing into a yellow containment bag – dispose appropriately or send for appropriate treatment and laundry.
- Wash hands and any contaminated body surfaces with soap and running water
- Ensure that the area is washed with copious amounts of water and detergent and disinfected
- Ensure that the area is dry and if not place appropriate warning sign.
- Fill out incident Report and forward to Quality office mentioning material used and which may be required to be replenished

CONSTITUENT MEMBERS

- TWO NURSING STAFF PER SHIFT PER FLOOR / OPERATIONAL AREA AS DEFINED.

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- TWO HOUSEKEEPING STAFF PER SHIFT PER OPERATIONAL AREA
- LABORATORY PERSONNEL ON DUTY
- TECHNICIANS ON DUTY / PHARMACY / MAINTENANCE STAFF, ETC.
- FRONT OFFICE AND RECEPTION STAFF ON DUTY.

Personal Protective Equipment (PPE)

- Goggles and Face Shield
- Heavy Neoprene Gloves
- Disposable Lab. Coats / Corrosive Apron
- Plastic Vinyl Booties

MANAGEMENT OF HAZARDS IN LABORATORIES

A. PURPOSE

To provide a uniform systematized procedure for the management of hazards which may occur in the Laboratory Service of Inodaya Hospital, Kakinada

B. SCOPE

All laboratory service sections of the hospital

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C. POLICY

All individual Staff trained in minor/small spill response will be permitted to institute clean up operations in such situations and for all major spills the specifically designated HAZMAT team to be intimated on “g” for appropriate action.

D. PROCEDURES

a) Emergencies

For emergencies such as Fire, Bomb Threat, Explosions, major and minor spills and transportation accidents the protocol to be followed is :

1. Rescue all immediately affected, performing the function ensuring that the rescue does not expose you, the rescuer, at risk. If trained, provide first aid to the victims or ensure transfer to ER.
2. Notify the proper authorities of the emergency:
 - i. If the emergency involves a fire, use the fire alarm to activate the “fire alarm system”, inform Security.
 - ii. For all other emergencies call “g” or Security and describe the emergency. Call in the HAZMAT team to deal with chemical emergencies, and, the Radiation Safety Officer, if radiological materials are involved.
 - iii. Warn others in the area about the emergency, and stay clear of the area.
 - iv. Follow the directions of the emergency responders (i.e. Fire/Security/Engineering, HAZMAT Team, etc.).

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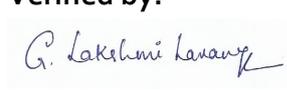
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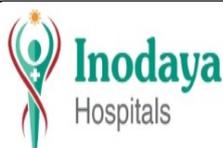
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- v. If a fire has occurred, the clothing of the personnel, if aflame shall be dealt with in the following way:
- Drop the person on to the floor
 - Roll on the floor to extinguish the flames
 - Restrain the person from fleeing or running – this fans the flames and excites it to burn with more intensity.
 - Spray water on the person never use an extinguisher directly on a person. Dousing the person and the flames with water only.
 - If a heavy blanket is nearby and within reach smother the as soon as the flames have been extinguished.
 - Provide immediate specific medical attention – transfer to ER.

b) Biohazard Spills in the Laboratories.

- Remove all contaminated clothing immediately and place the contaminated material / clothing in a double black plastic bag.
- If the skin becomes contaminated with blood or other potentially infectious material, wash the area thoroughly with soap and water.
- If blood or other potentially infectious material is splashed into the eyes, immediately use the nearest “eye-wash” and flush the eye for at least 15 minutes with fresh water.
- Report the spill to the supervisor, seek medical attention and raise an incident report.

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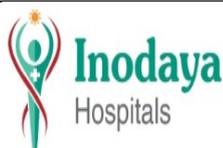
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c) Clean Up

1. Wear the appropriate Personal Protection Equipment (PPE) to attend to the spill. The basic requirements are.
 - i. Gloves
 - ii. Protective eye wear and mask or face shield.
 - iii. Impervious gowns for large spills
 - iv. Protective Footwear coverings
 - v. Respirator if required.
2. Pick up any broken glass wear with tongs / forceps or a heavy damp towel - do not use your hands.
3. Place absorbent towels / tissue over the spill; make sure not to spread the spill liquid.
4. Carefully pour a dilute bleach solution (1:10) over the absorbent towel/tissue. Permit a contact time of 10 minutes in order to ensure complete disinfection of the spill.
5. Carefully pick up the absorbent material with tongs/forceps or gloved hand and place in a plastic bag. This bag is then placed in a Black Plastic Bag and sealed.
6. Rinse the contaminated area with water.
7. Remove any / all PPE worn / donned for the purpose of dealing with the spill.

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8. All PPE, towels, tissue and other items used that become contaminated must be disposed off as regulated medical waste. Reusable materials such as tongs / forceps should be thoroughly cleaned, disinfected and sterilized before being used again or placed for re-use.
9. Wash hands and any other exposed skin with soap and water before leaving the 'spill / work area'

d) Spill or Breakages in a Centrifuge.

1. Turn off the centrifuge and disconnect from the mains – allow the machine to come to a standstill before opening the cover.
2. Wear the appropriate PPE prior to opening the cover of the centrifuge.
3. Remove any broken glass with tongs / forceps.
4. Clean the spill using the same protocols as in “c” above.

e) Spills in a Bio safe Cabinet or Laminar Flow Hood.

1. When suspected or confirmed spill occurs – do not shut off the ventilation. The cabinet must be kept running to prevent the escape of contaminants. If a UV Light is present – leave it on.
2. Wear appropriate PPE. If the material is potentially infectious, a respirator may be required.
3. Use a diluted bleach to disinfect the cabinet (1:10). Spray the interiors and wipe the walls, work surfaces, including all equipment. Use a sufficient amount of the liquid to ensure that the drain pans and catch basins below the work surface are adequately disinfected. Let the disinfectant stand for

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10 minutes. Wipe the catch basin and drain the disinfectant into a container. Rinse the area with water.

4. This procedure does not disinfect the filters, blowers, air ducts or other interior parts of the cabinet. Should there be a requirement to sterilize the cabinet – contact the Biomedical Department / Maintenance Department for additional information and requirements.

f) Radioactive Spills.

i) Procedure for spills, which may result in airborne contamination

1. Evacuate the laboratory immediately.
2. Prevent anyone from entering the area – place a guard to prevent entry.
3. Immediately inform and contact the Radiation Safety Officer.
4. Before you leave the area – remove all contaminated clothing and footwear and place in an appropriate plastic bag and seal.

ii. Spill procedure when contamination is not airborne

1. Localize the spill.
2. Drop absorbent material on liquid spill.
3. Dampen a dry spill
4. Do not contaminate the laboratory – Call for help do no “go” for help if possible.

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5. Close door and where possible, adjust ventilation to prevent spread of airborne contamination.

iii. Decontamination of Personnel

1. Remove contaminated clothing. Wash contaminated parts of the body with detergent.
2. Be especially thorough in flushing out any wound.
3. If thorough washing does not remove contaminant from the body, consult Radiation Safety Officer.
4. Monitor all persons involved in the clean up.
5. Do not permit or re-start till Radiation Safety Officer has not made a final survey and given approval for re-occupancy of the work area.
6. Notify others of the same and do not permit entry into the area until clearance is not obtained from the radiation officer.

g) Chemical Spills.

i) Employee Contamination

1. If the skin becomes contaminated with hazardous chemicals, wash the affected area thoroughly with copious amounts of water. If available use the shower for at least 15 minutes.
2. If hazardous material is splashed into the eyes, immediately use the nearest clean water source and flush for at least 15 minutes.

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3. Remove grossly contaminated clothing immediately. Place the contaminated clothing in an appropriate bag and seal it.
4. Report the spill to the Supervisor and seek medical attention if required.

ii) Small chemical Spill Clean Up.

1. Small spill are less than 30 ml or equivalent to one ounce. Trained personnel can clean up there spills.
2. Wear the appropriate PPE to clean up the spill. At a minimum this includes gloves and protective eyewear. Depending on the size and type of spill, protective clothing, protective foot coverings and a respirator may be needed.
3. Pick up any broken glass with tongs or some other mechanical device. Do not use your hands.
4. Place absorbent material over the spill, making sure not to spread the liquid.
5. Dispose of all contaminated material in a plastic bag. Label the bag with the name of the Hazardous Material. Contact the Housekeeping Department for disposal and to mop up the affected area with copious clean water.

iii) Large Chemical Spill Clean Up

1. Large chemical spills are those where the quantity of hazardous material exceeds 30 ml – it may also entail any quantity of

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extremely hazardous material, which may be considered as a major spill.

2. Immediately evacuate the area and close all doors. Notify the area so that others do not enter.
3. For spills of highly hazardous material, activate the fire alarm system.
4. Contact Security and intimate the HAZMAT Team on “9”.
5. Inform the HAZMAT Team of the location, the nature of the material that spilled and the approximate quantify of spilt material.
6. Do not reenter the area till such time as advised by the HAZMAT Team – as “safe for occupancy”.

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HAZARDOUS WASTE: HANDLING AND DISPOSAL

Purpose

Frame guidelines for the handling or disposal of hazardous waste, including infectious waste, radioactive waste, chemical waste, and chemotherapy waste.

Policy

Staff shall use the following procedures in the safe handling or disposal of hazardous waste.

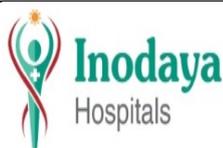
Specific Information:

Infectious Waste

- The Infection Control Committee is responsible for the definition of infectious waste and is responsible for developing guidelines concerning the handling or disposal of infectious waste.
- Waste items considered infectious include, but are not limited to, needles and sharps, items contaminated with blood or body fluids, isolation room waste, all microbiological waste, anatomical pathology, and surgical waste
- Handling, Storage, and Transport
- All items defined as infectious waste are segregated from noninfectious waste at the point of generation and handled separately.

- The rooms where potentially infectious waste is stored are identified by signage with the biohazard symbol.
- Infectious waste discarded in yellow bags is transported to a commercial medical waste vendor

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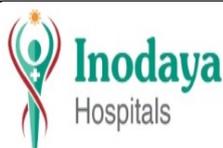
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- Sharps containers, pathological waste, and body fluid collection devices which cannot be emptied are managed a commercial medical waste vendor.
- All needles and sharps are placed in color coded or labeled, puncture-resistant Sharps containers. Sharps containers must be checked and replaced as needed to prevent overfilling. They are then sealed when full. (NOTE: Sharps containers are not reusable.)
- Blood and body fluids in easily emptied containers, such as suction canisters, may be carefully emptied into utility sinks, or commodes in a manner that minimizes splashing and splattering. Personal protective equipment is used since there is a reasonable likelihood for exposure. The containers are then discarded in yellow infectious waste bags.
- Closed systems containing blood, such as pleura-vacs and blood collection/administration systems, cannot be emptied. A solidifying agent (e.g., Isolyzer gel) is added to these blood and body fluid collection systems and single use suction containers, causing blood and body fluids to gel prior to being placed in the biohazard waste container.
- Pathologic waste includes tissues, placentas, organs, body parts that are removed during surgery and autopsy. Pathologic wastes must be incinerated by an offsite contracted biohazard waste disposal company. Pathologic waste is not placed in any regular yellow bag disposal container. Pathologic waste is bagged and placed in a designated yellow waste container.
- Laboratory infectious waste is autoclaved prior to transport.

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PATIENT SAFETY

Policy

All Patient Care Services staff shall use every reasonable precaution to provide a safe environment.

Specific Information

The precautions listed herein should not be considered to be all inclusive, as safe practice requires sound judgment in individual situations and constant awareness of the environment.

General Precautions

All patients shall be oriented to the clinical area(s). Orientation may include the following:

- room number and unit layout;
- call light and how to request assistance;
- bed operation;
- room/bathroom layout;
- Visiting hours, as applicable.
- Patients wear foot coverings when out of bed. Non-skid shoes or slippers are encouraged.
- All staff shall wear photo I.D. badges when on duty.
- The patient care area and hall are clean, well-lighted, and free from clutter.

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Emergency Preparedness & Safety manual

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- The floor shall be clean and dry. Appropriate signage is in place when floor is wet.
- Furniture is in good repair.
- Patient room night lights, where applicable, are functional.
- Patient beds and treatment tables shall be kept at the lowest possible height except when elevated for delivery of care and when the staff member is continuously at the bedside (e.g., intensive care units).
- Supplies, machines, and equipment are stored in designated areas. Promptly return equipment not in use.
- Patient care equipment is inspected and labeled by the Biomedical Electronics Department prior to initial use and according to Preventive Maintenance Schedules.
- Do not use equipment if biomedical inspection sticker is out-of-date.
- Broken or malfunctioning equipment
- Remove from clinical area
- Report immediately to the BME Department
- Free-flow protection is present on all intravenous infusion pumps used in the hospital.
- All spills are cleaned immediately according to applicable guidelines for the type of spill.
- Each staff member continuously assess for unsafe conditions and takes appropriate corrective action.
- "Near misses", accidents, and occurrences (patients, visitors, and staff) are immediately reported to Safety Officer and documented.
- Identification Bands
- The identification band is applied following initial identification of the patient.
- The identification band is placed on the wrist of inpatients.
- If the patient's medical condition prohibits the application of the identification band to the patient's wrist, the identification band must be

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attached to a visible part of the patient's body using tape appropriate to the patient's condition/allergies.

- If the Identification Band must be removed by a staff member, then a new band shall be made, identification re-confirmed, and the band placed on the patient.
- Before a patient is transferred, the transferring nurse verifies the identification band is in place.
- Labor & Delivery and the Nurseries have special identification requirements for patients. Inborn infants are identified at birth.
- Four matching identification bands are generated with the following information:
 - 4 digit band number
 - mother's name
 - date
 - time of birth
 - infant's sex
- Two identification bands are placed on the baby (one on each ankle)
- One identification band is placed on the mother.

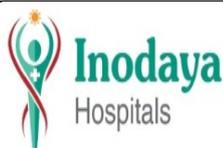
Side Rails

- Patients shall be placed in a bed that has functional side rails.
- The following patients have side rails raised when unattended by staff:
 - those given pre-op or pre-procedural medication;
 - patients on stretchers (unless equipped with safety belts)
 - All pediatric patients in cribs

Seizure Precautions:

- Basic Precautions - observe inpatients with a history of seizure disorder.

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- oral airway available on unit;
- Side rails up and bed in low position.
- High Risk Precautions - observe for patients admitted for active seizure disorder or who experience seizures while in hospital/clinic.
- suction equipment readily available;
- O₂ Equipment readily available.

Compressed Gas Storage

- Rooms in which compressed gas or oxygen cylinders are stored shall be identified with a "Compressed Gas Storage" or "Oxygen Storage" sign.
- All compressed gas cylinders located or stored in units/practice areas are:
 - Stored in an upright position
 - Affixed to the wall with a chain or placed in a stand to prevent tipping
 - Oxygen signs is required on emergency(crash) carts.

Ambulation

Staff shall accompany all patients:

- for initial ambulation after surgery,
- after procedures requiring sedation,
- after prolonged bed rest, and
- In other situations as deemed necessary and as ordered by the physician.

Transportation

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- Wheels of stretchers, wheelchairs, scales, and beds are locked when a patient is lifted from or assisted onto them.
- Side rails are raised on stretchers, when present. Where no side rails exist, safety belts are fastened.
- The nurse responsible for the patient determines the safest and most reasonable means of transporting for tests/procedures or transfer to another room or unit.

Patient's Role in Promoting Safe Health Care

Patients are encouraged to become an active, involved, and informed member of their health care team. Listed below are ways that the patients may be encouraged to promote their own safety.

- Patients are instructed to ask if they have questions about their health or safety.
- If the patient is having an operation, the patient is asked to verify prior to the procedure, the site/side of the body that will be operated on.
- If the patient's ID band is not checked before medications are given, blood/blood products are administered; a blood sample are obtained or prior to an invasive procedure, the patient is asked to remind the staff.
- The patient is taught to know what medications they take and why they take them.
- Patients are instructed to adhere to the hospitals No Smoking Policy
- Patients are instructed to follow the 'patient's responsibilities'.

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POSSESSION OF FIREARMS/WEAPONS BY PATIENT AND VISITORS

Purpose

To reduce the likelihood of injury to staff, patients, and visitors from firearms and other weapons inside the hospital.

Policy

Firearms or other weapons are prohibited at the hospital, except by commissioned law enforcement officers.

Specific Information:

If faculty/staff receives information that a firearm or other dangerous weapon may be present in the hospital, the following steps are taken:

- Staff's role
 - Contact Security Department
 - Provide the following information prior to the officer approaching the suspected individual:
 - Circumstances that led to the belief that a firearm or other weapon may be present.
 - Description of person involved.
 - Description and location of possible weapon
- Security 's role
 - Recover the weapon safely.
 - Complete appropriate documentation and notifications, as determined by the facts of the incident, and resulting actions of the officers.

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HOUSEKEEPING SERVICES SAFETY

- The House Keeping Supervisor is responsible for maintaining safety standards, developing safety rules and supervising and training personnel in departmental standards.

The House Keeping Supervisor is responsible for notifying the Safety Officer in case of any safety hazard.

- All department employees shall report defective equipment, unsafe conditions, acts or safety hazards to supervisor.
- Keep electrical cords clear of passageways. Do not use electrical extension cords without written approval from the safety officer.
- All equipment and supplies must be properly stored. Do not store heavy items on top of shelves.
- All personal electric appliances shall be inspected by the rep of the safety officer for safe use.
- Scissors, knives, pins, razor blades and other sharp instruments must be safely stored and used. Use of sharp spindles is prohibited.
- All electric machines with heat producing elements must be turned off when they are not in use.
- Smoking is prohibited in the facility.
- Do not permit rubbish to accumulate.

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- Notify the maintenance immediately of improper illumination and ventilation.
- Furniture and equipment must be arranged to allow passage and access to exits at all times.
- All spills will be cleaned by the house keeping staff who discovers the spill or as instructed by the floor in-charge. This shall be done immediately.
- Report faulty equipment to the biomedical engineer or vendor as per policy.
- Obey warning signs.
- File drawers and cabinet doors shall be closed when not in use. Open only one drawer at a time. Evenly distribute material to prevent the file cabinet from becoming unbalanced and tipping over.
- Wear suitable clothing (avoid high heels or jewelry that may catch in machinery).
- Only the specified amount and type of cleaner for a particular job shall be used.
- Cleaners shall not be mixed. Some mixtures may produce hazardous gases or violent reactions, i.e., chlorine bleaches mixed with such substances as vinegar, toilet bowl cleaners or ammonia will produce chlorine dioxide, which is extremely toxic.
- Careful attention shall be given in wax selection to assure that wax is slip resistant.

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- If foreign substances are sprayed into the eyes or on the skin, first aid shall be given by flushing with considerable quantities of water, not chemical neutralizers, for at least ten (10) minutes. Medical attention shall be sought immediately after flushing eyes.
- Cleaning agents shall never be left unattended in areas where patients or other persons might come in contact with them.
- Mops, brooms, electrical equipment and all supplies shall be placed in their proper storage area as soon as a job is completed.
- Cleaning equipment shall not be allowed to block doorways or elevators.
- Remove bulky combustible waste from the building as often as manpower permits, not less often than the end of each shift.
- Vigilance must be exercised to properly discard dangerous waste products such as syringes, discarded drugs or hazardous chemicals.
- Watch for loose floor coverings, stair treads, etc., and report them immediately.
- The following can reduce the risk of falls:
 - Safe floor cleaning and waxing.
 - Use dust or dry mop before using wet mop.
 - Mop one side of corridor first; when dry, mop the other side. Use same procedure for waxing.

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- Post warning signs near wet side.
- Use only "non-skid" waxes.
- Stay in area until the entire floor is safe and dry. Post wet floor signs. Ask people to walk on dry side.
- Keep equipment on side being cleaned. If using electrical equipment, plug it in on side of space that is being cleaned. Avoid running cords across stairs.
- Do not block doorways or elevator entrances with cleaning equipment.
- Remove wet mops from room and public areas when mopping is completed.
- Tape vacuum cleaner hose and extension cords with white spiral winds to make them more conspicuous.
- Rugs of lighter variety, or throw rugs, are dangerous slipping hazards. When necessary, a rubber backing or strips can be attached to provide non-slip qualities.
- Never place cleaning articles or equipment in aisles or on stairs while cleaning, unless warning signs are used.
- Do not place articles on top of stepladders, cabinets or lockers.
- When unpacking boxes, barrels or crates, always remove protruding nails, metal strapping and wires before handling.
- Do not stand on tub sides to change shower curtain. Use a stepladder or wide-base step stool.

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- Do not pick up broken glass. Sweep it up at once. Pick up fine splinters and chips with a damp cloth, paper towel or cotton.
- Unplug electric lamps before wiping with cloths.
- Handle electrical equipment only with dry hands. Never yank out cords, but pull by the plug, switching off equipment first.
- Do not empty wastebaskets by digging into them. Hold by the sides and turn them upside down over a newspaper, carrying-boy or basket.
- When using stepladders do not stand on top step. Rest ladder on secure base. Be sure locking devices on stepladders are in order and are used. Never stand on chairs.
- Wear gloves when using steel wool.
- Report defective or missing equipment such as dresser knobs, worn wiring, burned-out bulbs, leaky faucets, loose or missing door handles, door checks, light-fixtures, window screens, etc.
- Ask for help when lifting or moving heavy or awkward equipment or furniture.
- Use appropriate personal protective equipment.
- Standard Precautions will be observed at all times.
- Take personal responsibility for handling and reporting slipping or tripping conditions anywhere on floors or stairways. Principal hazards are water, milk, flower petals, paper (especially the cellophane type), rubber bands, paper clips, pencil stubs, etc.

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- Understand and practice good body mechanics.
- When going down corridors keep to the left. Approach intersections carefully. Be sure traffic on other side is clear when opening swinging doors. Do not push doors open with equipment - Use push panel or doorknob.
- Do not leave equipment standing in traffic lanes. Return equipment to its proper location when it is not in use.
- Do not obstruct fire equipment. Know location of firefighting equipment and how to use it. Know evacuation routes and what to do in case of fire.

ADVERSE EVENT REPORTING

Purpose

The Purpose of this policy is to define adverse events, identify those who can report adverse events, identify what should be reported, Reporter's and Manager's Responsibility, Reporting format, Frame-work for Root Cause analysis, and common database to be created of the reported events.

Scope

The policy applies to all the clinical specialties, including operation theatre, ICU's, Inpatient area as well as all the clinical support services such as Radiology, Laboratory, Pathology, Pharmacy, and all the other allied support services.

Responsibility

Nurses, Doctors, Support staff, Management

Definitions:

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Adverse Healthcare Events: A clinical event that results in unintended harm to the patient by an act of commission or omission rather an underlying disease or the condition of patient resulting in physical or physiological injury to the patient.

Adverse Health and safety events: These are defined as **non-clinical events** or omissions that cause physical or psychological injury to any person on the premises, such as verbal and/or physical abuse, theft, sharps injuries, falls etc.

Other Adverse events: These are other non-clinical incident such as fire, security event, equipment failings, service disruptions, utilities failure, that cause loss or damage to persons in hospital or affect the ability of the hospital to meet service delivery targets in any way.

Near Misses: Apply to all the above categories. A Near miss is defined as an act of commission or act of omission that **could have harmed** the patient but did not do so as result only by the virtue of good luck, skillful management and/or prompt evasive action.

Eg: the patient received a contraindicated drug but did not experience an adverse drug reaction, prevention (a potentially lethal overdose was prescribed, but the nurse identified the error before administering the medication) or mitigation (a lethal overdose was administered but countered with an antidote).

Sentinel event: A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury or risk thereof. Serious injury specifically includes loss of limb or function. Such events are called sentinel event because they signal the need for immediate investigation and response.

Medication Error: Medication error is a part of Adverse Healthcare event. Any **Preventable event** that may cause or lead to inappropriate medication use or patient harm, while the medication is in control of the staff. Such events may be caused by gaps in prescribing orders, labeling, packaging and nomenclature, dispensing, or administration etc.

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Adverse Drug Reaction: Adverse Drug Reaction is a part of Adverse Healthcare event. An Adverse drug reaction is any noxious, unintended, undesirable, or unexpected response to a drug that occurs at doses used in human for prophylaxis, diagnosis or therapy, excluding therapeutic failure.

Act of commission: e.g. prescribing a medication that has a potentially fatal interaction with another drug the patient is taking.

Act of Omission: e.g. failing to prescribe a medication from which the patient would likely have benefited.

SENTINEL Adverse Events that MUST be reported IMMEDIATELY:

(The list is indicative, and any other incidents serious incidents not included below are also to be reported immediately.)

Environmental Events
<ul style="list-style-type: none"> ▪ Patient death or serious disability associated with:
<ul style="list-style-type: none"> ▪ An Electric shock
<ul style="list-style-type: none"> ▪ A burn incurred while being cared for in a facility
<ul style="list-style-type: none"> ▪ A fall while being cared for in a facility
<ul style="list-style-type: none"> ▪ The use of or lack of restraint or bedrails while being cared for in a facility and
<ul style="list-style-type: none"> ▪ An incident in which a line for oxygen or other gas to be delivered to patient contains has wrong gas or is contaminated by toxic substances.

Criminal Events
Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other healthcare staff
Abduction of patient of any age;

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Sexual Assault on a patient within or on the grounds of a facility; and

Death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility.

Suicide by any individual receiving care, treatment or services in the hospital or within 72 hours of discharge:

Rape

Care Management Events

Patient death or serious disability:

- Associated with a medication error
- An individual fall that results in death or major permanent loss of function as a result of direct injuries sustained in the fall.

List of other Incidents, Events and Near Misses

Clinical:

- Medication errors
 1. wrong dose
 2. wrong drug
 3. wrong infusion rate
 4. extra dose
 5. over dose
 6. missed dose
 7. IV infiltrations
 8. wrong patient
- Any other kind of Patient Identification problems

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- Radiological errors
 - Wrong radiological investigation been carried out
 - Wrong amount of exposure to X-rays been used
 - Wrong patient
 - Overdose of X-rays been used to carry out an investigation
- Wrong or missing documents (e.g. notes) with direct consequences of care
- Prescribing errors
 - dose
 - drug
 - route
 - patient

Non Clinical:

- Chemical Spillage
- Equipment failure (critical equipment failure in OT , ICU or in Inpatient area)
- Fire
- Security incident
- Sharps incident
- Needle Stick Injuries
- Slip/trip/fall
- Theft

Adverse Event Reporting:

Adverse events will be reported by the Hospital staff (including Doctors, Nursing Staff and support staff) as and when the adverse events occur in their area of work or department.

What should be reported?

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- **Any Incident or event** that results in actual harm (physical or psychological) damage to a Patient or Individual should be reported.
- **This includes ALL Side effects/reactions to medications.**
- Near Misses that had the potential to result in harm or damage to the patient or staff should also be reported. The Staff should use their professional judgment and common sense.
- The Nosocomial Infection reporting is dealt with elsewhere.

Adverse Event Reporting Form:

The Adverse Event Reporting Form – incident reporting form will be available in all the departments of the hospital.

All safety concerns and key adverse events are discussed in the Hospital Safety Committee meetings and necessary corrective actions are implemented as and when necessary.

SAFETY MEASURES AT A GLANCE

- ❖ SPILL KIT
 - ❖ UNOBSTRUCTED CORRIDORS
 - ❖ FIRE EXIT DOORS
 - ❖ FIRE EXTINGUISHER
 - ❖ WATER HYDRANT
 - ❖ MAJOR SPILL KIT
 - ❖ HAZMAT BOX
 - ❖ EYE WASH
1. What problems were encountered during the drill that could have had an adverse affect during a real event?
 2. What measures will be implemented to correct these problems?

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3. Did observed staff exercise knowledge of their specific fire response duties?

Were proper evacuation measure implemented

Official Conducting the Drill:

Name:

Signature

Hospital Administrator

Name:

Signature

LABORATORY SAFETY PROGRAM

LABORATORY PRACTICE AND TECHNIQUE

- Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.
- All personal protective equipment shall be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- Used needles and other sharps shall not be sheared, bent, broken, recapped or re sheathed by hand.

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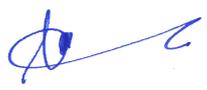
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- Eating, drinking, smoking, applying cosmetics and handling contact lenses are prohibited at work areas where there is potential for occupational exposure,
- Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in other areas of possible contamination.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, and aerosolization of these substances.
- Gloves shall be worn when the employee has the potential for the hands to have the direct skin contact with blood, other potentially infectious materials, mucous membranes, non- intact skin, and when handling items or surfaces soiled with blood or other potentially infectious material.
- Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as possible when visibly soiled, torn, and punctured or when their ability to function as a barrier is compromised they shall not be washed or disinfected for re-use.
- Masks and Eye protection or chin-length face shields shall be worn whenever splashes, spray, spatter, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination.

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Medical Director	Accreditation Coordinator	Managing Director

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- Appropriate protective clothing shall be worn when the employee has potential occupational exposure. The type and characteristics will depend upon the task and degree of exposure anticipated.
- Gowns, lab coats, aprons or similar shall be worn if there is a potential for soiling of clothes with blood or other potentially infectious materials.
- Fluid resistant clothing, surgical caps or hoods shall be worn if there is potential for splashing or spraying of blood or other potentially infectious materials.
- Fluid proof shoe covers shall be worn if there is potential for shoes to become contaminated and/or soaked with blood or other potentially infectious materials
- Never perform mouth pipetting and never blowout pipettes that contains potentially infectious materials.
- Do not mix potentially infectious material by bubbling air through the liquid.
- Wash hands whenever gloves are changed.
- Use the facial barrier protection if a significant potential exists for the spattering of blood or body fluids.

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PERSONNEL PROTECTIVE EQUIPMENT

HAND GLOVES (LATEX & PLASTIC)

- Any activity that involves direct contact with blood, body fluids and infectious materials to mucous membranes or non-intact skin surface should be anticipated and gloves should be worn.
- Glove should be removed as soon as possible after completion of the activity.
- Hands should be washed each time gloves are removed. Alcohol hand rub can be used with gloves during sample collection between two different patients.

PROTECTIVE CLOTHING

Lab coats are mandatory for all lab personnel. Apron and masks are to be worn during grossing of surgical specimens. Any time lab person is likely to be soiled by the splattering of infectious material, protective clothing is to be worn. These must be removed and discarded properly immediately after use.

RUBBER GLOVES AND BOOTS

- Personnel dealing with disinfectants, corrosive chemicals, and cleaning of the spill are required to use rubber gloves and boots.

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- Safe operation of a clinical laboratory encompasses many aspects, including a formal safety program and identification of various hazards such as chemical, fire, electrical, and biological.

GOGGLES

Personnel dealing with reagent preparation, infectious material and in phlebotomy

MASKS

Personnel dealing with reagent preparation, infectious material and in phlebotomy

EYE WASH

- There should be at least one eye wash facility per laboratory.
- Laboratory workers exposed to dangerous chemicals or infectious materials should immediately use the eye wash to flush out the material.
- Hold the eyelids open while using the eye wash and let the spray of for an extended period of time. (15 minutes)
- Report the incident to the supervisor.

RADIATION SAFETY PROGRAM

The Radiology Safety Program incorporates the use of the following safety devices by the staff performing the procedures

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- TLD Badges
- Thyroid Guards
- Lead Aprons

In Addition to the above safety devices the following measures are taken for a safe environment for the visitors and the staff:

- Radiation Hazard Sign Displayed at the areas.
- Visual signal indicating a procedure is in progress.
- Before exposure to radiation, it is ensured that there is no other attendant or staff except for the technician performing the procedure in that area.

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