



INODAYA Hospitals - Kakinada

Documentation code:

INH/FMS.Doc.No:03

Policy on Hospital Safe and Secure Environment

Prepared date: 05/09/2023

Reference: FMS.03. NABH Standards – 5th Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

1.0 Purpose:

The purpose of the policy is to provide a safe & secure environment in the hospital for the staff, patients and visitors.

2.0 Scope:

This shall include prevention and control of accidents which may cause injuries and adversely affect safety of buildings/equipments. The policy shall also cater for security of property and those involved in handling emergencies and fire fighting.

3.0 Policies:

3.1 Safety Policy:

INODAYA Hospital Kakinada aims to provide a safe facility for all its occupants. This shall be accomplished by a Hospital Safety Committee, which shall oversee all aspects of Facility safety. The Chief Engineer's Office shall be responsible for the day-to-day management of facility safety. Responsibilities shall also include continuous staff training with regards to the facility management & safety protocols

- Maintenance staff shall be available round the clock for emergency repairs.
- Response times shall be monitored from reporting to inspection and implementation of corrective actions.

Prepared by: 	Verified by: 	Approved by: 
Ms. Chandrakala	Mrs. G..Lakshmi Lavanya	Dr. D.N.S. Prakash
Maintenance Incharge	Chief Executive Officer	Medical Director



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3.2 Laws and regulations:

A list of all the local, national laws and regulations applicable to the hospital facility management shall be complied. The Administrator of our hospital makes sure that licenses and permissions are renewed from time to time, such as handling and disposal of waste, permission for potable water and sewerage, usage of electricity, usage of compressed gases.

3.3 Facility Inspection:

- Supervisors, as per the written schedules, shall inspect the facilities of the hospital and document the same
- The preventive maintenance schedules are adhered to for the overall facility maintenance. The findings of the inspection are brought to the notice of Chief Engineer. If there is any safety issue in the hospital, it shall be discussed with the safety committee members
- Checklist of safety issues shall be made and inspection is carried out at periodic intervals

3.4 Hazardous Materials Handling:

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- Lists of hazardous materials in the hospital are identified and educated to staff members
- The staff is educated about the handling and storage of these materials.
- The hazardous materials shall be stored in the designated areas ear marked for the same. The materials shall not be stored more than the prescribed amount at any place.
- The storage of hazardous materials shall be done according to the consumption pattern in that particular area.
- There shall be formulation of HAZMAT team to take care of hazardous materials spillage in the hospital. The possible hazards in the hospital shall be identified and inspected from time to time.
- There shall be a dedicated telephone number, to call the HAZMAT team in cases of spillage.

3.5 Community Emergencies:

- The External Disaster Management Protocol (Code orange) shall address the subject.
- The materials department shall arrange for the supplies in cases of emergencies.

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- The External disaster management plan, which covers different aspects of the likely emergencies, shall be available in writing and approved by the Safety Committee.
- The policy document shall be available in Medical Superintendent's office, Emergency department and Administrator's office. The responsible people shall be well aware of such a policy.

3.6 Maintenance of Medical Equipment:

- All medical equipments shall be under preventive maintenance schedules either by In-house Biomedical Department or by Annual Maintenance Contract from outside agencies. Each equipment shall have a sticker that shows the next due date for maintenance and calibration.
- The user department shall check the daily functionality for the equipment
- The inventory of medical equipment shall be maintained in Biomedical Department.

3.7 Utility Management:

- The quality of drinking water shall be monitored by the Infection Control Committee as per the protocol. The utilities shall be available all the time in the hospital.
- For alternate sources of electricity, there shall be a generator available in the hospital.

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- There shall be provision for safe drinking water along with alternate sources being identified in cases of emergencies.
- The water used in dialysis unit shall be tested for its composition and the documents for the same shall be available with the dialysis unit.

3.8 Staff Training:

- The department heads shall train their staff regarding their department procedures and protocols. In addition staff members should also be trained in fire safety issues, spillage of hazardous materials, etc. Staff shall be trained for their role in emergencies and such mock drills shall happen at least twice a year.
- The Material Safety Data Sheets shall be available with the concerned departments and they shall be knowledgeable enough about safe handling of materials.
- There shall be a safety education program going on continuously in the hospital. Every staff shall participate in it and the data shall be recorded.

3.9 Associated Documents:

- List of Hazardous materials
- Hospital Safety Manual
- External Disaster Management Plan

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- List of Statutory Compliances
- Utility Plan
- HAZMAT plan
- Equipment management plan

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