



## INODAYA Hospitals - Kakinada

Documentation code:

INH/FMS.Doc.No:01

Policy on Hospital Safe and Secure Environment

Prepared date:11/11/2025

Reference: FMS.01. NABH Standards – 6<sup>th</sup> Edition

Issue Date:11/11/2025

Issue no: 01

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### EMS.01. Policy on Hospital Safe and Secure Environment

#### 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.

##### 3.2 Laws and regulations:

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Maintenance Incharge	Chief Executive Officer	Managing Director



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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:

- 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:

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

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

### 4.0 PROCESS:

**A.** The organization establish the hospital safety committee and this committee includes the following members

- ✓ Clinicians
- ✓ Administration
- ✓ Nursing Dept
- ✓ Paramedical staff
- ✓ Engineering department head
- ✓ Security officer
- ✓ Biomedical engineer

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✓ Facility rounds are conducted by the hospital safety committee Monthly in patient care areas (Wards, ICU, ED and OT, Cath lab etc...).

- This committee checks and review the safety measures established in the hospital to provide a safe and secure environment. Security and safety plans are implemented and reviewed periodically by the safety committee. Management will plan budget for the installing, upgrading and replacing of the safety devices and plans including the building facilities.
- Potential risks are identified while doing these rounds and actions plans are implemented. Checklist/ report is prepared for the safety rounds and documented with the proper corrective actions. These documents are retained by the Quality department for one Year.
- B. Staffs are trained for the safety plans and usage of the safety devices. They also trained for to handle the emergency situations (like fire accidents). The Hospital requires all new employees to attend new employee safety orientation programme. This orientation is intended to provide new employees with an awareness of safety importance and their responsibility for maintaining a safe and healthy work environment, and to give an overview of workplace safety basics. The results should be more safety conscious employees who are receptive to learning and practicing the specifics of a safe, healthy workplace.
- These trainings are including
  - Fire safety
  - Radiation safety
  - Laboratory safety
  - Occupational safety (employee safety)

### C. Some example of the safety plans are in the organization

- Installing the fire extinguishers
- emergency exit ways
- Installing the fire safety devices
- Handling of the hazardous materials

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- Patient safety devices are installed to provide proper patient care in the organization for examples
- Grab bars
- Bed rails
- Safety belts on stretchers and wheel chairs
- Warning signs like radiation and biohazard

Mainly for the physically challenged people hospital arranges the facility as per the requirements. Ex: separate toilets for physically challenged people.

Employee safety devices are providing to ensure the safe working environment for example

- Personnel protective equipments (Gloves, mask, Apron, head caps, shoes etc...)
- Immunization (Hepatitis B)

**D. Hospital prohibited the smoking in its premises. Hospital has the policy to identification and disposal of the materials not in use in the organization.**

- Biomedical waste will be treated as per the **policy IPC 4d BIOMEDICAL WASTE MANAGEMENT.**
- When any equipment in the organization getting breakdowns regularly, those are identified for replacements and same is communicated to the management in the management review meetings.
- Any equipment which is not used in the laboratory (decided to condemn) authorization letter will be taken from the lab director then the hospital will hand over to the machine for condemning to the biomedical department after disinfecting the machine.

### 5.0 Risk Assessment Protocols for Construction, Renovation, or Expansion

- Pre-construction hazard identification and risk analysis.
- Evaluation of environmental, structural, and operational risks.
- Development and implementation of risk control measures.
- Coordination with contractors to ensure safety compliance.

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- Documentation of risk assessments and mitigation plans.

### 5.1 Infection Control and Safety Protocols

- Strict adherence to infection prevention and control measures during any hospital modification.
- Proper disposal and handling of construction or medical waste.
- Regular safety inspections and audits.
- Emergency preparedness planning for patients and staff.

### 5.2 Regulatory Compliance Protocols

- Compliance with local and national health regulations.
- Following standards set by healthcare accreditation bodies.
- **Maintaining documentation for audits and inspections.**

### 6. Safety Education for Staff:

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

### 7.0 PROCEDURE:

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

- a) Bio-medical Waste Management and Handling Authorization
- b) Registration With Local Authorities
- c) X-ray (including portable and cath lab)

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d) PNDT Act Registration

e) License for MTP

f) Pharmacy license

7.2 The hospital has identified Ms.Chandrakala Biomedical Department as the person who will maintain a record of the above Licenses and regularly update their renewals.

### 7.3 Equipment planning:

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

b) The plans shall be reviewed periodically or as and when required.

c) All equipments are selected, updated and upgraded by collaborative process.

d) There is involvement of the end-users, management, finance, engineering and biomedical departments in the selection of equipments.

### 7.4 Equipment management:

a) All equipments are inventoried and proper logs maintained in the Registers.

b) All equipments are allotted asset tags.

### 7.5 Equipment Maintenance:

a) **Routine maintenance:**

7.5.a.1 The Biomedical Engineer is responsible for the overall management and upkeep of the Bio - medical equipments.

7.5.a.2 Designated staff is responsible for daily maintenance of equipments based on daily monitoring checklist/Weekly monitoring /monthly monitoring.

7.5.a.3 Deficiency details are documented in equipment break down book and the same is communicated to the chief biomedical engineer

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### b) Breakdown Maintenance:

7.5.b.1 All breakdown entries are made in the Registers.

7.5.b.2 The complaint is registered and complaint number is generated.

7.5.b.3 Bio medical engineer is assigned or directed to the site for rectification as per first line service guidelines.

7.5.b.4 If it is minor break down, corrective actions are taken by the biomedical engineer with the available spare parts in-house within 2-3 hours and the same is documented in the breakdown register with the time of rectification details and it is counter signed by the biomedical engineers who have performed the tests.

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

7.5.b.6 Average down time depends on the type of breakdown

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

### c) Preventive maintenance:

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

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

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

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

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

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

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

### 7.6 Calibration of Devices:

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

b) The list identifies the measurement instruments by name, type, serial number, location, applicable calibration requirements, date of calibration done and calibration due date.

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c) The calibration status is updated continuously.

d) Calibration certificate to be obtained from calibration agency with verification marked as O.K. /Not O.K.

e) The same is kept with the biomedical department and copy is provided to the user department. Sticker is displayed on the machine which shows the last calibration date and next due date.

7.7 The maintenance of piped gas, compressed air, and vacuum are looked after by the hospital Maintenance team.

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

7.9 There is a maintenance plan for medical gas, compressed air, and vacuum installation.

7.10 The orders for replenishing the exhausted gas cylinders are done by the store.

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

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

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

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

7.15 The hospital has marked fire exits strategically located. The emergency exit routes are marked. Each patient room and common passages have marked directions of the exit routes to be used in the case of fire and other emergencies. Fire extinguishers and other fire fighting equipments are provided in high risk areas like the medical records room, pharmacy, store, etc.

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

7.17 The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force. All staff takes part the drill which gives emphasis of safe evacuation of the patients and occupants in the affected areas or hospital in general, as the fire fighting and containment activity is under progress.

### 7.18 Hospital Fire Fighting Team:

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

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Mr.N.Victor	Fire safety officer	
Mr.Vijay kumar	electrician	
Security team in the morning	On Duty	
Nurses	On duty	
Housekeeping team	Mr.Ramjan	
Mr.Seetaram.T	Operations and quality	

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

Mr.Gangadhar	Electrician	
Mr.Surya	Billing	
Nurses	On duty	
Security	On Duty	
Mr.Veerababu	Housekeeping Supervisor	

### 7.19 Fire Safety Protocol:

a) Fire Preventive Measures:

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

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

7.19.a.3 In case of any fire incident the following action is to be taken: - Try to put it off; Shout for help in case not being able to put it off; If it is an electrical fire, inform Tel (Extn. 123) or cutting off the power supply.

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7.19.a.4 In case of fire in the hospital building and surrounding areas following action is to be taken: - immediately try to put it off; If not extinguished, shout to help; Switch off the electrical supply; Inform tele. nos. (Extn. 6) Shift the patient to safer places. If fire has not been extinguished, without panic direct the patients to safer locations through fire escape route.

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

### 7.20 Fire Fighting Instructions:

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

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

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

7.20.b.2 Shout for help in case assistance is required. If unable to put off inform Tel. Ext. No 9 about the type of fire and location of fire. Security Supervisor will activate “**Code Red**” signal and assemble the fire fighting team consisting of the following personnel on duty at this hospital. Security Supervisor will inform all the above personnel and reach the fire site without delay. If it is an electrical fire the electric supply should be switched off by informing duty electrician. Water will be used if it is confirmed as solid fire. If evacuation is required, the evacuation plan is to be activated. The Security Supervisor will maintain a record of the fire accident by noting the date, time of call and time of dousing the fire and loss of life or property if any. If the fire is not controllable the matter to be informed to civil fire station for immediate help while informing give type of fire and correct location of fire. The fire fighting team shall reach to the place of fire without delay and organize fire fighting after getting this warning of “Code Red”

### 7.21 Fire Prevention Points:

a) Do not store inflammable materials like petrol, LPG, in the hospital building and rooms.

b) Do not use kerosene stove, burners, gas stoves in the hospital rooms and department.

c) The spirit lamp used in the laboratory should be placed in a safe place and put off after use.

d) Do not use the candles / oil lamp to light the rooms department.

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

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

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

### 7.23 Fire Fighting Training:

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

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

### POLICY TO PREVENT CHILD/NEONATE ABDUCTION & ABUSE

#### **Purpose**

To prevent child/neonate Abduction & Abuse Hospital premises.

#### **Scope**

Hospital Premises

#### **Responsibility:**

Admin staff, ICU Staff, Security personnel, front office.

#### **Policy:**

#### **Definition:**

According to the world Health Organization “Child maltreatment, sometimes referred to as child abuse, neglect and exploitation that results in actual or potential harm to the child’s health, development or dignity. Within the broad definition, five subtypes can be distinguished

1. Physical abuse
  2. Sexual abuse
  3. Neglect and negligent treatment
  4. Emotional abuse
  5. Exploitation
- Protection of child abuse in Hospital

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- Only qualified staff is allowed to work in hospital especially in Obstetric wards.
- Identification bands should be secured immediately after birth.
- Staff should be qualified and experienced in handling neonatal emergencies and care.
- Staff should be well trained and educated about teaching and training medical, social and legal aspects of child abuse and neglect.
- Mother or in her absence a guardian is allowed to remain with the patient 24 hours.
- All the patients are tagged with their name, registration number, IPD number for their unique identification number
- Special vigilance CCTV camera is installed to monitor all main areas of the hospital.
- Security team is trained and active to counter any abduction case inside the hospital.
- Patient movement outside the ward is along with an identified responsible person.
- Hospital staff is made aware of the safety precaution to prevent abduction and abuse
- Parents are educated about looking after their children
- Inform the security immediately 123 in the event an infant or child cannot be located.
- A code has been assigned to report and activate security team for necessary action in case of any abduction inside the hospital.
- Code 'PINK' is announced for activating and informing security team.
- All gates are closed and manned.
- All suspicious persons are checked and questioned if required.
- The entire hospital is thoroughly checked by the team by visiting designated areas.
- Police is to be informed after establishing the case of abduction.

### Announcement of Code “PINK”

- Whenever the code “PINK’ is to be declared the Manager on duty will make sure about all the required arrangements needed.
- In case of any type of child physical /sexual abuse, safety committee members whom so available shall be set up immediately to investigate/ review the occurrence/incident.

<b>Prepared by:</b> 	<b>Verified by:</b> 	<b>Approved by:</b> 
Ms. Chandrakala	<b>Mrs. G..Lakshmi Lavanya</b>	<b>Dr. G. Rammohan</b>
Maintenance Incharge	Chief Executive Officer	Managing Director