

	INODAYA Hospitals - Kakinada		Documentation code: INH/FMS.Doc.No:04
	FMS.03.The hospital environment and facilities operate to ensure the safety of patients and their families, staff, and visitors		Prepared date:11/11/2025
	Reference: FMS.03.NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 01	Review No: 0	Review date: 11/11/2026

FMS.03. The hospital environment and facilities operate to ensure the safety of patients and their families, staff, and visitors

1. Policy Statement:

Inodaya Hospital is committed to maintaining a safe and secure environment in all its facilities. All hospital operations, infrastructure, and services shall be designed and managed to ensure the safety and well-being of patients, their families, staff, and visitors.

2. Scope:

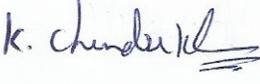
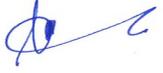
This policy applies to all hospital staff, contractors, patients, visitors, and any individuals present on hospital premises.

3. PURPOSE:

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

4. RESPONSIBILITY:

- 3.1 Administrative Head (CEO)
- 3.2 General Manager
- 3.3 Security Head
- 3.4 Maintenance department Staff
- 3.5 Safety Committee

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5.0 ABBREVIATIONS

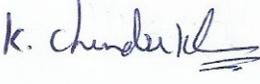
- ✓ NABH : National Accreditation Board For Hospitals and Healthcare providers
- ✓ FMS : Facility Management and Safety
- ✓ HMIS : Hospital Management Information System
- ✓ CA : Corrective Action
- ✓ PA : Preventive Action

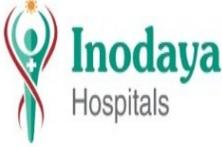
6.0 PROCEDURE:

6.1 Safety Policy:

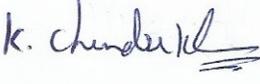
- a) The hospital aims to provide a safe facility for all its occupants.
- b) This shall be accomplished by a Facility management and Safety Committee, which shall oversee all aspects of Facility Safety:
- c) Preventive and breakdown maintenance Schedule are monitored and carried out by the Maintenance department, viz Biomedical Engineer, Site Engineer, Electrical Engineer & Electrician, and House Keeping Supervisor.

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- d) Drawings (site layout, floor plan and fire escape route) shall be maintained in each floor in a visible manner.
- e) Fire escape route in the display of escape route drawing is marked in Red color.
- f) Fire EXIT signage is provided in Green Color through self-illuminating stickers.
- g) Internal and external sign posting in the organization shall be maintained in a language understood by patient, families and community – responsibility House Keeping Executive.
- h) The provision of space shall be in accordance with the available literature on good practices.
- i) Space is provided for the proper functioning of the department.
- j) A comprehensive safety inspection shall be done twice a year in patient care areas and once a year in other areas by Site Engineer and Electrical Contractor.
- k) A report shall be generated after each inspection by maintenance department in-charge which shall be discussed in Facility Management and Safety Committee Meeting and shall form the basis for safety
- L)Records are maintained and monitored at the time of reporting for taking corrective and preventive action.

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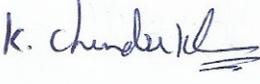
m) Response times are monitored from time of reporting to time of inspection and time of implementation of corrective actions.

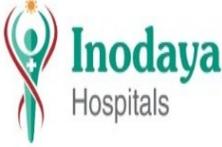
6.2 Safety committee: The Safety Committee shall conduct Hazard Identification and Risk Analysis (HIRA) and accordingly take necessary steps to eliminate or reduce such hazards and associated risks.

The committee shall comprise of the following members:

- ✓ Managing Director
- ✓ CEO
- ✓ Medical superintendent
- ✓ Quality Manager
- ✓ NABH coordinator
- ✓ Biomedical engineer
- ✓ Consultants
- ✓ Safety officer,s

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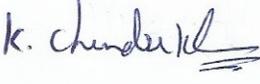
6.3 Patient-safety devices: Patient-safety devices shall be installed across the organization and

inspected periodically. The devices are:

- a) Grab-bars
- b) Bed-rails
- c) Sign postings
- d) Safety belts on stretchers and wheelchairs
- e) Alarms – both visual and auditory
- f) Warning signs – radiation or biohazard
- g) Fire safety devices

6.4 Facility Inspection Rounds:

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

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

6.5 Safety Education for Staff:

- a) All staff are educated about safety requirements – in both patient care areas and non patient care areas
- b) There shall be regular safety training covering Fire safety, Hazardous materials, use of

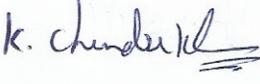
Personal Protective Equipment, Bio-Medical waste Management, etc

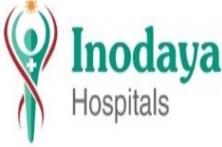
7.0 PROCEDURE:

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

- a) Bio-medical Waste Management and Handling Authorization
- b) Registration With Local Authorities
- c) X-ray (including portable and cath lab)
- d) PNDDT Act Registration
- e) License for MTP
- f) Pharmacy license

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

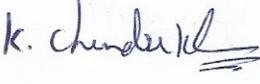
7.3 Equipment planning:

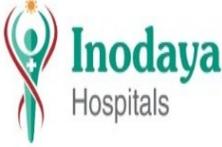
- a) The organization has a proper equipment planning system that takes in to account the future requirements of the organization in accordance with its scope of services and strategic
- b) The plans shall be reviewed periodically or as and when required.
- c) All equipments are selected, updated and 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:

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a) Routine maintenance:

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

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

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

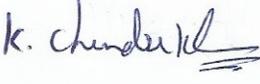
b) Breakdown Maintenance:

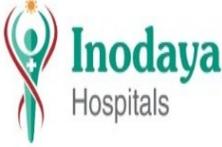
7.5.b.1 All breakdown entries are made in the Registers.

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

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

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

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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 f breakdown

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

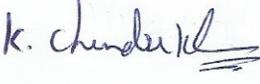
c) Preventive maintenance:

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.

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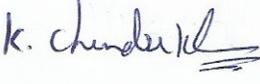
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7.5.c.5 The concerned department is informed about the schedule of the equipment for preventive maintenance well in advance, so that they can keep the equipment free for required time period.

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.

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