



INODAYA Hospitals - Kakinada

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Fire Safety manual

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Reference: FMS.7.a. NABH Standards – 6th Edition

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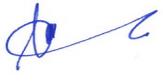
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FIRE SAFETY MANUAL

GENERAL POLICIES FOR FIRE ACCIDENT – PREVENTION

It is the responsibility of every manager, supervisor and employee to observe report and check any condition or act that may be a potential cause of fire. The slogan **“Prevention is better than cure”** is equally applicable to fire. The main points to be observed in fire prevention are as under.

- 1) Old and frayed electric cables damaged switch boards, loose fixtures and sparking appliances, will be reported in Writing to the maintenance Department by the concerned department, managers and supervisors for immediate repair/ replacement. Follow up action will be taken until work is complete.
- 2) Welding / hot works by Maintenance Department/ contractors is not allowed without written permission of safety officer / shift security officer. Departments will ensure that welding is not permitted in their departments unless of fire personnel are present to provide fire – fighting cover. It will also be ensured by manager / supervisor that a radius area of twenty feet from the point of welding is cleared of all inflammable material such as petrol / thinner oil, cardboard paper, plastic cloth and dry wood. Furniture that cannot be removed shall be covered with asbestos sheets or wet hessian cloth or tin sheets.
- 3) Cleaning of hands / feet with petrol / thinner / diesel will not be permitted. The concerned department may ensure this.
- 4) Chemicals and oil stored in material store will be divided into small stocks with adequate spacing in between.
- 5) The senior supervisor / in-charge Food & Beverage Department will be personally responsible for operation and safety of Liquid Petroleum Gas installation in the canteen Kitchen. He will ensure that all valves on the main feed pipeline and regulators on the gas stoves are shut, when not in use.

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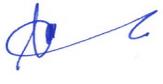
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- 6) Excessive paper, plastic cardboards and wooden scrap will not be allowed to accumulate in the office premises. Supervisor Housekeeping will ensure that prompt action is taken on complaint by concerned department.
- 7) Used bandage / cotton etc. will not be allowed to accumulate.
- 8) Unauthorized fires will not be lit in the hospital premises. An Authorized fire will be completely snuffed before close of work
- 9) The electric main switch of all offices not occupied will be switched off when not in use
- 10) Fire Works are not permitted inside the hospital on Diwali and other festival days
- 11) Private electric appliances like heaters, immersion rods are not allowed inside the hospital
- 12) Duplicate keys of all offices, stores and departments will be deposited with security, and kept in the duplicate key box. All concerned will complete this action. This is however, not applicable to individual managers cabins with glass facings
- 13) Firefighting equipment will not be removed or misused for industrial / administrative purpose. Department concerned will prohibit people for any such misuse
- 14) The Tapping of hydrant lines for industrial/ administrative use is a serious violation of the safety policies. Maintenance Department will ensure that existing underground and surface tapings are disconnected immediately
- 15) Whenever a new structure is to be built or an old structure is modified, maintenance, Department will involve the safety officer at the planning stage for projecting the fire safety requirements. The maintenance department will consult the safety officer whenever any work site is used involving inflammable material.

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FIRE SAFETY PLAN

This Fire safety plan has been framed to ensure that in case of fire in hospital premises safe evacuation of its occupants may present serious problems unless a plan for orderly and systematic evacuation is prepared in advance and all occupants are well drilled in the operation of such plan. These guidelines are intended to assist them in this task. The term “Emergency Evacuation” has different meanings according to the vulnerability of the building in question. When a building such as the Hospital affords protection because of its construction and fire suppression systems, “evacuation” will mean removal of patients, personnel, and visitors to areas deemed fire – safe for as long as it may be necessary to decide further action. The plan of action for the Hospital is for horizontal evacuation to a fire-safe area until fire department officials and Safety Officer deem the area safe.

RACE FIRE SAFETY PROTOCOL

R-RESCUE: Patients or person if in immediate danger.

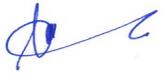
A-ALARM: Raise alarm by calling ‘9’

C- CONFINE: Close doors and windows to keep the fire contained

E-EXTINGUISH/EVACUATION: Use fire –fighting equipment if trained in its use

PURPOSE

- To establish method of systemic, safe and orderly evacuation of the hospital premises by and of its occupants in case of fire or other emergency, in the least possible time, to a safe area by the nearest safe means of egress; (way out) also the use of such available fire appliances as may have been provided for controlling or extinguishing fire and safeguarding of human life.

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- To define and fix up the responsibilities of various key personnel for generating desired actions during an emergency situation such as evacuation plan and firefighting arrangements.
- To consider all possible situations, which may lead to an emergency or a disaster?
- Give clear instructions regarding what is to be done during an emergency by the occupants and other staff.

OBJECTIVE

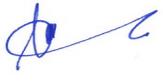
- To provide proper education as a part of continuing employee training in principle and through continuing written protocols for all occupants to ensure prompt reporting of fire, the response of fire alarms as designated, and the immediate initiation of fire safety procedures to safeguard life and contain fire until the arrival of the Fire Brigade.

SCOPE

The fire safety system has been provided to detect and control an early outbreak of fire. The fire safety plan is made for **INODAYA Hospitals - Kakinada**.

The following fire protection systems are in place:

- a) Automatic fire alarm and detection system
- b) Manual call points
- c) Public address system – Paging system
- d) Portable fire extinguishers of various types

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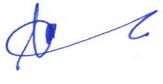
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- e) Fire hydrants wet risers and sprinkler system.
- f) Fire hose boxes and hose reels.
- g) Water storage available for firefighting.
- h) Fire water pumps.
- i) Fire Exit Plans in all floors
- j) Safe Assembly Zones

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FIRE FIGHTING MANPOWER PLAN

Systematic trained manpower is required for firefighting and salvage. The chart showing the proper organization is as follows:

FIRE FIGHTING TEAM:

- Under guidance from Fire Safety Officer (During duty hours)
- Firefighting team - Floor wise responsibility allocation: 1st Floor
- Under guidance from Security Supervisor (During Night)

SALVAGE TEAM:

- Material salvage by Biomedical engineers & Engineering team

CORDON TEAM:

- Under the guidance of the security supervisor & Safe Zone in- charges

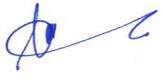
FIRST AID TEAM:

- Under the guidance of the Casualty Medical Officer & casualty team

EVACUATION TEAM:

- As per the floor evacuation team – defined in the table below

Evacuation Team – Floor wise responsibility allocations:

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Disaster control room:

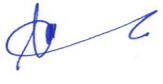
1. Administrative Officer
2. Fire Safety Officer
3. HOD Maintenance Dept

EVACUATION TEAM / FIRST AID TEAM

Composition: All Doctors, nursing staff, medical technician and ward boys. The Chief Medical Officer on duty will be in-charge of this team.

Duties

- a) Patient in the immediate fire area shall be moved first
- b) Walking patients shall be conducted in a group to a safe area through fire exits or other exit stair cases.
- c) Wheel chair bound patients shall yield their chair when they reach a safe area so that other patient can also be evacuated
- d) Bed patient are brought down via ramps
- e) See that patients on life support systems are evacuated along with the equipment
- f) Arrange stretchers for those patients who cannot move on their own at open place
- g) Critically ill patient in traction beds be wheeled to safety
- h) One staff member to be designated by Senior Nurse, to check toilets and other rooms to make sure no patients are hiding or trapped there.
- i) After patients are evacuated close doors and windows to prevent draught. Turn off any oxygen outlets. All the fire doors will be closed.

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Duties Personnel Department

- Ensure all personnel records are moved to a safe place
- Detail a supervisor to personally account for all employees
- Be available to the Officer-in-charge fire fighting for further instructions.
- Arrange for water/tea and refreshments if the fire becomes medium or large for the fire fighters and other volunteers.

Duties Billing Department

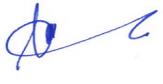
- Remove all cash and financial documents to a place of safety
- Assess the damage caused by fire and brief the administrator.
- Process insurance claims.

Duties Maintenance Department

- Ensure fire pumps are kept running and correct pressure maintained
- Firewater tank is kept topped up through bore well pumps / Municipal supply
- The air conditioning/ air heating units of affected areas are switched off
- Sub-station is manned and electric supplies to fire affected area are cut off if required.

Remember

- All fires begin small but grow fast
- Use only stairs or ramps
- Do not take refuge in toilets or in closed doors – **GO OUT**

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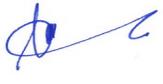
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- Smoke is dangerous. Get out of smoke filled area quickly and keep close to the ground. In case of thick smoke, cover your face with a wet cloth and crawl
- Move to a safe place but do not leave the Hospital premises till instructed.
- DO NOT USE ELEVATORS. Whenever possible use staircase/ ramps
- When in a safe area, check that all patients and personnel are present

Note

- a) Till the Fire Officer/Safety Officer arrives, use the available extinguishing media to extinguish the fire.
- b) The Fire Officer/Safety Officer will note the actual location and type of fire and accordingly collect the equipment to rush to the scene of fire. He will instruct the concerned people to cut off power and air supply to the affected area.
- c) Arrange to start the booster pump to build up adequate pressure in fire hydrants, if required.
- d) Detailing fire fighting, cordon, salvage and first aid teams to their respective functions and line of action.
- e) Be in touch with local fire brigade in case of requirement.
- f) The Fire Officer will assess the situation, intensity of fire, manpower with him, and fire fighting equipments with him. He will make arrangements for additional water using tankers in case it is required.
- g) The Security Control Room will act as Control Center for informing all concerned for information/additional help/any emergency.
- h) The Security Officer will maintain contact with other civil/military fire brigades, police station and other requirements as and when required, according to the intensity of fire.

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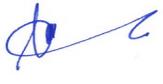
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- i) After the fire is extinguished the stop message will be passed to the administrator, and the Fire Officer will record the time, date, location and cause of fire from which he will make a Fire Incident Report which is to be submitted to the Administrator and the Insurance Company.
- j) The used fire appliances are to be replaced with serviceable once and sand/water buckets to be refilled.
- k) Follow up action as per protocol.

CHIEF SECURITY OFFICER / FIRE OFFICER / SAFETY OFFICER

Responsibilities:

- a) Shall be familiar with the written Fire Safety Plan, providing for fire drill and evacuation procedure.
- b) Shall select qualified employees for fire party and organize, train them and supervise their duty.
- c) Shall be responsible for availability and state of readiness of fire party.
- d) Shall conduct fire and evacuation drills.
- e) Shall be responsible for fire training of the Fire Marshall for each floor.
- f) Shall be responsible for daily check for the availability of Fire Marshall on each floor.
- g) In the event of Fire, shall report to Control Centre to supervise, provide and coordinate the following:

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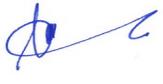
- i. Ensure that the Fire/Security Department has been notified of any fire or fire clearance.
- ii. Direction of evacuating procedure is provided in Fire Safety plan.
- iii. Reports on condition on fire for information to Kakinada Fire department Service on their arrival.
- iv. Advise Kakinada Fire Service Officer in charge in the operation.
- v. Each floor of a building shall be under the direction of a designated Fire Marshall for the evacuation of occupants in the event of fire. The Deputy Fire Marshal shall assist him in his duties.
- vi. Each Fire marshal and Deputy Fire Marshal shall be familiar with the Fire Safety Plan, the location of exits and the location and operation of any available fire alarm system.

RESPONSIBILITY OF FIRE MARSHALL AND DEPUTIES

In the event of fire alarm the Fire marshal shall ascertain the location of the fire, and direct evacuation of the floor in accordance with directions received and the following guidelines

- a) The most critical areas for immediate evacuation are the floor affected and floor immediately above.

Evacuation from the other floors shall be instituted when instructions from the Control Center or conditions indicate such actions. Evacuation shall be via fire free stairs. The Fire Marshal shall try to avoid stairs/ramps being used by the fire department. If this is

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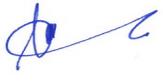
not possible, he shall try to attract the attention of the Fire Department personnel before such personnel open the door to the fire floor.

- b) Evacuation to two or more levels below the fire floor is generally adequate. He shall keep the Control Center informed regarding his location.
- c) Fire Marshal and their deputies shall see that all occupants are notified of fire, and that they proceed immediately to execute the Fire Safety Plan.
- d) Have an available updated listing of all personnel with physical disabilities who cannot use stairs unaided. Make arrangements to have these occupants assisted in moving down the stairs to two or more levels below the fire floor.

FIRE FIGHTING TEAM DUTIES

On receipt of an alarm for fire the Fire Fighting Team shall

- a) Report to the floor below the fire to assist in evacuation and provide information to the Control Center.
- b) After evacuations of fire floor, endeavor to control spread of fire by closing doors, etc.
- c) Attempt to control the fire until arrival of the Fire Department, if the fire is small and conditions do not pose a personal threat.
- d) Leave one member on the floor, below the fire to direct the Fire Department to the fire location and to inform them of conditions.

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- e) On arrival of the Fire Department, the Fire Fighting Team shall report to the Control Center for additional instructions.
- f) Have a member designated as runner who shall know the location of the nearest telephone, and be instructed in its use. Such member shall immediately upon receipt of information that there is a fire or evidence of fire, go to the telephone, transmit an alarm by giving CODE BROWN signal and await the arrival of the Fire Department and direct such department to the fire.

RACE: RESCUE, ALARM, CONFINE AND EXTINGUISH

This easy to remember acronym is our Hospital procedure in the case of a fire. Particularly in the hospital, every staff member is trained to recognize and respond appropriately in the case of a fire using this term

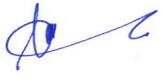
RESCUE:

Remove everyone from the area. If a fire occurred in a patient room the staff shall immediately remove the patient from the area.

ALARM:

The Manual call points shall be activated. They are located throughout the buildings, several on each floor. By activating the Fire Alarm a fire action plan is set into motion where Security receives the signal and initiates the emergency response. In addition the air conditioning systems that could increase fire spread are shut down.

CONFINE:

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Once the room or area has been cleared of patients the door shall be closed, thus confining the fire, which enables the fire response team the time needed to arrive.

EXTINGUISH OR EVACUATE:

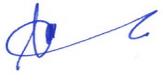
When practical and only when an employee has been properly trained in the safe and proper use of a fire extinguisher, extinguisher shall be attempted using one fire extinguisher.

EMERGENCY EVACUATION GUIDE

In the event of a fire or other emergency, seconds count. The safe, orderly and prompt evacuation of building occupants depends on having the physical safety features of a building in operation condition as well as having an emergency evacuation plan. The cooperation and participation of every building occupant is essential. Every person that lives and works in a building on campus has an individual responsibility to know how to evacuate in an emergency and to accomplish the evacuation when the fire alarm device sound or when directed by an authority. This guide will help you to prepare for emergency situations that might arise in the facility.

Preplan Your Escape

- Know the location of fire alarm pull box locations.
- Make sure your floor has at least two unobstructed ways out.
- Check the fire exits to make sure they are usable.
- Do not use the elevators. They could become disabled, trapping you on the fire floor.

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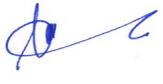
- Know the location of stairwells that will provide a protected path all the way to the outside.
- Recognize the sound of the fire alarm.

If there is a fire or fire alarm **EVERYONE EVACUATES!**

- If you discover a fire or smoke condition, sound the building alarm by activating the nearest manual call point. Make a follow-up call to Security at extension 1191.
- Whenever you hear the fire alarm sound, leave immediately! Don't assume the fire alarm is false or a test and wait to see what others do. In a fire seconds count.
- Try to help others, if you can do so safely.
- Unless unusual conditions dictate otherwise, the best evacuation route is the nearest stairway and out the nearest exist.
- When leaving, close (do not lock) the door behind you.
- Once outside, meet at your assembly point and take a head count to make sure everyone is out and accounted for. Never attempt to re-enter the building to search for someone missing – let fire or police officials know.

Is the door hot?

Before opening a door, you shall make sure there is no fire on the other side by using the back of your hand to touch the door, door knob, or door frame. If any of these feel hot, do

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not open it, there is probably fire on the other side. If cool, open the door slowly, leave the area and close the door behind you.

Stay low when there is smoke

If you encounter smoke while escaping, crawl or get as low as you can, the cleanest air will be within 1 to 2 feet of the floor. If the main exit is blocked by fire or smoke, you shall use your alternate route. If feasible, go back in your room to wait for rescue.

If you cannot escape

Close all doors between you and the fire. Seal cracks around doors with damp cloth to keep the smoke out. Call security at extension 1191 to notify them of your location. While waiting for rescuers, signal from a window by hanging clothes out the window, waving an object or shouting.

THE EVACUATION PLAN

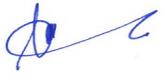
Floor wise attached

HOW TO OPERATE THE FIRE EXTINGUISHING EQUIPMENT

Instructions on how to operate most fire extinguishers

Remembers the word – **PASS**

PULL the pin. Some units require the release of a lock latch, pressing a puncture lever, inversion, or other motion.

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Fire Safety Officer	Accreditation Coordinator	Managing Director



INODAYA Hospitals - Kakinada

Documentation code:

INH/Doc.No:19

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Issue Date:11/11/2025

Issue no: 01

Review No: 0

Review date: 11/11/2026

AIM low. Aim the extinguisher nozzle (horn or hose) at the base of the fire.

SQUEEZE the handle. This releases the extinguishing agent.

SWEEP from side to side

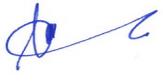
Watch for reflash. Move in close. Pull apart the burned area to get at hot spots. Discharge the contents of the extinguisher.

NOTE: Foam, CO₂, water or other types of extinguishers may require slightly different actions.

READ THE INSTRUCTIONS GIVEN ON THE FIRE EXTINGUISHER



Summary

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Review date: 11/11/2026

- Know how to operate the extinguishers. A small fire can easily become a big fire if an extinguisher is used incorrectly.
- Fight only small fire and preferable not alone!
- Make sure you have access to a safe exit.
- If you have the slightest doubt about whether to fight or not to fight the fire, **DO NOT!**

Get out and call the Fire Department.

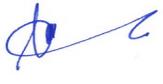
PROCEDURES FOR HANDICAPPED PERSONNEL / PATIENTS / BED-RIDDEN PATIENTS

The Safety Director is to be informed of the normal location of all handicapped personnel in the building.

Emergency telephone numbers must be kept by the telephone nearest to the persons normal work location.

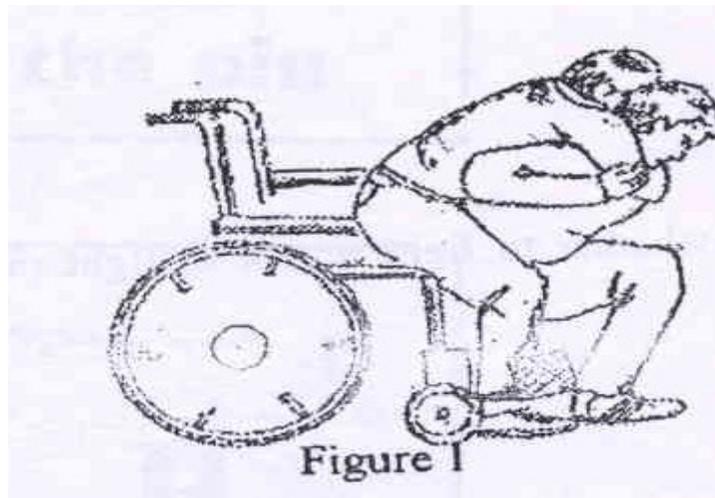
All handicapped personnel are to remain at their locations and will be evacuated last with the help of assigned personnel.

TRANSPORTING HANDICAPPED PERSONS VIA THE STAIRWELLS

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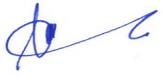
In the event of an emergency, all handicapped personnel shall be directed along with an attendant to a safe area, such as a stairwell landing, exit or to a refuge area. At no time shall any person be directed to the lifts to wait for evacuation. Under some circumstances, where it may be life threatening for the handicapped person and their attendant to remain in that location, the handicapped person must be evacuated via the stairwells/ramps. The following are examples of some techniques that maybe used to transport a handicapped person.

1. THE BACK PACK LIFT BY ONE RESCUER:



The rescuer kneels in front of the handicapped person and places the person’s arms up and over his shoulders and across his chest. The rescuer then leans forward and slowly raises to a full standing position.

NOTE: This method shall be used only if one rescuer is available. It is preferred to use one of the two person methods following.

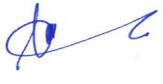
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2. SEAT CARRY BY TWO RESCUERS



Two rescuers position themselves on either side of the handicapped person, in order to grasp each other's upper arms or shoulders. Fig. 2.

The person being assisted places their arms firmly around both rescuer's necks, Fig 3. The two rescuers then lean forward placing their free arms under the individual's legs, firmly

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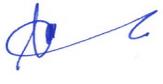
grasping each others wrists. Lifting at the same time, with backs erect, using the strength of their legs, the rescuers slowly rise to a standing position and then proceed carefully forward.

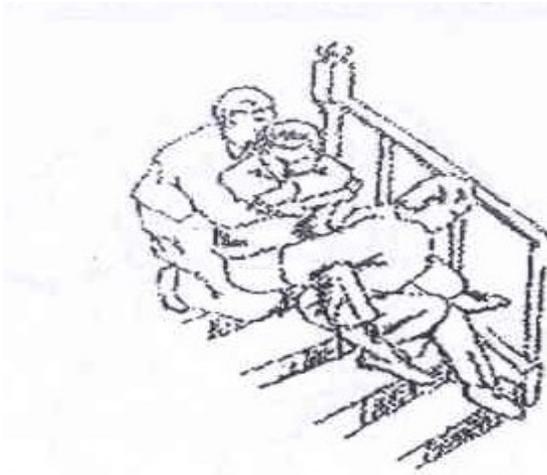
2. EXTRACARRRY BY TWO RESCUERS



Two rescuers place the person being assisted on the stairwell landing. One rescuer at the legs, places their arms under the person’s knees, while the other places their arms under the persons shoulders with fingers locked across the chest. Lifting at the same time, with backs erect, using the strength of their legs, the rescuers slowly rise to a standing position and then proceed carefully forward.

These are but a few examples of transporting a person down a stairwell.

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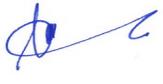


It may only be necessary to take handicapped people to the protected stairways, to await rescue by the Fire Department.

In case of the patient being on ventilator or completely bedridden, the security and firefighting staff on each floor shall ensure that the complete bed is wheeled through the ramp to the ground floor, keeping strict vigilance on the working of any medical equipment connected with the patient, which cannot be safely removed

Cellar:

- 1.Maitenance Manager
- 2.Fire Officer
- 4.gas plant in charge
5. Security

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Ground Floor: Disaster Control Area

1. Sr Manager – Billing/Operations
2. Manager – Maintenance
3. Security Officer
4. Electrician
5. House Keeping Supervisor

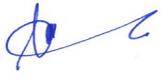
1st Floor:

1. OPD secretary
2. Billing Executive
3. X Ray Technician
4. CT technician

2nd Floor:

1. Ward Nursing In-charge
2. House Keeping Supervisor
3. Administrator

3rd Floor:

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Review date: 11/11/2026

1. ward In-charge
2. House Keeping Supervisor
3. Billing In charge
4. Security Guard

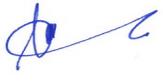
4th Floor:

- 1.Nursing Sister In-Charge (ICU)
2. Duty Doctor
3. House Keeping Supervisor
4. Security Guard
5. Lab

5th Floor:

1. Nursing Superintendent
2. Nursing Sister Incharge
3. House Keeping Supervisor
4. Security Guard
- 5.Dialysis

6th Floor:

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1. OT in charge

2. CSSD

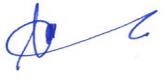
7th Floor:

1. HR

2. IT

Terrace:

1. Waterplant in charge

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ICU FIRE PLAN

FIRE RESPONSE TEAM – ICU FIRE PLAN

ROLES AND RESPONSIBILITIES

ROLE OF DOCTOR

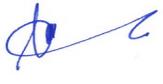
- Disconnects patient from ventilator and the monitor
- Ventilates patient using oxygen through portable oxygen cylinder and continues IV fluids
- Prepare to and maintain respiration during transport
- Responsible for giving final order to move patient
- Responsible for command and control of the patient
- Directs and assists movement of patient out of the ICU to area of refuge

ROLE OF PATIENT NURSE

- Responsible for gathering necessary drugs and instruments in a tray
- Assists in preparing and shifting ventilated patient
- Assists in movement of non-ventilated patients by wheel chair.

ROLE OF INCHARGE / SHIFT INCHARGE NURSE

- Identifies himself/herself specifying nature of Fire & location
- Announce code red/ Call Fire safety officer at Extn.'9"/ Activates MCP (Manual Call Point)

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- Closes the O₂ shut off valve
- In case of small fire, extinguish it with the help of ICU staff by using portable fire extinguisher
- Helps in evacuation of patients
- Organizes supplies from other areas as required.
- Check toilets and other rooms to make sure that no patients are hiding or trapped there.
 - After patients are evacuated close doors and windows to prevent fire draught and fire reigniting

ROLE OF WARD TECHNICIAN

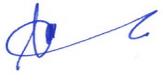
- Disconnects all electrically powered equipments
- Off the breaker
- To arrange for oxygen cylinders/ Stretchers/ Wheel chairs.
- Disconnects patient leads and assists in shifting ventilated patient out of ICU

ROLE WARD SECRETARY

- Assists in shifting stable non ventilator patients

ROLE OF TRANSPORT PERSONNEL

- To Arrange Oxygen cylinders/ stretchers/ Wheel chairs.
- Assist in shifting of ventilator patients

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OT FIRE PLAN

FIRE RESPONSE TEAM – OPERATING ROOMS

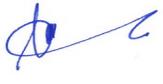
ROLES AND RESPONSIBILITIES

ANESTHESIOLOGIST:

- Disconnects anesthesia gas lines and the monitor
- Ventilate using oxygen (portable oxygen cylinder) and the IV to maintain anesthesia
- Prepare to and maintain respiration during transport

PRIMARY SURGEON:

- Responsible for giving final order to move patient
- The surgeon is responsible for operative zone and control of the surgical wound.
- Surgeon directs and assists movement of the operating table and patient out of the OR to area of refuge.

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ASSISTING SURGEON:

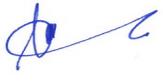
- Moves surgical table and patient at direction of surgeon

SCRUB NURSE:

- Responsible for gathering necessary surgical instruments in a tray and placing tray and placing tray on patient
- Assists in the movement of the surgical table and patient out of the OR.

CIRCULATING NURSE:

- Call fire safety office on intercom '9'; identify her/him, specifying the nature of fire and location. Code red will be announced.
- Activate MCP(Manual Call Point)
- Close the O₂ shut off valve
- In case of small fire, extinguish it with the help of fire extinguisher

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INODAYA HOSPITAL - KAKINADA

FIRE SAFETY CHECKLIST

COMPLIANCE

Fire Exit signs are provided where required

Yes

Fire Exit signs are always illuminated.

Yes

Fire Exit boards have directional arrows

Yes

There are at least two fire exits, remotely located from each other

Yes

Fire extinguishers are mounted on the hook at correct height

Yes

Fire extinguishers seal is in place and unbroken

Yes

Fire extinguishers are in good condition

Yes

Suitable signage/ numbering found above the extinguishers

Yes

PPE are located at every strategic locations

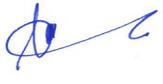
Yes

Fire hose reel is in good condition, checked and is permanently placed through the hose guide.

Yes

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Approved by: 

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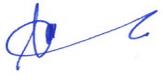
Issue Date:11/11/2025

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Fire hose reel nozzle is attached to the locking device	Yes
Signage found above the fire blanket	Yes
Firefighting equipment is not obstructed	Yes
Fire escapes are not blocked	Yes
Fire panel checked monthly as per regulatory standards	Yes
Fire orders (RACE) located in all staff areas	Yes
Emergency numbers located near all telephones	Yes
Emergency fire floor plans located at every area and patient rooms	Yes
No electrical cords lying across traffic areas	Yes
If extensions of cords are being used, is it authorized by respective engineering department and documented.	Yes

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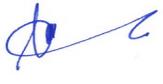
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Is all electrical equipment(especially patient care equipment) grounded regularly, inspected, inspection dated and authorized it as safe to use)	Yes
Are safety guards, rails, straps and similar equipment serviceable with no rack stacking faults likely to cause toppling if disturbed?	Yes
Are all doors, cabinets, storage cupboards racks fully serviceable with no rack stacking faults likely to cause toppling if disturbed?	Yes
Are ladders, stairways and platforms safe to use & electrically non-conductive	Yes
Where required, is personal protective clothing available with serviceable safety device and/or equipments specific hazard related	Yes
No fire hazard present anywhere	Yes
Fire extinguishers, hose reels and fire exits are unobstructed	Yes
Parking of any vehicle is not there in the fire assembly area	Yes

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