Document No.	**TITLE**		
E/ NABH/ SJH/ Policy/ 14	**Policy on Security and Safety**		
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Function	**Name**	**Designation**	**Signature**
Prepared By	Dr. Vibha Uppal	Member Quality Cell	Vibha Uppal
Reviewed By	Dr. Neeraj K Gupta Dr. Shilpee Kumar	Sr CMO (SAG) OIC Quality Cell	
Approved By	Dr. B L Sherwal	Medical Superintendent	

Distribution: Quality Cell, Medical Superintendent, Safety Committee, Security Head, All Heads of Departments

1.0 INTRODUCTION

A hospital needs to create accountability at different levels while extending treatment to patients. Accountability is not limited to providing proper treatment to the patient. The hospital has to ensure that its workers, patients, relatives of patients, buildings, equipment, and other processes are managed in such a way that all its operations are safe. The sick patients come to the hospital with the expectation that they will not only be cured but also be safe and secure. Provisions of hospital safety, not only involve moral and social obligations but also legal responsibilities. To encompass the same, hospital security programs must aim at the safety of patients as well as of hospital operations concerning staff, materials, money, and building such.

2.0 PURPOSE

This manual is designed to cover all aspects of security and safety components, basic fire safety procedures, electrical safety issues, chemical and gaseous safety issues, and biosafety guidelines. It entails the methods to be followed when faced with these security and safety issues. The health care staff are encouraged to follow them with sincerity in the interest of patient safety.

3.0 SCOPE

It is meant to address the security and safety issues in the hospital. It applies to all categories of staff members, including administrators, doctors, technical officers, counselors, laboratory technicians, nurses, nursing attendants, security personnel, etc.

There are two main facets of security i.e. **Physical** and **Procedural**.

Physical security involves protecting the facility against intrusion from outside and the diversion of goods from inside. It involves control of the facility perimeter, lock-up techniques, electro-mechanical devices, electronic surveillance, and traffic control including employees, visitors, drivers, and contractors.

Procedural security involves developing specific accountability controls directed at the flow of hospital supplies and materials. The most sophisticated electronic equipment cannot prevent people from diverting supplies and materials. The strongest foundation for security must be provided by the procedural accountability controls managing the flow of these.

4.0 DEFINITION

Hospital Security: Hospital security may be defined as a system of safeguarding/ preventive measures designed to protect patients, the public, property, and hospital healthcare workers.

Hazard: An inherent property of any object/ person causing harm to humans or animals or the environment.

Risk: The probability that there will be harmful effects on humans or animals or the environment and system.

Safety: A system that neutralizes hazards or reduces exposure to risks.

Fire safety: An established system that neutralizes fire hazards or reduces exposure to risks of fire.

Electrical safety: A system that provides safety from electrical installations or electrically operated instruments.

Occupational Exposure: An exposure that may place personnel at risk of injury or infection at the workplace.

Chemical safety: The working precautions which provide safety from corrosive and hazardous chemicals.

Gaseous safety: The working precautions which provide safety from gases.

Bio-hazardous material: Any material known to harbour organisms or agents capable of infecting or infesting human or animal hosts or causing environmental harm if released.

Bio-safety: Bio-safety is a specialized practice for proper handling and working with bio-hazardous organisms or biological material, which may harbour bio-hazardous organisms.

Building Evacuation –It is the act or process of evacuating the building in an emergency using the nearest exit and proceeding to a predetermined assembly point.

Emergency Exits - Access doors designed to facilitate occupants quickly in evacuating the building in an emergency.

Exit Route - Continuous and unobstructed path of exit travel from any point within the workplace to a place of safety.

Horizontal Evacuation - Evacuate from a dangerous area to a place of safety at the same floor level.

Vertical Evacuation - Evacuate from a higher floor level and go to a lower level of a building.

Assembly Point – A designated area where occupants have been told to meet/assemble after evacuation for head counts.

5.0 ABBREVIATION

HOD- Head of the Department

MS- Medical Superintendent

Addl MS- Additional Medical Superintendent

HCW- Health Care Workers

CPWD- Central Public Works Department

VIP- Very Important Person

NABH- National Accreditation Board for Hospitals & Healthcare Providers

CMO- Chief Medical Officer

LPG- Liquid Petroleum gas

ICU- Intensive Care Unit

OT- Operation Theatre

6.0 RESPONSIBILITY

Administrative Head: The administrative head of the department is the Medical Superintendent. He is overall responsible for supervising the security and safety aspects of the hospital along with the designated Additional MS. Nodal officer or CMO casualty is responsible to take care of this task of MS in his absence on off-duty hours.

Security Head: His team is responsible for planning and carrying out all the security measures for the hospital.

Safety officer: The safety officer conducts internal audits and proactively ensures implementation of and adherence to this safety manual.

Maintenance department Staff: The CPWD department is responsible for all electrical and engineering safety matters of the hospital.

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

Head of the Department: It is the responsibility of the HOD to get all the safety measures implemented in their respective areas of jurisdiction.

Health care workers: The health care worker will have the responsibility to read and follow this safety manual

7.0 PROCEDURE

SECURITY

Security Vulnerabilities or Threats Perception

A hospital operates 24 hours a day for the entire year. The facilities must remain functional to admit the patients, carry out routine functions and permit patient attendants. There are many entrances and exit gates from where people pass all the time, hence, it poses unique problems for the security management of the hospital. The major vulnerabilities that a hospital may face are as under:

1. Theft, pilferage, sabotage, or misuse by staff/ outsiders, aimed at property/ cash/ stores. It is virtually impossible to calculate specific losses. They are akin to the tip of an iceberg; only a small part of the problem surfaces.
2. Patient property/ theft of vehicles of hospital staff, patients, and their relatives.
3. Employee property losses.
4. Destruction of property: This could be attributable to internal factors of negligence, lack of training, or sheer maliciousness.
5. Information losses: These could pertain to confidential or privileged information, medical record of a patient, or research material.
6. Assault on hospital staff members, patients, or visitors.
7. Fire incidents; careless use of matches, smoking, careless use of chemicals, or electrical short circuiting particularly in spaces covered by false ceilings.
8. Terrorist activity includes bomb threats, sabotage, subversion, or extorsion of employees.
9. Threats to medical/non-medical executives or their families or high security/ VIP patients.
10. Drug abuse from within or outside.
11. White-collar crimes like kickbacks, fraud, or embezzlement.
12. Sexual assault cases on the premises.

13. Abduction of a newborn infant.
14. Strikes by health care workers or civil disturbances.
15. Natural disasters like earthquakes, etc. (not being discussed any further).

Threat Groups

The above threats may emanate from any of the following sources:

1. Criminals
2. Disgruntled patients/ ex-patients/ relatives or friends of the patients
3. Members of the public with real or imagined grievances.
4. Terrorist groups or their sympathizers.

Organization of Hospital Security Programmes

The ultimate responsibility for security lies with the Additional Medical Superintendent who in turn reports to the Medical Superintendent. He has a security committee that plans and organizes all security programs in the hospital.

Standing orders on security

Instructions about hospital security issued by the Directorate General of Health Services, Union Ministry of Health & Family Welfare and which are being followed in Safdarjung Hospital are as follows:

- The chief of the hospital (Medical Superintendent) should issue detailed instructions for the security of hospital property and documents.
- Attention will be paid to secure firmly, doors and windows. Good-quality locks will be

provided. Keys to all locks in the wards and departments will be in the custody of the designated official concerned. Duplicate keys will be lodged in the hospital locker. Keys to departments like a laboratory, X-ray, OPD, and Hospital Administration Office will be kept centrally in a secure place, i.e. key room, guarded by literate hospital security personnel around the clock.

- If the original or duplicate key is lost, the lock should be replaced immediately under intimation to the Additional MS security.
- Each department should nominate an official by rotation for closing and opening it. He/ She should be informed in writing, of his/ her responsibilities, and his/her acknowledgement be recorded by the officer–in–charge of the department.
- The duty roster of security personnel should be prepared once a week to ensure that the same person is not given the same duty all through.
- The security personnel should be given clear instructions regarding the pass system for allowing visitors inside the hospital premises and this should also be publicized widely so that misunderstandings in the minds of the visitors and patients be dispelled.
- Maximum lighting should be provided in the hospital premises consistent with the economy. Security personnel should take frequent rounds in the dark corners of the hospital. Only a limited number of gates should be opened at night.
- Head security personnel and security officer should do surprise checks at night and submit reports to the Additional Medical Superintendent about security lapses.
- All medical equipment like microscopes, ophthalmoscopes, endoscopic instruments, stethoscopes, and office equipment like computers, and printers should be kept safely locked in rooms. Responsibility for their safety should be fixed on the users by the officer concerned.

Medical stores- special arrangements

Being a high-risk area for security threats, the following practices are being followed in the Medical stores;

1. Security guards are posted around the clock at the medical/ general/M&E stores.
2. Entry of personnel is supervised, verified, and documented in a register.
3. The closing of the stores is being supervised by the Casualty Nodal Officer. The terrace and each floor section are locked by two heavy locks which are further sealed in presence of the Nodal Officer by the security staff. Finally, all the keys are put in a safe bag, again sealed, signed, and deposited safely inside the designated area of the stores. The main gate is again locked in the presence of the Nodal Officer and the keys to the main door are deposited in the key room.
4. Every morning the store is again opened in the presence of the Nodal Officer who verifies the integrity of the seals, locks, and key bag.

   These measures have helped in strengthening the safety of the stores.

Security Audits

A prospective and retrospective evaluation of the security program is an absolute, essential part of the program. The number of complaints handled concerning security lapses should be carefully analysed and corrective measures must be taken thereto.

SAFETY

Safety Policy:

a) The hospital aims to provide a safe facility for all its occupants in it.

b) This shall be accomplished by a Patient Safety Committee, which shall oversee all

aspects of Safety:

c) Preventive and breakdown maintenance Schedules are monitored and carried out by the Maintenance department, viz CPWD Engineer, Site Engineer, Electrical Engineer & Electrician, and House Keeping Supervisor.

d) Drawings (site layout, floor plan, and fire escape route) shall be visibly maintained on each floor.

e) Fire escape routes in the display of escape route drawings are marked.

f) Fire EXIT signage is provided in Green Color through self-illuminating stickers.

g) Internal and external signposting in the organization shall be maintained in a language understood by patients, families, and community–responsibility CPWD Executive engineer.

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 the maintenance department in charge which shall be discussed in the Patient Safety Committee Meeting and shall form the basis for safety.

Safety Committee: The establishment of this committee is an excellent approach to coordinating security staff, CPWD, and the health care workers.

The Safety Committee conducts Hazard Identification and Risk Analysis (HIRA) and accordingly takes necessary steps to eliminate or reduce such hazards and associated risks. The committee comprises the following members:

- MS
- Addl. MS

- NABH coordinator
- Safety officer
- Officer In-charge/ CMO Security
- HODs of various departments
- CPWD Engineers
- Security In-charges

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

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.

The hospital adheres to the following applicable laws and regulations:

c) Bio-medical Waste Management and Handling Authorization
d) Registration With Local Authorities

e) X-ray (including portable and Cath lab)

f) PNDT Act Registration

g) License for MTP

h) *Pharmacy* license

Electrical safety:

Electrical faults usually result in short circuits causing fire and damage. These accidental damages are due to ignorance or inexperience, or from failure to follow established procedures. Non-compliance with safety precautions not only endangers the individuals but also compromises the safety of fellow workers. All the health care staff are instructed to follow the electrical safety measures. The electrical engineer, and central public works department (CPWD) are responsible for maintaining the electrical installations of Safdarjung hospital to prevent electrocution.

HCW handling equipment has been instructed to take care of the following:

- Check for loose connections, if any, and get them corrected.
- If any electrical fault is noticed, call immediately the engineer (Electrical), CPWD, to get it repaired/corrected, immediately.
- Do not try to fix an electrical fault on your own.
- Electrical cords should be checked regularly for fraying and replaced, if necessary.
- Only three-pronged, grounded-type plugs should be used.
- Sockets should be checked for electrical grounding and leakage at least monthly.
- Equipment should not be operated on extension cords.
- If the electrical fault is an internal one, in the equipment, call immediately the concerned firm/company, which has supplied the equipment and is responsible for preventive maintenance of the equipment.

- Fire stop sealant devices have been installed at regular intervals in the electrical wiring network of the hospital.

Chemical safety:

Chemical Safety in the hospital requires every employee's participation and cooperation. Chemicals may harm individuals due to inept handling by ignorant/inexperienced individuals or from failure to follow established procedures. Some reagents (e.g. those containing saponin, which has hemolytic activity), should be handled with care. Spillage of samples should be immediately cleaned with a solution of 1% (minimum concentration) sodium hypochlorite. Sodium hypochlorite should not be used to clean acid-containing spillage unless the spill area is first wiped dry. Materials used to clean spills, including gloves, should be disposed of in biohazardous waste bins. Do not autoclave waste containing sodium hypochlorite. The preferred method for decontamination of waste at the site of generation is to autoclave for one hour at 121°C.

Liquid waste containing acid must be neutralized with the base before decontamination. Acid-containing liquid waste that has been neutralized and other liquid wastes should be decontaminated by adding a sufficient volume of sodium hypochlorite to obtain a final concentration of at least 1%. A 30-minute exposure to 1% sodium hypochlorite is essential to ensure effective decontamination.

Safe handling of acids is an important component of the laboratory safety program. Acids may cause a fire if handled carelessly. Acids should be handled with appropriate care. If they come into contact with eyes or skin, wash thoroughly with running water.

Gaseous safety:

Safe handling of compressed gases is one of the important components of the safety program. Compressed gas cylinders (CO2, anaerobic gas mixture, LPG) contain compressed liquid gas under pressure and must be properly handled and secured. The HCWs are instructed to strictly follow instructions from the oil companies/suppliers.

Always take the following safety measures:

- Maintain a fool-proof plan, essential for avoiding the bursting of gas cylinders which may become missiles, resulting in loss of life and destruction of public property.
- Avoid loose connections.
- Check for any leakage of gases in cylinders or connecting tubes.
- Keep gas cylinders in well-ventilated areas.
- The metal cap should always be in place when the gas cylinder is not in use.
- Do not try to fix the gas leakage on your own.
- Call immediately the person responsible for preventive maintenance for any gas leakage.

Biosafety:

All areas in the hospital, including wards, OTs, ICUs, laboratories, and OPDs may act as a source of biological infections. All the hospital staff shall follow the following safety guidelines:

- Do not eat or drink in patient care areas or laboratories.
- Always wear personal protective equipment (PPE) like lab coats/gowns, gloves, goggles, face masks, and shields, wherever available and required.
- Wear full-sleeved laboratory coats buttoned up, and gloves while working in the OPDs, wards, ICUs, and laboratory.
- Wipe the working area with disinfectant at the beginning and end of the session.

- Avoid touching the eyes, nose, and mouth.
- Cover any open cuts on hands and other exposed skin surfaces with a water-resistant dressing.
- Carry out procedures in a way as to minimize the risk of spills, splashes, and the production of aerosols.
- Always wash your hands with soap and water before leaving the patient care areas or laboratory.
- Work benches should be clear of all non-essential materials including books and notes.
- Be familiar with the location and operation of eye washers, safety showers, and First aid box.
- All hospital employees have been vaccinated against Hepatitis B. The Hepatitis B antibody levels must be established and a record of this maintained in the personnel files. Employees who decline the vaccination must complete a declination form which will be filed in the personal file of that employee.
- In the event of accidental injury, the employee must report to the casualty medical officer on the ground floor of the New Emergency Block.

Handling some important incidents

Handling spillage: Put on gloves, cordon off the spill area, and cover the spill with cotton or cloth, or tissue paper soaked in 1% sodium hypochlorite solution. Leave it for 20 minutes and then mop up from the periphery to the centre. Discard the contents appropriately. Mop the area with a suitable disinfectant. Follow spill management guidelines as issued by the hospital. (Annexure A) A spill kit should be available in every ward/ OT/ OPD/ Laboratory/ICU.

Handling Cuts & punctures: Let the cuts and punctures bleed spontaneously. Do not squeeze the wounds. After washing the affected area with water and soap, allow it to wash under running

water for 5 minutes. Inform the concerned CMO/ Medical officer of the emergency Cover with a waterproof dressing.

Handling Eye splashes: Rinse eyes with plenty of running tap water and irrigate eyes with eye splash solution from the first aid kit. Consult an eye specialist.

Handling Soiled skin: If the skin is soiled with infective material, rinse the area with 70% alcohol or dilute sodium hypochlorite solution and wash the affected area with soap and water.

Handling broken glass pieces: Do not pick up broken glass pieces or sharps with naked hands. Instead, forceps, tongs, dust pans, brooms, and pick-up pans, must be used for picking up the broken pieces.

Handling contacts with corrosives: In the event of corrosive chemicals coming in contact with skin, wash the affected area under running water for at least 15 minutes.

Handling contacts with infectious materials: Contact immediately the casualty medical officer, in the casualty block of the hospital.

Bio-medical waste management: Refer to the Manual on Biomedical waste management.

Fire Safety

The responsibility of the hospital towards the patient, employees, and the community for fire safety, general safety, and emergency programs is shared by the administration. Fire safety is an indispensable part of general safety programs. The basic principles of fire safety were kept in

mind when Safdarjung Hospital was designed and constructed and also while carrying out the operations and maintenance activities of the hospital. Safdarjung Hospital has been following all the norms fixed by the Delhi fire services. The hospital has an essential fire evacuation plan (Annexure B) and has the nearest exit staircases, in case of fire. The fire sensitizers along with the fire alarm panel, have been installed throughout the hospital. Hose pipes and reels are placed at designated sites along with fire extinguishers. The boards indicating exit points are also fixed.

Causes of fire in Hospitals

Most of the time it becomes difficult to ascertain the exact cause of the fire. The problem has become more difficult because of the extensive use of electrical/ electronic equipment. The following are the most frequent causes of fire:

- Smoking
- The carelessness of contractors/ workers
- The carelessness of hospital staff
- Defective equipment
- Carelessness of visitors
- Defective wiring
- Lightening and unknown causes
- Overcrowding of electrical equipment with the use of extension plugs

Fire Protection Plan

Whenever there is a fire in the hospital, efforts are made to extinguish it as early as possible. But sometimes it may occur in certain areas, such as patient care, where it may cause heavy loss of life. Hence fire safety has been divided into five steps:

1. Prevention
2. Detection and Containment
3. Restricting Fire Spread
4. Extinguishing the fire
5. Evacuating the building

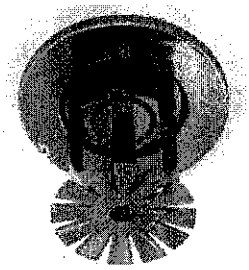
1. Prevention: Prevention is a basic prerequisite in fire protection. The infrastructure of Safdarjung hospital is designed to prevent fires from causing damage. A fire can spread only when it finds something to feed on and does not encounter any effective obstacles. The purpose of structural fire protection is to place such barriers in its path, it aims to:

- Limit the fire by creating fire compartments
- Keeps the intensity of the fire low, by using suitable materials and at the same time preventing the accumulation of smoke.
- Ensuring the strength of structural components even in fire.
- Making the hospital a "No smoking zone".
- Types of equipment are carefully selected and meticulously installed and maintained.
- The ceiling height of the hospital, especially the newly constructed buildings (OPD Building, New Emergency Block, Super Specialty Block, and College Building) is increased.

2. Detection and Containment: Fire can break out in a hospital despite preventive measures. The decisive thing is to detect the danger quickly and to take the right action; the objective is to prevent smoke logging and raise an alarm.

- The fire officer is informed immediately so that he can take adequate measures to contain the spread, and coordinate the activities of the firefighter staff and trained safety committee personnel.

- The vigilance is maintained around the clock. Electronic measures such as automatic fire detectors are monitored throughout the day and night. Regular preventive maintenance of these smoke detectors is of utmost importance.



Smoke detector sprinkler system

In case of fire, they automatically alert/ inform the emergency room, the internal fire-fighting team, and the local fire department. The automatic alarm is designed in a fail-safe manner. The alarm organization is checked from time to time to see whether it fulfills its original purpose.

The equipment and wiring of the fire alarm system are independent of any other equipment or wiring. All alarms installed in the hospital provide a similar sound which

can be recognized by the HCW as a 'fire alarm'. All call points of a particular area/ zone are connected to the same indicator point. The various indicators are grouped on the main indicator board on the control panel. For every installation, a control room or control point is provided which is under continuous and competent watch during the entire period the system is operational.

- The sprinklers detect the smoke and are the first line of defense in extinguishing the fire. The fire doors marked to cordon off the fire are closed, smoke vents are opened and all escape routes are lit up.

3. Restricting the spread of fire

Any occupants from the involved area are removed and the door is closed. Each floor is subdivided into sections by fire-resistive partitions called smoke barriers. These fire doors are required to isolate areas of greater than normal hazard from the remainder of the structure. These doors are specially designed to restrict the spread of fire.

Each floor of the hospital buildings is properly equipped with fire extinguishers. Identified employees consisting of Building safety officers, Security staff, and HCW (as many as possible) are trained in the use of these fire extinguishers. These fire extinguishers act as first aid appliances and have limited use pending the arrival of organized fire services.

4. Extinguishing the fire

Fires if not extinguished promptly may become a threat to the entire hospital population. Some general principles need to be remembered while choosing the method for extinguishing fire. Most fires can be classified into the following three types:

Class A fire: Fire in ordinary combustible materials (such as wood, paper, fabric) is called a Class A fire and one of the best ways of putting out such a fire is by quenching it with water and thereby reducing the temperature of the burning materials below its ignition point.

Class B fire: Fires in flammable liquids and gases (oil, gasoline, paints, etc.) are listed as Class B fires and are best handled by the blanketing technique which tends to keep away oxygen from the fire and thereby suppress combustion.

Class C fire: Fires in the electrical equipment (motors, control panels, wirings) are Class C fires and are usually a combination of previous types, but because of the hazard of electrical short circuits and electrocution, it is important to use a non-conducting extinguishing agent.

Apart from the hospital fire department, identified personnel (including security staff, nurses, and technicians), as many as possible are trained in fire protection by the safety committee. The hospital is also properly equipped with an adequate number of fire extinguishers in patient care areas, administrative sections, and high-risk areas. These extinguishers are regularly inspected and records are maintained (Annexure C). The fire extinguishers are hung on brackets with a bottom minimum of 750 mm above the floor level.

Fire Extinguisher

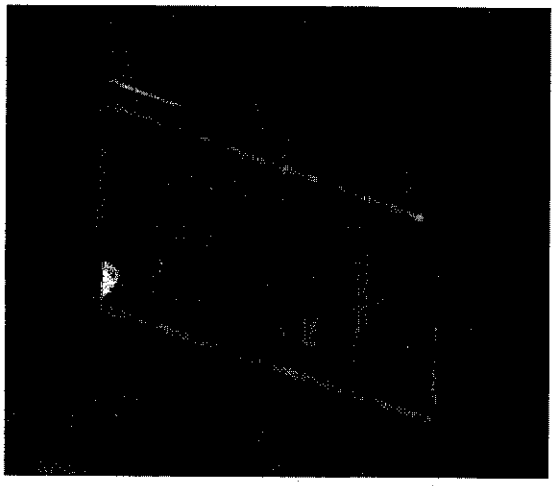
The multi-storied buildings of Safdarjung Hospital also have properly maintained fixed fire protection systems – fire hydrants in place with enough storage capacity water tanks and fire pumps to pump water in sufficient quantity and adequate pressure.

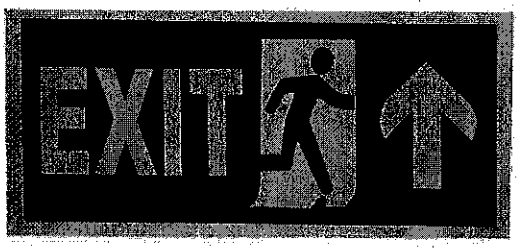
Fire Hydrant System

5. Evacuation

Fire smoke is hazardous to patients and HCWs. Apart from the fire, the smoke makes the evacuation necessary. Hence

- Safdarjung Hospital has a defined evacuation plan. (Annexure B)
- Proper illumination and signages are made for exit ways.





Exit sign boards

- Generators are available to operate emergency fire lifts and illumination.
- All fire exit stairways are free between different buildings.
- Priority areas for evacuation are well-defined and regular drill for evacuation is done in the hospital. (Annexure D)

Exit Requirements

- Ample space is available for the escape of occupants in case of fire and all routes are planned in such a way that the occupants reach a place of safety in the shortest period without hindrance by smoke, fumes, debris, and the like (furniture, equipment, etc.)
- All exits lead to stairways that have access to the street or outside of the hospital building.
- These exits are so arranged that they may be reached without passing through another occupied unit.

- More than two exits are available for every floor either as a door leading to outside, stairways, or ramps.
- All exits from the hospital are not less than 150 cms in width to permit transportation of patient beds or mattresses. The minimum width of corridors is 240 cm.

Fire Drills and Evacuation exercise

It is the policy of VMMC & Safdarjung Hospital, to have a defined procedure to protect the life and safety of patients, visitors, and staff should there be a hazard that causes the facility to decide either to relocate, horizontal evacuation, or evacuate the building completely.

Policy Statement

1. In the event of a hazard, which requires a complete or partial evacuation of the facility, if it is necessary to protect the life & safety of patients, staff, and visitors, the Safety Officer or his
2. The designee is to give the order to evacuate in collaboration Fire Department, as appropriate.
3. If the circumstances are such that there is no immediate danger to the life and safety of patients, staff, and visitors, Safety Officer/ Ward In charge/ Nurse is to give the order to relocate, or evacuate through Horizontal Evacuation.
4. If Horizontal Evacuation is necessary, the directive will state (Horizontal Evacuation) and then evacuate from the danger area to a safe area called the Site or Local Assembly Point.
5. If Vertical Evacuation is necessary, the directive will state (Vertical Evacuation) then evacuate from (the higher level to the lower level) using the stairs and not the elevators.
6. If complete evacuation is necessary, Safety Officer or his designee will define the sequence of evacuation and when to begin the movement of patients to the External Assembly Point Area.
7. Staff is supposed to be prepared to evacuate the patients, according to the level of the patient's condition.
    a. **Ambulatory** - Self-sufficient patients are capable of evacuating the premises alone with the nurse directing them to the exit door.

b. **Semi-Ambulatory** - The patient is minimal to moderately ambulatory, requires nursing care, and requires a minimum of two (2) nurse assistance to evacuate.

c. **Non-Ambulatory** - These patients require frequent supportive care of three to four nursing assistants to evacuate.

d. **Special Patient** - These patients require continuous nursing care, observation, and special assistance needs (i.e. Surgery, Dialysis, ICU, Isolation, etc.)

8. Primary and secondary exits – The evacuation plan should designate at least one primary and one secondary exit. These exits must be remote from each other and arranged to minimize any possibility that both may be blocked by any fire or other emergency condition.
9. No emergency exits in restrooms - Even if there is a door/ window in the restroom that employees could exit out of, it is not a good idea to designate such an exit as an emergency exit for evacuation. Consequently, the floor plan does not indicate the restroom as an exit.
10. Exit away from rooms with hazardous materials - Emergency exit routes lead away from this room, containing potentially hazardous materials,s so that no employee will be forced to pass the area during an emergency.
11. No emergency exits into narrow passages - Short passages between two buildings may not provide enough open space for safe evacuation during an emergency. Accordingly, no emergency exit leads to a narrow space.
12. Exit signs indicating the nearest emergency exits - Signs reading "Exit" or similar designation, with an "ARROW indicating the directions, must be placed in every location where the direction of travel to reach the nearest exit is not immediately apparent.
13. No use of elevators to reach an emergency exit – The floor plan of a multi-story building should be displayed, indicating that stairs, not the elevators are the appropriate means of exit in case of emergency.
14. Designate an assembly point area- An assembly point location should be designated outside, for building occupants to gather during evacuation. The location of this assembly point area should be clearly illustrated as shown on the map.

Procedure for evacuation

The following are the procedures to be followed to evacuate the building or a portion of the building when it has been determined that the facility is unsafe or unable to deliver adequate patient care.

a. When it is determined that evacuation is necessary, Safety Officer or his Designee will provide directives according to the communication policy and instruct the telephone operator to announce Public Address (PA) system. They also need to determine, which areas are to be evacuated.
b. At the sound of the Emergency Alarm or Notification, it is the responsibility of all building occupants involved, to evacuate immediately using the nearest exits and proceed to the predetermined assembly point.
c. Hospital Staff & Nurses are responsible for ensuring patients, visitors, undergraduate students, and trainees follow the evacuation procedure and leave the building along with all other occupants.
d. Upon hearing the emergency alarm signal and announcement to evacuate the building, the evacuation instructions are as follows;

    - Do not panic
    - Do not ignore the alarm
    - Leave the building immediately, in an orderly manner
    - Do not use elevators

- All activities must be dismissed and directed to leave using the nearest exits
- Follow the quickest evacuation route
- Do not go back to your area for any reason
- Proceed to the designated assembly point
- Report the missing person to your supervisor
- Return to the building only after emergency officials give an all-clear signal. Silencing the alarm does not mean the emergency is over.

e. The hospital safety officer or designee is to make the necessary arrangements to secure the evacuated area, primarily to keep people from entering the evacuated area.
f. Hospital Staff/ Nurses should remain with patients in the relocated area until the patient(s) have been reassigned/ handed over.
g. Upon evacuation completion in each area, staff should report to the Hospital Safety Officer once the evacuation of the area has been completed.

Safety Incident Records

All incidents pertaining to the safety of the department should be maintained by the Safety Officer in a controlled format which should include the root cause analysis, immediate action, corrective action, preventive action, and follow-up exercises. (Annexure E)

Also, regular safety audits are conducted by a designated safety team in a planned manner to monitor and prevent any mishaps in the security and safety of the hospital. (Annexure F)

8.0 REFERENCES

- PNDT Law
- BMW manual of Safdarjung Hospital
- Patient Care and Support Services. Hospital Utility Services Block 4. National Institute of Health & Family Welfare.
- Security guidelines. Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.

9.0 APPENDICES AND FORMS

- Emergency Contact Numbers in Safdarjung Hospital
- Spill management charts
- Fire evacuation plans
- Fire extinguisher maintenance records

10.0 VALIDITY STATEMENT

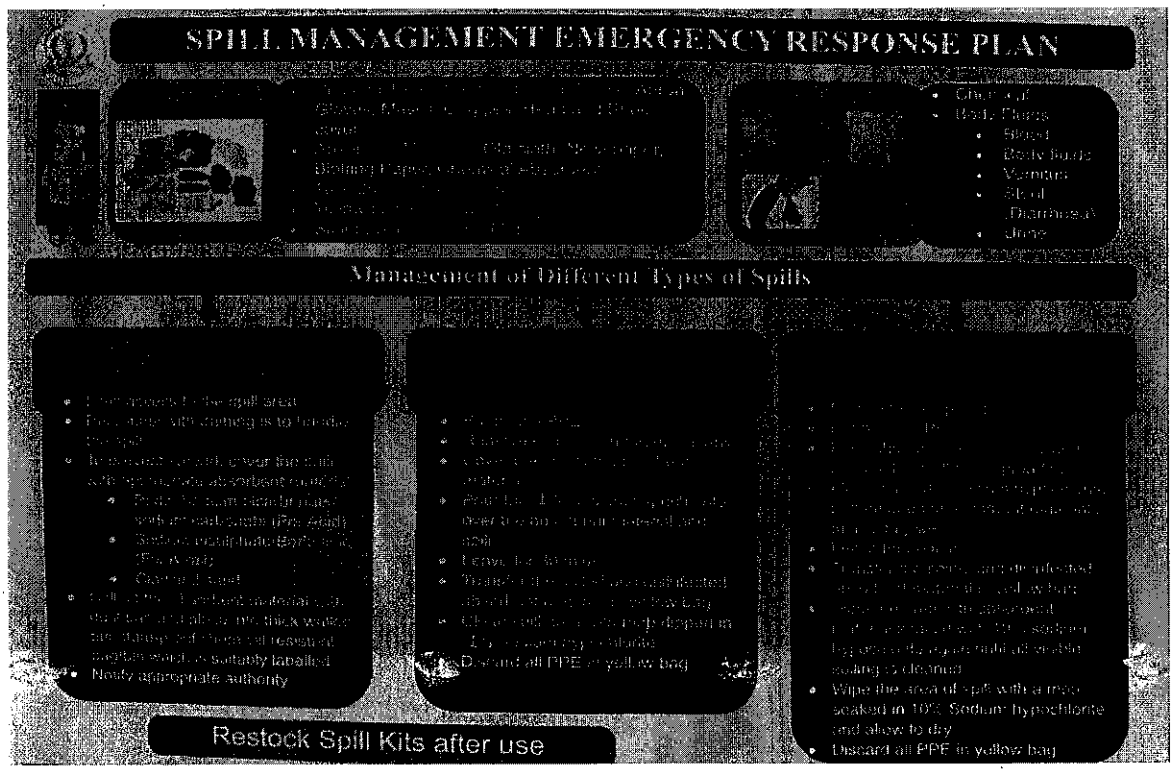
This document is valid for one year from the date of issue.

11.0 APPENDICES AND FORMS

* Annexure A: Spill management guidelines
* Annexure B: Fire Evacuation Plan
* Annexure C: Fire extinguisher maintenance records
* Annexure D: Fire drill plan
* Annexure E: Format for incidents report
* Annexure F: Format for faculty audits
* Annexure G: Amendment sheet
* Annexure H: Training log

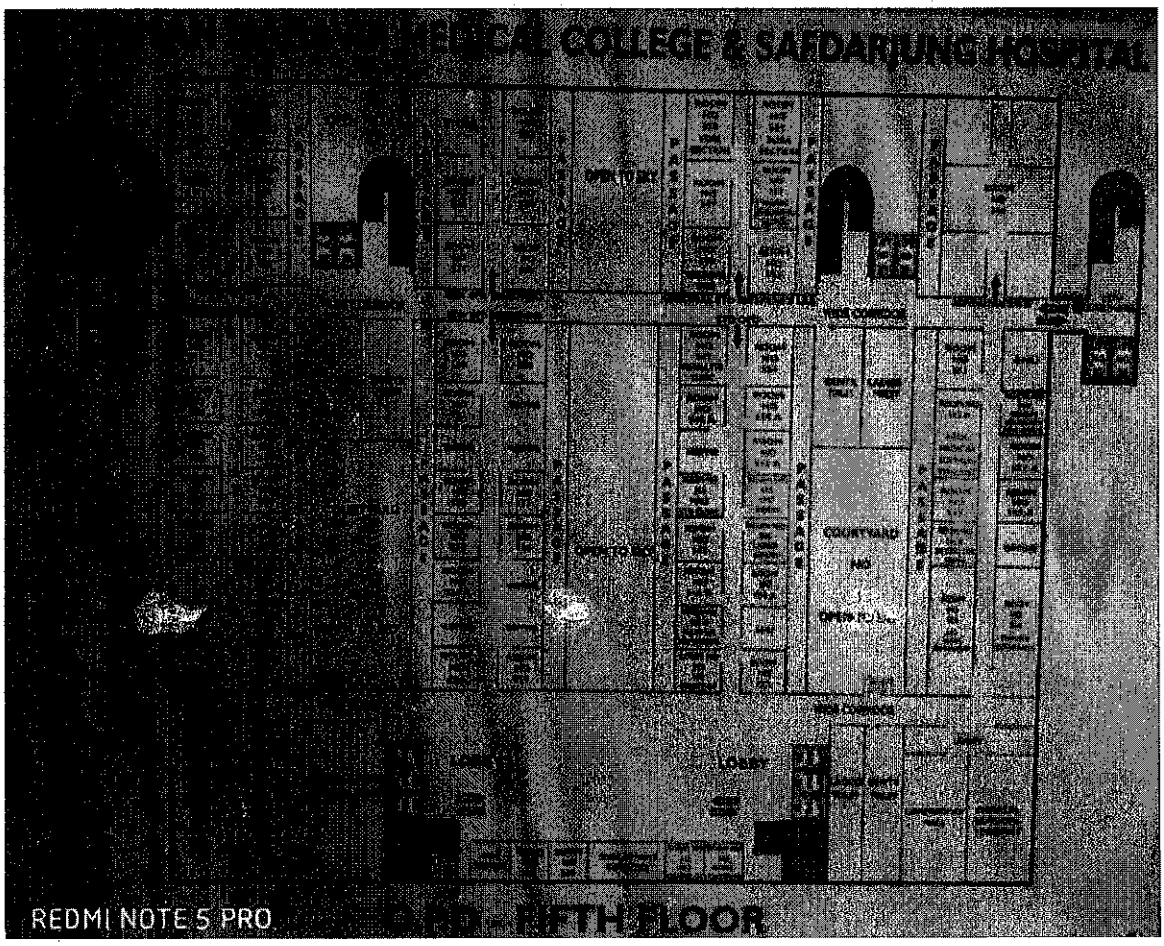
Annexure A

Spill management guidelines



Annexure B

Fire Evacuation Plan



Annexure C

Fire extinguisher maintenance records

VMMC & Safdarjung Hospital, New Delhi

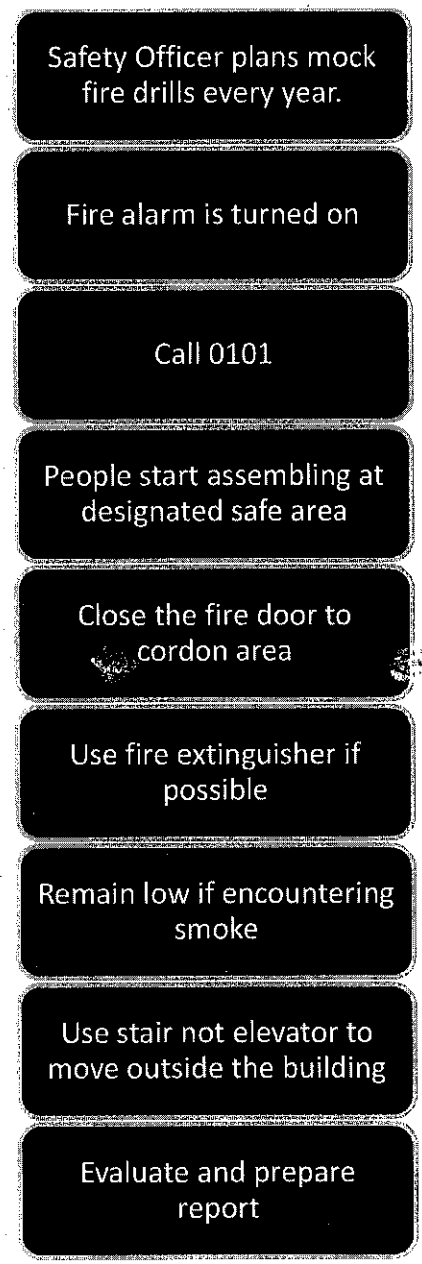
INSPECTION CARD (FIRE SAFETY)

Sr. No.	*Date*	*Date of Operation*	*Next due date of Operation*	*Date of servicing*	*Signature*

Fire Emergency Extension number: ***0101***

Annexure D

Fire drill plan



Annexure E

Format for records of safety incidents

Sr. No.	Date	Incident	Root Cause Analysis	Corrective action & its effect	Preventive action & its effect	Follow up	Signature & Remarks

Annexure F

Format for safety audits

Sr. No.	Date	Non-Conformity noted	Type	Root Cause Analysis	Corrective action & its effect	Preventive action & its effect	Follow up	Signature & Remarks

Annexure G

AMENDMENT SHEET

VMMC & Safdarjung Hospital, New Delhi

Sr No.	Page No.	Clause No.	Date of Amendment	Amendment Made	Reasons	Signature of Officer In-charge	Signature of Medical Superintendent
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Annexure H

VMMC & Safdarjung Hospital, New Delhi

TRAINING LOG (Contents, Deviation, and Amendment)

Sr . No	Training Attendee	Date	Signature
1			
2			
3			
4			
5			
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Officer In-charge