



SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

FMS

Chapter Book





SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Annual Documents adequacy & Change Requirements Review

Sr. No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/FMS/2.G	The organization takes initiatives towards an energy-efficient and environmentally friendly hospital.	1	1	1-NOV-22	No Any change review completed	1	1-NOV-23	No Any change review completed	No Any Amendment History
2	SDH/FMS/3.D	There is a procedure which addresses the identification and disposal of material(s) not in use in the organization.	1	1	1-NOV-22		1	1-NOV-23		
3	SDH/FMS/3.E	Hazardous materials are identified and used safely within the organization	1	1	1-NOV-22		1	1-NOV-23		
4	SDH/FMS/3.F	The plan for managing spills of hazardous material is implemented.	1	1	1-NOV-22		1	1-NOV-23		
5	SDH/FMS/4.C	The documented operational and maintenance (preventive and breakdown) plan is implemented	1	1	1-NOV-22		1	1-NOV-23		

		and non-fire emergencies								
12	SDH/FMS/7.D	There is a maintenance plan for fire-related equipment and infrastructure	1	1	1-NOV-22	No Any change review completed	1	1-NOV-23	No Any change review completed	No Any Amendment History
13	SDH/FMS/2.G	The organization takes initiatives towards an energy-efficient and environmentally friendly hospital.	1	1	1-NOV-22		1	1-NOV-23		
14	SDH/FMS/5.F	Written Guidance supports medical equipment	1	1	1-NOV-22		1	1-NOV-23		

		Original Date	Effective Date	Next date of revision	Issue NO		
		<u>01 Nov 20</u>	<u>20 November 2023</u>	<u>20 November 2024</u>	1		

Reviewed & Prepared By	Recommended By	Approved By
Mrs.Shraddha suryavanshi Quality Co-ordinator	Dr.H.Kalgaonkar Chief Medical Administartor	Dr.S.S.Deepak Chairman & Managing Director







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2	SDH/FMS/3.D	There is a procedure which addresses the identification and disposal of material(s) not in use in the organization.	1	1	1-NOV-21		1	1-NOV-22		
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SAIDEEP HOSPITAL
HOSPITAL POLICIES

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CHAPTER NAME – FMS 2 G

The organization takes initiatives towards an energy-efficient and environmentally friendly hospital.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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Green Hospital			


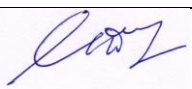
1. Lights –


Our hospital is designed in such a way that it maximizes the use of daylight and minimizes the use of Artificial light. Daylight is the controlled admission natural light from the sky into the building, so as to reduce the use of electrical energy. Installed low energy LED lights to save Electrical energy cost.

Benefits of day light –

2. Energy Conservation

- We are using renewable energy sources for energy conservation we have installed 86 kW rooftop solar system.
- We required more energy for HVAC plant for energy conservation we designed such system which reduces energy consumption, we have a chiller plant management system. In conventional system we have to run system on manual mode in which case we have to run chiller, condenser pump and evaporating pump if chiller reaches temperature then chiller is tripping but condenser pump, evaporating pump and cooling tower does not stop it is running continuously and a lots of electrical power is wasted.
- We have installed chiller management system for energy conservation purpose. In this system, when the chiller temperature is reached, the chiller as well as the cooling tower and condenser pump are automatically shut down and only the chilled water circulation pump is running which required for chilled water circulation. It will saves lots of electrical energy. We are conducting electrical energy audit yearly.
- We have installed float switches in water tank, when tank is full then pump automatically shutoff. And when water level drops the pumps start automatically. It will saves water and electrical energy.

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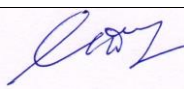
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3. Air Quality –

- In health care facilities, ventilation goes beyond environmental comfort. Air handling and distribution systems, ultimately, control the transmission of airborne infection. This places a prime importance on their effective use, as well as the ANSI/ASHRAE/ASHE 170-2021: Ventilation of Health Care Facilities American National Standard Systems should provide air virtually free of dust, dirt, odor, and chemical and radioactive pollutants.

4. Air Conditioning in OT

- **Air Changes per Hour:** Minimum total air changes should be 20 based on biological load and the location. The fresh air component of the air change is required to be minimum 4 air changes out of total minimum 20 air changes.
- **Air Velocity:** The airflow needs to be unidirectional and downwards on the OT table. The air face velocity of 25-35 FPM (feet per minute) from non-aspirating unidirectional Laminar flow diffuser/ceiling array is recommended.
- **Positive Pressure:** The minimum positive pressure recommended is 2.5 Pascal (0.01 inches of water). There is a requirement to maintain positive pressure differential between OT and adjoining areas to prevent outside air entry into OT. Positive pressure will be maintained in OT at all times (operational & non-operational hours)
- **Air handling in the OT including air Quality:** Air is supplied through Terminal HEPA (High-Efficiency Particulate Air) filters in the ceiling. The HEPA can be at AHU level if it not feasible at terminal level inside OT. The minimum size of the filtration area should extend one foot on all sides of the OT table.
- **Air Filtration:** The AHU (i.e. air handling unit) must be an air purification unit and air Filtration unit. There must be two sets of washable flange type filters of efficiency 90% microns down to 10 and 99% down to 5 microns with aluminum / SS 304 frame with in the AHU. The necessary service panels to be provided for servicing the filters, motors & Blowers. HEPA filters of efficiency 99.97% down to 0.3 microns or higher efficiency are to be provided. Air quality at the supply i.e. at grille level should be Class 100/ISO Class5 (at rest condition). Note: class 100 means a cubic foot of air should not have more than 0.5 microns or larger. 6. Temperature & Relative Humidity: It should be maintained 21°C ± 30°C (except for Joints replacement where it should be 18°C

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± 20C) with corresponding relative humidity between 20 to 60%, though the ideal RH is considered to be 55%. Appropriate devices to monitor and display these conditions inside the OT may be installed.


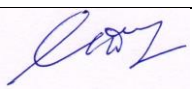
➤ **Validation** of system should be done every 6 months and as per ISO 14644 standards. This should include:

- I. Temperature and Humidity check
- II. Air particulate count
- III. Air Change Rate Calculation
- IV. Air velocity at outlet of terminal filtration unit /filters
- V. Validation of HEPA Filters by appropriate tests.

5. Water Quality

We have multiple sources of water which are well water, bore well water and corporation supplied water. We have installed water softening plant for water softening and then we used that water for utility purpose. For drinking water we have installed RO plant. We are maintaining water quality as per IS 10500 standard. We have installed STP and ETP plant. We are treating sewage water and effluent and maintaining quality as per MPCB standard to prevent soil and water pollution.

Reference :FMS 2G

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
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CHAPTER NAME – FMS 3.D

There is a procedure which addresses the identification and disposal of material(s) not in use in the organization.

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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Policy and Procedure for Identification and Disposal (Condemnation) of Equipment and Materials Not Used			

Purpose



To develop a system to condemn and dispose in a systematic manner the materials not in use such as non-functioning items, excess unwanted material, general waste, scrap materials etc


Policy

- The Condemnation Committee shall meet annually once and complete the condemnation of all the unused items.
- Wherever buy-back policy for equipment is offered, the committee shall consider the same before approving the condemnation.
- All stores including steel items, empty containers of drugs and dressings that are found to be unserviceable inwards / Theatres / Department / Nurses station etc., should be returned to the main stores. The in-charge of main stores should take steps to condemn them which are beyond repairs.
- Linen items which are worn out due to wear and tear in the wards, theatres and department shall be listed out and consolidated by the Nursing Superintendent and should be placed before the condemnation committee for its approval.
- Scrap sales, old equipment sales beyond value of 2 Lakhs rupees shall be based on inviting minimum three quotes from different vendors and the analysis of same.

Procedure

- All the items condemned should be noted in the general disposal register The entries in the general disposal register should tally with the items condemned and reduced in the main stock register of instruments, accessories, furniture etc.,. The stock in the general disposal register shall be reduced as and when such items are disposed.
- The list of items to be condemned should be approved by a condemnation committee which meet once in three months

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Policy and Procedure for Identification and Disposal (Condemnation) of Equipment and Materials Not Used			



- Hospital Condemnation Committee Members

- Chairman (Medical Director)
- Medical Superintendent
- Medical Administrator
- Nursing Superintendent
- Materials Management In-Charge
- FMS In-Charge / Senior Engineer
- Biomedical Engineer

- If it is not possible to co-opt any of the Technical Professional persons, an Inspection report on the irreparable state of the item may be obtained and the same may be considered by the condemnation committee.
- Minutes of meeting will be met and list of items approved will be passed on to Manager – Materials Management for disposal / salvage/ sales
- Copies of sale letters with value should be forwarded to accounts.

STANDARD REFERENCE

FMS- 1D

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CHAPTER NAME – FMS 3.E

Hazardous materials are identified and used safely within the organization.

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	




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CHAPTER NAME – FMS 3.F

The plan for managing spills of hazardous material is implemented.

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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Hazardous Material Policy			

Introduction

Current environmental regulations make an in-house industrial hazardous materials team a necessary part of many industrial operations. However, the need for prompt response to hazardous materials releases and proper mitigation of these incidents often makes having an own team a necessity.

Starting a team and managing the operations of the team are critical tasks. During a start-up we must organize resources, plan for handling emergencies, evaluate and purchase equipment, and train response personnel. These tasks must also be part of a continuing management program to keep the team ready for emergencies.

Definition

Hazardous material can be defined as any material that, because of its quantity, concentration, or physical or chemical characteristics, may pose a real hazard to human health or the environment.

Classification of Hazardous materials

- Class 1 - Explosives e.g. Nitro-glycerine
- Class 2 - Gases e.g. compressed gases
- Class 3 - Flammable Liquids e.g. Isopropyl alcohol
- Class 4 - Flammable Solids e.g. Phosphorus
- Class 5 Oxidizers and Organic Peroxide e.g. Hydrogen peroxide
- Class 6 Toxic and Infectious Substances e.g. Chemo drugs & body fluids
- Class 7 Radioactive Materials
- Class 8 Corrosives e.g. Acids
- Class 9 Miscellaneous Dangerous Goods.



Labelling of Hazardous Materials


Any hazardous materials received in the wards/ units should have proper signage on it.

Hazmat Team Composition

Hazmat team constitutes of the Senior Supervisors on duty from the following Departments who will be available round the clock for Management of Hazardous Material Spills:

- Housekeeping
- Nursing
- Doctors
- Fire Safety Officer
- Security

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1. The list of Hazmat team members on duty will be displayed on all notice boards for staff knowledge.
2. Members from Materials Management Department will be available only during working hours i.e. 9:00 a.m. to 5:30 p.m.
3. The list of HAZMAT team members will be displayed on all notice boards for the staff knowledge.
4. In case of an incident / accident the first person to be contacted is the Security Supervisor of HAZMAT team through the dedicated telephone number in the BVG office.
5. Security Supervisor to intimate other members of Hazmat team.
6. Hazmat Register to be maintained in the Departments in which the details of the incident be mentioned.
7. Hazmat team to reach the site with appropriate Personal Protective Equipment and Absorbents and Containers to control the situation.
8. Contaminated waste to be placed in a Yellow bag with proper labelling i.e.
 - a. Name of the Substance:
 - b. Date & Time of Incident:
 - c. Unit / Area:
 - d. Quantity of Spill:
 - e. Signature:
 And to be sent to Central Waste Disposal area (Backyard.)
9. Hazardous Chemicals will be diluted and flushed through the drain.
10. Other Hazardous material will be handed over to an outside agency for disposal.
11. HAZMAT register and Incident report form to be filled up and sent to the / Quality & patient Safety Team.



Training


Training classes are conducted by Experts from both internal and external sources for the HAZMAT team members who will in turn educate the staff under their supervision.

Responsibilities

Responsibilities of Hazmat Team members:

- Obtain, review, and make available Material Safety Data Sheets (MSDS) for the materials present at the work site.
- Ensure that sufficient quantities and appropriate types of spill control materials, as prescribed in MSDS, are available to contain and clean up a minor spill.
- Ensure that any required personal protective equipment. (E.g. eyewear or gloves) is available.
- Ensure that spill control materials are located in a readily accessible location.
- Record information regarding any spills using the Spill Report Form.
- Completed forms must be submitted to the Chairperson Safety Committee.
- Investigate the causes of minor spills and ensure appropriate follow-up is conducted

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Hazardous Material Policy			

Hazardous Materials (HAZMAT) Management Plan

- Be familiar with the properties and hazards of the materials at work site.
- Before beginning work with a chemical, be aware of its hazards and the use of appropriate personal protective equipment.
- Ensure proper reporting procedures are followed in the event of a spill.

Management of hazardous material for spill

The notification, building evacuation, and spill reporting procedures outlined below apply to chemical, biological, and radioactive spills. Specific clean-up procedures for spills



Minor spill


Mercury Spill

1. User is responsible for clean-up of the spill.
2. Wear gloves. Clean up broken glass using tongs or heavy towel.
3. Gather all mercury and debris with a wet paper towel or sponge and place into a bag along with wet paper towel or sponge and gloves. Label the bag as
 - a. Hazardous waste,
 - b. Name of the Substance: Mercury
 - c. Date & Time of spill
 - d. Quantity of spill:
 - e. Department / Unit:
 - f. Signature:
 - g. Contact housekeeping to promptly remove hazardous waste.
 - h. Do not dispose of mercury in general waste.
 - i. Complete an Incident Report Form and submit to the QPS Team
 - j. The person responsible for spill may fill up the form and counter signed by the in-charge of that area. However, the overall responsibility will be of in-charge.

Formalin spillage

1. Less than 20 -30 ml of formaldehyde spills.
2. Wear rubber gloves or double vinyl gloves and protective eyewear.
3. Clean up the spill with an absorbent material.
4. Wash the area with copious amounts of water.
5. Place all contaminated disposable material in a double bag and label as
 - a. Hazardous waste,
 - b. Name of the Substance: Formaldehyde
 - c. Date & Time of spill
 - d. Quantity of spill:

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Hazardous Material Policy			

- e. Department / Unit:
 - f. Signature:
 - g. Contact housekeeping to promptly remove hazardous waste.
6. Do not dispose of in general waste.
 7. Complete an Incident Report Form and submit to the QPS Team
 8. The person responsible for spill may fill up the form and counter signed by the in-charge of that area. However, the overall responsibility will be of in-charge.

ETO

Primary Emergency Procedures:



1. Evacuate the immediate area and if possible, remove any injured persons.
2. Raise an alarm. Notify the Hazmat team. Seal the area as best as possible.
3. Contact the necessary companies who installed / manufactured the unit.
4. Persons in contact with TO should immediately remove contaminated clothing and wash or shower to remove any ETO from skin.
5. Bring to Emergency Room for proper care.
6. Complete an Incident Report Form and submit to the Chairperson Safety Committee.
7. The person responsible for spill may fill up the form and counter signed by the in-charge of that area. However, the overall responsibility will be of in-charge.


Hazardous material spills (other than mercury, formalin, and ETO)

1. Rescue anyone immediately affected by the emergency. Only perform rescue if it does not put you to great risk
2. If emergency involves a fire, use the manual pull box to activate the fire alarm.
3. For spills that do not involve fire or explosion, contact hazardous material team and describe the emergency. Request Hazmat team for chemical or radiological incidents.
4. Warn others in the area about emergency and stay clear of the spill area.

Clean up of Small Chemical Spills

1. If less than 20 -30 ml.
2. Pick up any broken glass with tongs or other mechanical device. Do not use your hands.
3. Place an absorbent materials over the spill, making sure not to spread liquid.
4. Dispose of all contaminated material in a plastic bag, label it and contact housekeeping for disposal.
5. Complete an Incident Report Form and submit to the QPS Team
6. The person responsible for spill may fill up the form and counter signed by the in-charge of that area. However, the overall responsibility will be of in-charge.
- 7.

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Hazardous Material Policy			

Major spill

Mercury spills

1. Isolate the area of spill by placing a box or waste can over the spill to reduce the spread of mercury vapours. Notify everyone to remain clear of the area.
2. Immediately contact Hazmat Team.
3. Hazmat team is responsible for clean-up of large mercury spills.

Formalin spill

1. If more than 20-30 ml of formaldehyde spills, employees are not to clean it up.
2. Immediately evacuate the area & close all the doors.
3. Alert others not to enter the area.
4. Contact Hazardous Materials Response Team.
5. Do not re-enter the area until it has been declared clear by the HAZMAT team.

Ethylene Oxide Emergency

1. After carrying out the procedures mentioned in Primary Emergency Procedure.
2. Engineering and security is responsible for bringing the emergency under control. This includes rescue, fire fighting, and contamination control through clean up or other methods.

Hazardous material spill (Other than mercury, formalin & ETO)



1. Large chemical spills are greater than 20 - 30 cc.
2. Immediately evacuate the area and close all doors. Notify others not to enter the area.
3. Activate fire alarm by pulling the nearest manual pull box.
4. Contact Hazmat team
5. Inform Hazmat team of location, name of material, and approximate quantity.
6. Do not re-enter the area until advised by Hazmat team


Employee contamination during Chemical spills

1. If the skin becomes contaminated with hazardous material, wash the affected are thoroughly with copious amounts of water.

If available, use an emergency shower for at least 15 minutes.

2. If hazardous material is splashed in the eyes, flush the eyes immediately with water, preferably using an eye wash station, for at least 15 minutes.
3. Remove grossly contaminated clothing immediately. Place the contaminated clothing in a plastic bag.
4. Report the spill to the supervisor of the area and seek medical attention. If possible, bring the label or information on the chemical with you.

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	

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Hazardous Material Policy			

Procedure for Realising Ethylene Oxide

- The following list provides activities which may be performed in the event of a release of EO from a Steri-Gas cartridge. Above all, human health and safety is the primary priority.

Access

- Determine the type and quantity of Steri-Gas cartridges involved and the rate of release (e.g., slow leak or rapid loss) if this information can be easily and safely obtained. Do not open boxes containing cartridges suspected or known to be leaking.

Notify

- Notify co-workers or other personnel in the immediate area and all potentially affected areas of the release. Implement the emergency alarm system. Established in the site-specific portion of this plan.

Remove Ignition Sources

- Ignition sources, including burners, open flames, spark producing equipment (such as electric motors) and cigarettes, should be immediately shut off, extinguished or removed from the area.

Evacuate



- Evacuate the affected area following established routes and congregate in the predetermined location. Account for all personnel. Block and mark Entrance ways to the affected area or post sentry personnel to keep unauthorized personnel from entering the area.


First Aid/ Medical Attention

Provide first aid treatment for persons exposed to EO by inhalation or skin or eye contact as follows:

Inhalation: Move victim from the toxic environment to fresh air. Monitor for respiratory distress. If difficulty in breathing develops, evaluate for respiratory tract irritation, bronchitis or pneumonitis. If significant levels of EO have been inhaled, immediate hospitalization and observation for 72 hours recommended.

Dermal Exposure: If liquid is spilled on the skin, allow the EO to vaporize before washing with water. Dermal exposure should be treated with high-pressure water such as a hose or strong shower. Garments should be thoroughly cleaned with large amounts of water. A physician should examine the exposed area if irritation or pain persists after the area is washed.

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Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	

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Hazardous Material Policy			

Eye Exposure: Exposed eyes should be irrigated with large amounts of room temperature water for at least 15 minutes. If irritation, pain, swelling, lacrimation (watering) or photophobia (sensitivity to light) persist after 15 minutes of irrigation, an ophthalmologic examination should be performed.

Ventilate

Forced, mechanical ventilation must be provided to the affected area for a period of time to adequately dilute the concentration of EO.

Monitor

If direct-reading monitoring equipment is available, monitoring of the area can be performed to allow for re-entry into the affected area. Monitoring should be started from the outside, or upwind, of the release location. Monitoring personnel should progress towards the release location, but must cease and retreat if concentrations exceed the following levels, based on the type of respiratory protection used:

Respiratory Protections	Concentration
No Protection	Equal to or less than 1 ppm
Air purifying respirator with EO-specific Canister	Greater than 1 ppm but less than 50 ppm
Supplied air respirator	Greater than 1 ppm but less than 2000 ppm

Entry should not be made into areas when anticipated or actual concentrations of ethylene oxide exceed 2000 pm. In addition to respiratory protection, chemical protective suits and gloves capable of gas / vapour exposure protection must be worn by monitoring personnel or other workers who may be exposed to high concentrations (>50 pm of ethylene oxide gas. Examples of acceptable chemical protective suit materials capable of providing this type of protection.

Examples of acceptable glove materials capable of providing adequate protection include, but are not limited to, butyl rubber or polyethylene / ethylene vinyl alcohol copolymer laminate.



Report


Releases of ethylene oxide should be reported to the facility environmental safety officer and Safety Committee chairperson

Procedure for handling damaged EO cartridges

Empty Cartridges

Damaged cartridges which have been aerated and are empty can be disposed of with solid, non-hazardous waste.

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Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	

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Hazardous Material Policy			

Full Cartridges

Damaged cartridges which are full may be handled using the following methods:



1. If the cartridge is not grossly disfigured, the cartridge can be inserted into and cycled through a TO Sterilizer to empty the contents and eliminate any hazards.
2. If the cartridge is disfigured to the extent that it cannot be inserted into a ETO sterilizer, the cartridge must be considered hazardous waste and appropriately

Management of EO cartridges as a hazardous waste

Damaged EO cartridges which can no longer be used for their intended purpose must be managed as a hazardous waste. Care must be taken to protect workers when handling damaged cartridges even when not leaking. Minimum personal protective equipment should include safety glasses and butyl rubber gloves and the cartridges should be handled as little as possible.

Annexure

Master List of Hazardous materials

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	




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CHAPTER NAME – FMS 4.H

Written guidance supports equipment replacement, identification of unwanted material and disposal.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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Policy and Procedure for Identification and Disposal (Condemnation) of Equipment and Materials Not Used			

Purpose


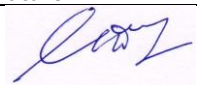
To develop a system to condemn and dispose in a systematic manner the materials not in use such as non-functioning items, excess unwanted material, general waste, scrap materials etc


Policy

- The Condemnation Committee shall meet annually once and complete the condemnation of all the unused items.
- Wherever buy-back policy for equipment is offered, the committee shall consider the same before approving the condemnation.
- All stores including steel items, empty containers of drugs and dressings that are found to be unserviceable inwards / Theatres / Department / Nurses station etc., should be returned to the main stores. The in-charge of main stores should take steps to condemn them which are beyond repairs.
- Linen items which are worn out due to wear and tear in the wards, theatres and department shall be listed out and consolidated by the Nursing Superintendent and should be placed before the condemnation committee for its approval.
- Scrap sales, old equipment sales beyond value of 2 Lakhs rupees shall be based on inviting minimum three quotes from different vendors and the analysis of same.

Procedure

- All the items condemned should be noted in the general disposal register The entries in the general disposal register should tally with the items condemned and reduced in the main stock register of instruments, accessories, furniture etc.,. The stock in the general disposal register shall be reduced as and when such items are disposed.
- The list of items to be condemned should be approved by a condemnation committee which meet once in three months
- **Hospital Condemnation Committee Members**
 - Chairman (Medical Director)
 - Medical Superintendent
 - Medical Administrator


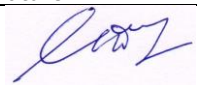
Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	

 <p>SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.</p>	<p>SAIDEEP HOSPITAL</p> <p>HOSPITAL MANUAL</p>	Doc No	SDH/FMS/01
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<p>Policy and Procedure for Identification and Disposal (Condemnation) of Equipment and Materials Not Used</p>			

- Nursing Superintendent
 - Materials Management In-Charge
 - FMS In-Charge / Senior Engineer
 - Biomedical Engineer
- If it is not possible to co-opt any of the Technical Professional persons, an Inspection report on the irreparable state of the item may be obtained and the same may be considered by the condemnation committee.
- Minutes of meeting will be met and list of items approved will be passed on to Manager – Materials Management for disposal / salvage/ sales
- Copies of sale letters with value should be forwarded to accounts.

STANDARD REFERENCE

FMS- 1D

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



SAIDEEP HOSPITAL
HOSPITAL POLICIES

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CHAPTER NAME – FMS 4.C

The documented operational and maintenance (preventive and breakdown) plan is implemented.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

Saideep healthcare And Research Pvt.Ltd, Ahmednagar
MGPS Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Vaccum Compressor V1 Sr.No .NAR 10351698	1) Oil Changing	Quarterly	●			●			●			●			
		2) Piston Cynlinder And ring Set changing	Once in a Two year											●		
		3)Valve Assembly	Once in a Two year											Changed on - Oct 2023		
	Vaccum Compressor V2 Sr.No .NAR 10351699	4)Gasket changing	Yearly											●		
		5)Belt ,noise-vibration & all nut bolt checking	Quarterly	●				●			●			●		
2	Air Compressor A1	1) Piston Ring set LP changing	Yearly			●						●				
		2) Piston Ring set HP changing				●						●				
		3) Piston Pin set changing	Yearly			●						●				
	Air Compressor A2	4)Grease kit	Yearly			●						●				
		5)Check vale Kit	Yearly			●						●				
		6) CompressorInlet filter changing	Yearly			●						●				
3	Air dryer	1)Activated Alumina Changing	Yearly									●				
		2)Air filter element changing	Yearly									●				
4	Air Filtration System	Filters Changing	Yearly									●				
5	Vaccum Filtration	Filters Changing	Yearly			●										
6	Compressed Medical Air Testing	Testing	Yearly									●				
7	MGPS Alarm Panel	1)Medical gas alarm panel pressure indicator calibration	Yearly				●									
8	Valves	Isolation Valve leak test	Quarterly	●			●			●			●			
		NRV leak test	Quarterly	●			●			●			●			
9	Manifold	Safety valve leak test	Quarterly	●			●			●			●			
		Pressure gauge calibration	Yearly				●									

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

Saideep healthcare And Research Pvt.Ltd, Ahmednagar

Electrical Equipment Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	1250 KVA,11/0.433 KV OLTC Transformer	1) Oil Filtration and Oil Top up	Yearly /After every1000 operstions			●									
		2) Sludge Testing	Yearly			●									
		3)OLTC Gaket changing	Yearly			●									
		4) OLTC breather changing	Yearly			●									
2	1250 kVA voltage stabilizer	1)Carbon Roller Changing	After Every Five year	<u>Changed on -Jan 2023</u>											
		2)Chain Aligment & Setting	After Every Five year												
		3) Output voltage Setting & testing of regulator	After Every Five year												
3	Electrical Air circuit breaker	Servicing Work (Fix & Moving Part cleaning & Greasing)	Yearly								●				
4	Electrical Panels & DB	Electrical panel dust cleaning & checking	Half yearly		●						●				
5	Electrical Energy , safety Audit	Electric energy audit ,Thermal imaging ,electrical safety audit	Yearly				●								
5	Lift Inspection	Electric energy audit ,Thermal imaging ,electrical safety audit	Yearly			●									

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

Saideep healthcare And Research Pvt.Ltd, Ahmednagar

Diesel Generator Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Disel Generator (DG) 1 Sr.No. 3309121807058	1) Engine Oil changing	Half Yearly	●						●					
2	Disel Generator (DG) 2 Sr.No. 3309121807055	2) Oil filter changing	Half Yearly	●						●					
		3) Diesel filter changing	Half Yearly	●						●					
		4) Air filter changing	Half Yearly	●						●					
		5) Coolant Top up	Half Yearly	●						●					
		6) Battery check up and distilled water top up	Half Yearly	●						●					
		DG on load testing	Quarterly	●			●			●			●		
		DG stack emission Monitoring	Quarterly	●			●			●			●		
		DG noise monitoring	Quarterly	●			●			●			●		
3	DG Synchronisation panel	ACB Servicing	Yearly								●				
4	DG Set Duty	Duty	Quarterly	●			●			●			●		

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

Saideep healthcare And Research Pvt.Ltd, Ahmednagar

Water testing Schedule -2024

Sr. No.	Equipment Details	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	RO Drinking Water	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
2	Dialysis RO Endotoxin test	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
3	WTP water Analysis	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
4	Saideep canteen Tap water	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
5	Dialysis RO Water test As per AMMI Standard	Half Yearly				●								
6	Well Water Testing	Quarterly			●			●			●			●
7	Borewell water Testing	Quarterly			●			●			●			●
8	STP Water Analysis	Quarterly	●			●			●			●		
9	ETP Water Analysis	Quarterly	●			●			●			●		
10	Ambient Air & Noise monitoring	Quarterly	●			●			●			●		

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

Saideep healthcare And Research Pvt.Ltd, Ahmednagar

HVAC Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Cooling Tower1	1)Cooling tower Basin cleaning	Quarterly			●			●			●			●
	Cooling Tower2	2)Strainer cleaning	Quarterly			●			●			●			●
	Cooling Tower3	3)Air inlet lovers cleaning	Quarterly			●			●			●			●
		4) Fan shaft lubricating	Quarterly			●			●			●			●
		5) Fan belt Check and adjust	Quarterly			●			●			●			●
		6) Fan blades Check for cracks and vibration	Quarterly			●			●			●			●
2	Chiller No.1	1)Descaling and flushing & cleaning of condenser Tubes	Yearly or depending on condenser Approach		●										
	Chiller No.2	Panel checking & connection tightning	Half Yearly		●						●				
	Chiller No.3	Gas Leakage testing Using Soap solution		●	●	●	●	●	●	●	●	●	●	●	●
3	Condenser Pump and Evaporator Pump	Greasing & Noise Checking						●						●	

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

Saideep healthcare And Research Pvt.Ltd, Ahmednagar

HVAC Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	AHU	1) Filter cleaning	Monthly	●	●	●	●	●	●	●	●	●	●	●	●	
		2) Drain Pump dosing & checking	Monthly	●	●	●	●	●	●	●	●	●	●	●	●	●
2	FCU & Cassette Unit	1) Filter cleaning	Quarterly			●			●			●			●	
		2) Drain Chemical dosing	Quarterly			●			●			●				●
3	OT AHU	Filter Cleaning	Monthly	●	●	●	●	●	●	●	●	●	●	●	●	
		AHU motor belt changing	Yearly								●					
		OT AHU & HEPA filter validation	Half Yearly			●							●			
		OT return Riser Filter cleaning	Monthly	●	●	●	●	●	●	●	●	●	●	●	●	●
		OT AHU outdoor unit cleaning	Monthly						●						●	
4	Fridge & Temperature Indicator	Calibration	Yearly				●									

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

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Drinking RO Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	RO cartridge filter changing	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
2	Sand filter ,Carbon Filter Media changing work	Yearly	●											
3	RO Membrane changingwork	Yearly	●											
4	Electrical panel & motors	Half Yearly	●						●					

Prepared By

Prakash Gadekar

Maintenance incharge

Checked By

Mr. Vilas Kalbhor

Administrator

Saideep healthcare And Research Pvt.Ltd, Ahmednagar

Dialysis RO Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	RO cartridge filter changing	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
2	Endotoxin filter Changing	Quarterly	●			●			●			●		
3	RO line disinfection	Half Yearly	●						●					
4	Sand filter ,Carbon Filter Media changing work	Quarterly										●		
5	RO Membrane changing work	Monthly										●		
6	Electrical panel & motors	Half Yearly	●						●					

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

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Water Tank cleaning Schedule -2024

Sr. No.	Tank Name	Location	Capacity	Unit	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Fire tank 1	Basement 2	50000	LTR	Yearly	●											
2	Fire tank 2	Basement 2	50000	LTR	Yearly	●											
3	Fire Overhead Tank	Terrace	25000	LTR	Yearly	●											
4	Raw Water Tank	Basement 2	35000	LTR	Trice a year			●				●				●	
5	Treated water Tank 1	Basement 2	30000	LTR	Trice a year			●				●				●	
6	Treated water Tank 2	Basement 2	30000	LTR	Trice a year			●				●				●	
7	RO Water tank 1	Terrace	1000	LTR	Quarterly		●			●			●			●	
8	RO Water tank 2	Terrace	1000	LTR	Quarterly		●			●			●			●	
9	Domestic water overhead tank 1	Terrace	34000	LTR	Trice a year			●				●				●	
10	Domestic water overhead tank 2	Terrace	45000	LTR	Trice a year			●				●				●	

Prepared By
Prakash Gadekar
Maintenance incharge

Checked By
Mr. Vilas Kalbhor
Administrator

STP Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Air Blower 1 & 2	Oil Changing	Quarterly		●			●			●			●	
2	Air Blower 1 & 2	Belt Changing	Yearly	●						●					
3	Sand Filter & Carbon Filter	Sand media and carbon media changing	Yearly			●									
4	Electrical panel & motors	Electrical connection checkng and retightning	Yearly	●						●					

ETP Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Sand Filter & Carbon Filter	Sand media and carbon media changing	After Every 2 Year			●									
2	Electrical panel & motors	Electrical connection checkng and retightning	Yearly	●						●					

Prepared By
Prakash Gadekar
Maintenance Incharge

Checked By
Mr. Vilas Kalbhor
Administrator

Saideep healthcare And Research Pvt.Ltd, Ahmednagar

Fire Emergency Equipment Annual Maintenance Plan -2024

Sr. No.	Equipment Details	Required PM	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Jockey pump & hydrant Pump	Grease and oil the bearing and electrical connection tightning	Half Yearly	●						●					
		Check bearing and mechanical seal	Half Yearly	●							●				
2	Hydrant /Hose reel	Hydrant valve check	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
		hydrant hose pipe check		●	●	●	●	●	●	●	●	●	●	●	
		Couling lugs check		●	●	●	●	●	●	●	●	●	●	●	
		hydrant line check		●	●	●	●	●	●	●	●	●	●	●	
		wet testing	Quarterly	●			●				●			●	
3	Fire extinguishers	Safety pin check	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
		Pressure gauge check		●	●	●	●	●	●	●	●	●	●		
		Nozzle pipe checking		●	●	●	●	●	●	●	●	●	●		
		Due date checking		●	●	●	●	●	●	●	●	●	●		
		Extinguisher Refilling						●							●
4	Fire tank	Water level Checking	DAILY												
5		Tank cleaning	Yearly	●											
6	Smoke detector/Sprinkler /MCP	Check & Test	Monthly	●	●	●	●	●	●	●	●	●	●	●	●
7	Mock Drill (Code red)		Half Yearly						●						●

Prepared By

Prakash Gadekar
Maintenance incharge

Checked By

Mr. Vilas Kalbhor
Administrator

Sr.No.	Licence Description	Valid Upto	Renewal
1	PESO Licence	9/30/2028	Before 1 month
2	MPCB Consent	7/31/2023	Before 120 Days

A handwritten signature in blue ink, appearing to read "Ohy Lalan", with a horizontal line underneath and two dots below it.

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CHAPTER NAME – FMS 5.C

The documented operational and maintenance (preventive and breakdown) plan for medical equipment is implemented.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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CHAPTER NAME – FMS 5.G

There is a monitoring of medical equipment and medical devices related to adverse events, and compliance hazard notices on recalls.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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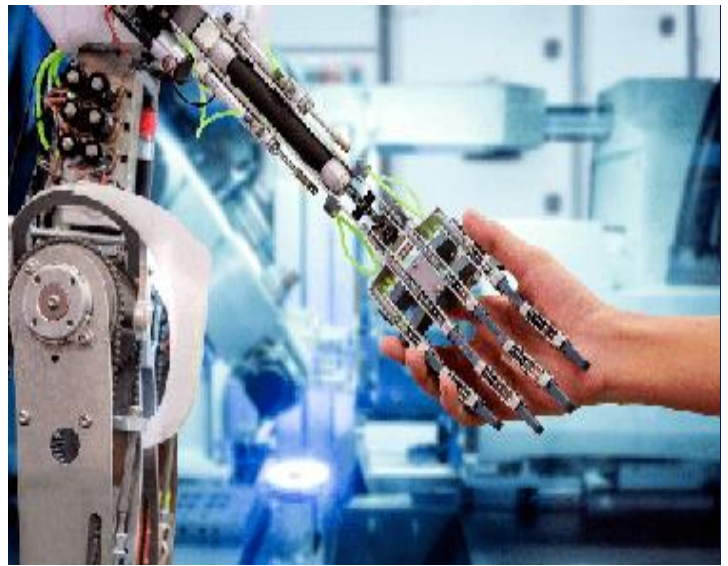
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CHAPTER NAME – FMS 5.F

Written Guidance supports medical equipment.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



BIOMEDICAL ENGINEERING MANUAL

Annual Documents adequacy & Change Requirements Review

Sr.No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/BME/01	Content	1	1	05-Mar-21	No Any Change Review Completed	1	20-Nov-22	No Any Change Review Completed	No any Amendment History
2	SDH/BME/02	Departmental Organizational Chart	1	1	05-Mar-21		1	20-Nov-22		
3	SDH/BME/03	Roles And Responsibilities	1	1	05-Mar-21		1	20-Nov-22		
4	SDH/BME/04	Standard Operating Procedures	1	1	05-Mar-21		1	20-Nov-22		
5	SDH/BME/4.1	Equipment Purchase & Installation	1	1	05-Mar-21		1	20-Nov-22		
6	SDH/BME/4.2	Breakdown maintenance Activities	1	1	05-Mar-21		1	20-Nov-22		
7	SDH/BME/4.3	Preventive Maintenance System	1	1	05-Mar-21		1	20-Nov-22		
8	SDH/BME/4.4	Equipment & Assets Management	1	1	05-Mar-21		1	20-Nov-22		
9	SDH/BME/4.5	Calibrations Of Biomedical Equipment	1	1	05-Mar-21		1	20-Nov-22		
10	SDH/BME/05	Records	1	1	05-Mar-21			20-Nov-22		

	Original Date	Effective Date	Next date of revision	Issue NO		
	<u>05 March 2021</u>	<u>20 November 2022</u>	<u>20 November 2023</u>	1		

Reviewed & Prepared By		Recommended By	Approved By
Mr.Prakash Gadekar /Mr.Deepak Bankar	Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar	Dr.S.S.Deepak
FMS HOD	Quality Co- ordinator	Chief Medical Administartor	Chairman & Managing Director
			

Annual Documents adequacy & Change Requirements Review

Sr.No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/BME/01	Content	1	1	20-Nov-22	No Any Change Review Completed	1	20-Nov-23	No Any Change Review Completed	No any Amendment History
2	SDH/BME/02	Departmental Organizational Chart	1	1	20-Nov-22		1	20-Nov-23		
3	SDH/BME/03	Roles And Responsibilities	1	1	20-Nov-22		1	20-Nov-23		
4	SDH/BME/04	Standard Operating Procedures	1	1	20-Nov-22		1	20-Nov-23		
5	SDH/BME/4.1	Equipment Purchase & Installation	1	1	20-Nov-22		1	20-Nov-23		
6	SDH/BME/4.2	Breakdown maintenance Activities	1	1	20-Nov-22		1	20-Nov-23		
7	SDH/BME/4.3	Preventive Maintenance System	1	1	20-Nov-22		1	20-Nov-23		
8	SDH/BME/4.4	Equipment & Assets Management	1	1	20-Nov-22		1	20-Nov-23		
9	SDH/BME/4.5	Calibrations Of Biomedical Equipment	1	1	20-Nov-22		1	20-Nov-23		
10	SDH/BME/05	Records	1	1	20-Nov-22			20-Nov-23		
11	SDH/BME/06	Condemnation Policy	1	1	June 22	New Policy Added	1	20-Nov-23	As per NABH NC	New

Original Date	Effective Date	Next date of revision	Issue NO
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05 March 2021

20 November 2023

20 November 2024

1

Reviewed & Prepared By

Recommended By

Approved By

Mr.Prakash Gadekar
/Mr.Deepak Bankar

Mrs.Shraddha
suryavanshi

Dr.H.Kalgaonkar

Dr.S.S.Deepak

FMS HOD

Quality Co-
ordinator

Chief Medical Administartor

Chairman & Managing Director







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Amendment Sheet

Sr. No	Page No	Clause No	Date of Amendment	Amendment Made	Reasons	Signature of Approval Authority
1	8.1	FMS 4.H	June ,2022	Condemnation Policy	New Policy	

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	





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Amendment Sheet



Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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3	Roles And Responsibilities
4	Standard Operating Procedures
4.1	Equipment Purchase & Installation
4.2	Breakdown maintenance Activities
4.3	Preventive Maintenance System
4.4	Equipment & Assets Management
4.5	Calibration Of Biomedical Equipment
6	Records
7	Condemnation Policy

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	

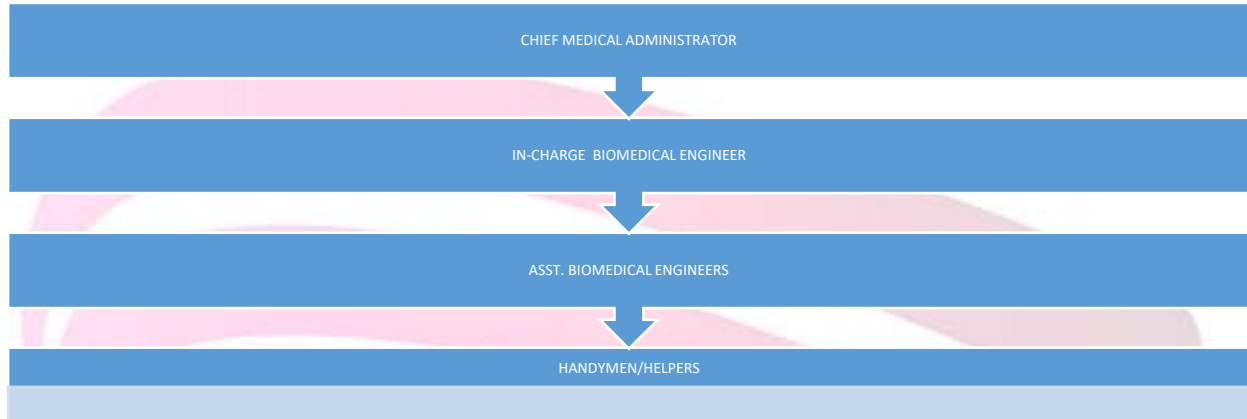


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Organisational Chart – BME

Saideep Healthcare & Research Pvt. Ltd. has outsourced the responsibility of Bio-Medical engineering department to an external agency. An MOU has been signed with the agency.



Organisational structure: The overall responsibility lies with the Chief Medical Administrator.

In-Charge Bio-Medical engineer:

Diagnoses and corrects system and equipment malfunctions by making alterations, repairs or replacements to ensure that medical equipment and internal circuitry meet specified requirements; make necessary calculations for computing circuit elements necessary to adjust circuitry to specified requirements as instructed.

Responds to breakdown calls from various user departments.

Performs regularly scheduled preventive maintenance work on patient care systems and equipment in assigned departments or areas; maintains a log of repairs, electrical safety testing, and maintenance actions; keeps accurate records of time and materials utilized in the performance of these duties.

Provides technical assistance and instruction to the concerned personnel in the maintenance and operation of equipment; recommend the purchase or acquisition of biomedical equipment or related accessories; advise supervisor of equipment deficiencies as required.

Liaise with clients, other engineers, technical officers, technicians, trades people and other workers. Coordinate and evaluate the work performed by service contractors to include maintenance, calibration, installation and verification of service documentation. Examine installations to ensure they meet contract conditions

- Validates, mates, adjusts and synchronizes system controls and recording devices utilized in tests or related analyses as required.
- Trains new employees and reviews the work of lower level employees.

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Organisational Chart – BME

- Participates in on-the-job training to advance and acquire new skills regarding sophisticated and specialized electronic equipment.
- Provides a systematic preventive maintenance program for complex integrated diagnostic systems and related biomedical equipment; provides engineering and technical counsel on codes to ensure compliance with electrical safety standards; maintains preventive maintenance records and prepares reports as required.
- Performs other related duties incidental to the work described herein

Assistant Bio-Medical Engineer: Assembles repairs and maintains mechanical / pneumatic devices according to specifications.

Diagnosis and correction of life support system and equipment malfunctions by making repairs or replacements.

Performs regularly scheduled preventive maintenance work on patient care systems and equipment in assigned departments or areas; maintains a log of repairs, electrical safety testing, and maintenance actions; keeps accurate records of time and materials utilized in the performance of these duties.

Responds to breakdown calls from various user departments.

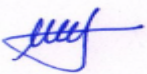
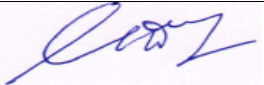
Documents and verifies the introduction of new therapeutic and diagnostic equipment, corrective and preventive maintenance actions and special requests as required.

Participates in on-the-job training to advance and acquire new skills regarding sophisticated and specialized electronic equipment.

Trains new employees on bio-medical equipments

Performs other related duties incidental to the work described herein.

Handymen/Helpers: Assist in all the relevant jobs and perform non Bio-medical repairs under FMS team guidance.

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Roles & Responsibilities – BME

Biomedical Engineer

Coordination Responsibilities

- Overall management and coordination of daily activities.
- Organizing and coordinating in equipment installations.
- Annual plan development for maintenance of equipment.
- Arranging gate pass/ correspondence letters and sending equipment for service.
- Regular follow-ups regarding service, supply of spares, AMC.
- In support of new equipment purchase, identifying vendors, arranging demonstrations (if necessary), providing feedback on the demonstrated equipment.
- Preparing and getting approving store indents.
- Creating master entry of new equipment and entry of inspection reports, obsolete equipment, equipment department transfer, and equipment returned to company and AMC.

Maintenance and Other Responsibilities

- Attending service calls and documentation of services.
- Issue of new accessories and spares.
- Carrying out maintenances and calibrations as per schedule and documenting the same.
- Accompanying company engineers and co- coordinating in carrying out the service/maintenance and installation of equipment.
- Informing the top management in case of non-availability of spare or pending service for further processing.
- Receiving machine/accessories from wards/departments for service and returning them back after service

Working Hour and Service Schedules

Biomedical Engineering facility service is available in the hospital through normal shifts and provision of On-call facility. Bio Medical Engineer is available between 9 am-5pm for regular working hours to render this service.

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Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Biomedical Equipment Purchase & Installation

Objective Stream lined processing of purchase and equipment installations ensuring best fit for the hospital and maximizes the benefits as per contracted services from the selected vendors / OEM

Scope: BME participation in equipment selection and purchase process, Acceptance and Installation of purchased equipment, User demonstration and training

Expected Outcomes: Timely installation of equipment as per terms of purchase

- Ensure smooth handover and user acceptance of new equipment

No	Process Step / Activity	Responsibility	Outputs / Records
1	On requirement of any high budget equipment, in any department/ward, an indent is placed to the Manager – Materials Management	HOD/ Manager Materials Management	
2	The Manager Materials Management discuss the same with Chief Administrative Officer of the hospital who shall obtain approval from Managing Director	CAO/MD	
3	A feedback on the same is provided by the BME department , and decided whether they have to be purchased or to be moved from any other department or shared	BME	
4	In support of new equipment purchase, identifying vendors, arranging demonstrations (if necessary), providing feedback on the demonstrated equipment are done by the BME Department.	BME	
5	Equipment are purchased after the Equipment negotiation meeting with the vendors and Equipment purchase and material management committee members	CAO	
Equipment Installation and Acceptance			
6	Installation requirements are provided by the suppliers prior to installation, and they are arranged seeking inter department support, through proper approvals	BME	
7	The new materials are checked at the biomedical department with the purchase order to confirm the ordered specifications and quantity are received as stated	BME	

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Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Biomedical Equipment Purchase & Installation

8	Installation is carried out at the site. The equipment are handed over to the concerned department and the Equipment Acceptance form (Annexure 1) will be filled at the time of installation as a token of acceptance. The supplier makes an installation report and an Equipment installation checklist (Annexure B) is compiled, they are accepted by the Biomedical Engineer.	BME	Equipment Acceptance Form
9	Incomplete installations due to wrong supply or short shipment of accessories, equipment identified as defective during installation are communicated to the Material Management Manager and duly followed-up.	BME / Materials Management Manager	
10	All the Bio-medical Equipment of the hospital shall be identified and tracked using a unique identification number issued by BME department. This number shall be visibly labeled on all the biomedical equipment.	BME	


Equipment Working Demonstrations & User Training

11	Demonstration and training is conducted by the equipment suppliers to the users. Application demonstration is given to the Doctors, Nurses and technicians who will be using the equipment. Training on machine usage, alarm management, user settings are given to the staff/technician. Technical, service and basic trouble shooting demonstration is given to the Biomedical Engineers. After each installation, the list of persons, who attended the training session, is documented. The installation is completed with the filling in of the equipment installation report	BME	Training Attendance Sheet Biomedical Equipment Installation Report
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Records

Record ID	Name	Type	Responsible Person	Retention Period
SDH-BME-01	Biomedical Equipment Acceptance Form	Form / File	BME	Till equipment condemnation

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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Breakdown Maintenance of Biomedical Equipment			

Objective

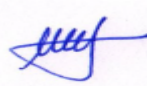
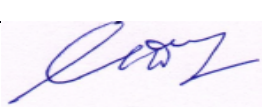
- To ensure a round the clock breakdown maintenance system to support 24 X 7 patient care activity at the hospital

Scope: Breakdown maintenance system for biomedical equipment's

Expected Outcomes

- Effective system for reporting and attending to breakdown calls for biomedical equipment
- Minimize critical equipment down time through faster turnarounds in cases of breakdown

No	Process Step / Activity	Responsibility	Outputs/ Records
1	A written complaint notification is received from the concerned department, stating the equipment, complaints and the fault date, with the approval of their in-charge	Various Units / Departments	BME Equipment Breakdown Request
2	The equipment/accessories sent from the concerned department for breakdown service is checked and received and the equipment details and quantity are recorded in the Complaint Register. In case of emergencies, a verbal complaint (direct or telephone) is accepted and it is registered in the complaint register furnishing the above details along with the name of the complaint reporter	BME	BME Complaints Register
3	The problem is duly attended by a biomedical engineer/ Biomedical Engineer-Trainee and rectified. In case the job is not completed on the same day, reason for the delay (like spares required, company support required, etc) is communicated to the concerned department. To minimize the downtime of the equipment, a few spares which are frequently used are maintained in the biomedical department stock.	BME	
4	While in need of OEM/Vendor company support, complaints are taken to the notice of Materials Management Manager / CAO. After CAO approval, Service charge estimate is received	BME / Manager Materials Management /	

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Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Breakdown Maintenance of Biomedical Equipment

	from the company and is submitted to the Materials Management Manager. Work order is released and service of company is sought and the job is closed after rectification. In case, the problem cannot be rectified in-house, the unit is taken to the company site. Documents supporting each activity are filed.	CAO	
5	Functions of the equipment are checked and finally handed over to the department, and documented in the Complaint Register. Suggestions or advice regarding the equipment handling, if any are also communicated to the user.	BME	
9	Incomplete installations due to wrong supply or short shipment of accessories, equipment identified as defective during installation are communicated to the Material Management Manager and duly followed-up.	BME / Materials Management Manager	
10	All the Bio-medical Equipment of the hospital shall be identified and tracked using a unique identification number issued by BME department. This number shall be visibly labeled on all the biomedical equipment.	BME	

Records

Record ID	Name	Type	Responsible Person	Retention Period
SDH-BME-F03	BME Equipment Break down Service Request	Form / File	Departments	1 Years
SDH-BME-F04	BME Complaints Register	Register	BME	2 Years

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Preventive Maintenance System for Biomedical Equipment

Objective

- To establish a effective system for preventive maintenance of biomedical equipment minimizing interruption of hospital services and increasing key equipment life

Scope

- Annual Maintenance Contract / Comprehensive Maintenance Contract / Equipment Warranty Management
- Internal Preventive Maintenance Activities

Expected Outcomes: Reduction of equipment down time

Increase in equipment life

No	Process Step / Activity	Responsibility	Outputs/ Records
	<p>For the purpose of preventive maintenance planning and execution Biomedical Equipment are categorized as</p> <ol style="list-style-type: none"> 1. AMC/CMC Equipment 2. Non-AMC Equipment <p>Preventive Maintenance Planning is done based on the category of the equipment in each department at the end of every year for the next year (December).</p>	BME	Annual Preventive Maintenance Plan
Preventive Maintenance System for Equipment Under AMC/CMC			
3	For equipment under AMC / CMC, details of the contract are available in the Equipment's history. Same is checked for validity and renewed when necessary with approval of CAO	BME / CAO	
4	Preventive maintenance plan is prepared based on the number of PM visits committed as per the contract for each of the above equipment	BME	
5	First day of every month, list of equipment for which the PM is due and whose AMC is about to expire is displayed on the department notice board and reminded about the same to the concerned company.	BME	

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Preventive Maintenance System for Biomedical Equipment

9	Preventive Maintenance is carried out by the company engineer in the presence of a biomedical engineer/Biomedical Engineer-Trainee and it is acknowledged with a service report. A entry of the same is made in the Preventive Maintenance Record maintained in the equipment file	BME	Company Service Reports/ BME Maintenance Repo
10	If any PM visit planned is missed out an incident report is raised and corrective action is ensured.	BME / CAO	Incident Report
Preventive Maintenance of Equipment Not Under AMC/CMC			
11	Equipment's are listed department wise and preventive maintenance is planned for each equipment for subsequent year every December	BME	Annual Preventive Maintenance Plan
12	In the first 2-3 days of every month; department wise list of equipment due for preventive maintenance is listed and days scheduled in consultation with the user departments. The final monthly schedule is shared with each department for planning and coordination	BME	Monthly Internal B PM Schedule
13	Preventive maintenance is carried out as per the Equipment maintenance protocol (Check list), by the biomedical engineer/ Biomedical Engineer-Trainee. It is documented in the PM log.	BME	BME Maintenance Report

Records

Record ID	Name	Type	Responsible Person	Retention Period
SDH-BME-F05	BME Annual Preventive Maintenance Plan	Form / File	BME	2 Years
SDH-BME-F05	BME PM Log Chart	Form / Chart	BME	Till equipment Condemnation

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Preventive Maintenance System for Biomedical Equipment

Objective

- To establish a system for tracing biomedical equipment assets of the hospital and create a system of equipment history tracking to ensure longer life and better utilization

Scope

- Assets Register
- Equipment Management records

Expected Outcomes

- Effective tracking of biomedical equipment

No	Process Step / Activity	Responsibility	Outputs/ Records
1	<p>Assets Register</p> <p>Each biomedical equipment is uniquely numbered and labelled by the biomedical department. The labelling consists of Equipment ID No, Date of Installation / Commissioning, User Department and also Manufacturer Serial No if not displayed on the equipment.</p> <p>The equipment is listed under the equipment Asset register with details of user department the equipment is issued for custody and use</p> <p>No equipment is allowed to be transferred from one department to another with out permission from CAO and intimation to BME. In such cases the new details are updated in BME Assets register</p>	BME	BME Assets Register

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Preventive Maintenance System for Biomedical Equipment

2	Equipment Manuals <p>The Bio-medical engineering section shall maintain the relevant service and operation manuals (hard or soft copies) of various biomedical equipment.</p> <p>A catalogue of manuals under its custody is maintained by BME Department</p> <p>The manuals are arranged in cupboards / shelves under lock and key for easy reference and to prevent their loss / misplacement</p>	BME	
3	Equipment History Files <p>Information and history of each equipment is maintained as file by the BME. A single file shall be maintained for high value equipment and category wise box files with separators maintained for others</p> <p>Each equipment file shall have the following details</p> <ol style="list-style-type: none">1. Purchase Orders Copy/Reagent rental Agreement contract copy2. Equipment Acceptance Form3. Equipment Installation Report4. Installation Report (Manufacturer / Service Agent Provided)5. Quotations & Invoice (For spares, maintenance)6. Copy of AMC/CMC7. Service Reports8. Copy of Correspondence with company / vendors9. Equipment Maintenance History	BME	

Records: Nil

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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Preventive Maintenance System for Biomedical Equipment				


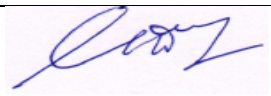
Objective


- To establish a calibration system for biomedical equipment of the hospital
- **Scope**
- External calibrations
- Internal calibration

Expected Outcomes

- Timely calibration of equipment

No	Process Step / Activity	Responsibility	Outputs/ Records
	The calibration activities for biomedical equipment is divided into two; External Calibrations External calibration is done by contracted vendors (OEM of otherwise) for those biomedical equipment which cannot be calibrated by the hospitals own BME team Internal calibrations / verifications are those done by the hospitals own BME team using master calibration equipment	BME	Annual Preventive Maintenance Plan
2	Calibration Planning Not all Biomedical equipment require calibrations. That biomedical equipment which work on hydraulics (OT Tables, Dental Chairs), Optics (Endoscopes) etc may not require calibration BME team draws up a list of equipment requiring calibration with details like frequency of calibrations, mode (eternal vs internal), vendors etc. Where possible OEM suppliers may be relied on for provision of calibration of the equipment Based on discussions with OEM and service providers, independent external calibration agencies the BME draws up a annual calibration plan every December for the subsequent year along with budget for calibration The CAO reviews the same and obtains approval of same from Managing Director	BME / CAO	
3	On approval of the Annual Calibration Plan the calibration plan and budget; activities shall be undertaken in liaison with	BME	


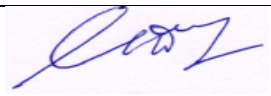
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Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	


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Preventive Maintenance System for Biomedical Equipment			

	Manufactures / AMC service providers / Calibration Agencies and the calibration certificates kept in the Equipment file, a copy of which is maintained in the concerned department		
4	First day of every month, list of equipment for which the calibration is due in the month is drawn up and same is informed to the department with scheduled dates (after consulting with user department)	BME	
5	<p>Calibration is carried out by the external calibration technicians in the presence of a biomedical engineer.</p> <p>Based on the activity a calibration report is provided by the agency with traceability to applicable national / international standards as applicable</p> <p>The calibration report original is stored with BME and copies provided to user department</p>	BME	Company Service Reports/ BME Maintenance Report
6	<p>Internal Calibration is carried out by BME team using Work Instruction / Checklist for calibration for each equipment as per manufacturer recommendations.</p> <p>Internal calibrations / verifications are done using master equipment which are calibrated externally with calibration certificate establishing traceability</p> <p>Based on the activity internal calibration report is generated.</p> <p>The calibration report original is stored with BME and copies provided to user department</p>	BME	<p>Work Instruction for Calibrations / Internal verifications</p> <p>Internal calibration / verification Report</p>

Records

Record ID	Name	Type	Responsible Person	Retention Period
SDH-BME-F07	Internal Calibration Report	Form / File	BME	2 Years

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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		Issue No	02
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<p>Policy and Procedure for Identification and Disposal (Condemnation) of Equipment and Materials Not Used</p>			

Purpose


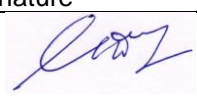
To develop a system to condemn and dispose in a systematic manner the materials not in use such as non-functioning items, excess unwanted material, general waste, scrap materials etc


Policy

- The Condemnation Committee shall meet annually once and complete the condemnation of all the unused items.
- Wherever buy-back policy for equipment is offered, the committee shall consider the same before approving the condemnation.
- All stores including steel items, empty containers of drugs and dressings that are found to be unserviceable inwards / Theatres / Department / Nurses station etc., should be returned to the main stores. The in-charge of main stores should take steps to condemn them which are beyond repairs.
- Linen items which are worn out due to wear and tear in the wards, theatres and department shall be listed out and consolidated by the Nursing Superintendent and should be placed before the condemnation committee for its approval.
- Scrap sales, old equipment sales beyond value of 2 Lakhs rupees shall be based on inviting minimum three quotes from different vendors and the analysis of same.

Procedure



- All the items condemned should be noted in the general disposal register The entries in the general disposal register should tally with the items condemned and reduced in the main stock register of instruments, accessories, furniture etc.,. The stock in the general disposal register shall be reduced as and when such items are disposed.
- The list of items to be condemned should be approved by a condemnation committee which meet once in three months
- **Hospital Condemnation Committee Members**
 - Chairman (Medical Director)
 - Medical Superintendent
 - Medical Administrator
 - Nursing Superintendent
 - Materials Management In-Charge

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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- FMS In-Charge / Senior Engineer
 - Biomedical Engineer
- If it is not possible to co-opt any of the Technical Professional persons, an Inspection report on the irreparable state of the item may be obtained and the same may be considered by the condemnation committee.
 - Minutes of meeting will be met and list of items approved will be passed on to Manager – Materials Management for disposal / salvage/ sales
 - Copies of sale letters with value should be forwarded to accounts.

STANDARD REFERENCE
FMS- 1D

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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CHAPTER NAME – FMS 6.A

Written guidance governs the implementation of procurement, handling, storage, distribution, usage and replenishment of medical gases.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

Saideep healthcare And Research Pvt.

MGPS Annual Maintenance Plan

Sr. No.	Equipment Details	Required Part	Frequency	Jan	Feb	Mar	Apr	May	Jun
1	Vaccum Compressor V1 Sr.No .NAR 10351698	1) Oil Changing	Quarterly	●			●		
		2) Piston Cylindring And ring Set changing	Once in a Two year						
		3)Valve Assembly	Once in a Two year						
	Vaccum Compressor V2 Sr.No .NAR 10351699	4)Gasket changing	Yearly						
		5)Belt ,noise-vibration & all nut bolt checking	Quarterly	●			●		
2	Compressor	1) Piston Ring set LP changing	Yearly			●			
		2) Piston Ring set HP changing				●			
		3) Piston Pin set changing	Yearly			●			
		4)Grease kit	Yearly			●			
		5)Check vale Kit	Yearly			●			

		6) Compressor Inlet filter changing	Yearly			●			
3	Air dryer	1) Activated Alumina Changing	Yearly						
		2) Air filter element changing	Yearly						
4	Filtration System	Filters Changing	Yearly						
5	Vacuum Filtration	Filters Changing	Yearly			●			
6	Compressed Medical Air Testing	Testing	Yearly						
7	PS Alarm Panel	1) Medical gas alarm panel pressure indicator calibration	Yearly				●		
8	Valves	Isolation Valve leak test	Quarterly	●			●		
		NRV leak test	Quarterly	●			●		
9	Manifold	Safety valve leak test	Quarterly	●			●		
		Pressure gauge calibration	Yearly				●		

Prepared By
Prakash Gadekar
Maintenance incharge

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Checked By

**Mr. Vilas Kalbhor
Administrator**



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CHAPTER NAME – FMS 6.F

There is an operational, inspection, testing and maintenance plan for piped medical gas, compressed air and vacuum installation.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Procurement, handling, storage, distribution, usage and replenishment of medical gases

Procurement, handling, storage, distribution, usage and replenishment of medical gases

▪ **Scope :-**

- The medical gases used in surgery anaesthesia and intensive care are oxygen, nitrous oxide, carbon dioxide, Nitrogen.

▪ **Requirement :-**

- We have 20 Cylinder of 7 cubic meters for oxygen back up and 26 cylinders of 1.5 cubic meters for transportation.
- We also have 4 cylinders each for N₂O manifold and CO₂ manifold and 3 cylinders of nitrogen.

▪ **Storage:-**

- 1) Small cylinders are stored on the Ground floor for immediate transportation use.
- 2) Nitrogen & Co₂ Cylinder is also stored at 4th floor for IVF lab.
- 3) The manifold room is at basement 2 and only connected cylinders are stored there.
- 4) All type gas manifold are in same room and all cylinders are segregated stored separately
- 5) Empty cylinder and full cylinders are stored separately and proper signages are kept for full and empty cylinders.
- 6) The number of cylinders in manifold rooms should be restricted to the minimum required for operational and reserve purposes. This will include cylinders connected to the manifold and a sufficient reserve to replenish one complete bank
- 7) The Designated is clearly labelled with the type of cylinder contained and no smoking warning signs.
- 8) Fire Fighting Equipment is provided and smoke and heat detectors are installed.

▪ **Safe Handling :-**

1. Cylinders can be heavy and bulky, and should be handled with care only by personnel who have been trained in cylinder handling and who understand the potential hazards.
2. Cylinders should not be dropped, knocked, used as "rollers", or not be permitted to strike each other violently.
3. Cylinders and valves should be kept free from oil, grease and other dirt.
4. Cylinders should always be secured during transportation and in use with sufficiently strong chains.
5. A suitable trolley should be used for transporting cylinders whenever they are moved.
6. Precautions should be taken to prevent cylinders falling from trolleys.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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Procurement, handling, storage, distribution, usage and replenishment of medical gases

▪ **Replenishment:-**

1. Ordering and stock-control records should be maintained to suit local requirements. These records should include the name of the gas, date of receipt, expiry date, cylinder size, batch number of each cylinder and quantity of cylinders receive. The certificate of purity is attached with every batch.
2. Empty cylinders should not be retained longer than necessary in the main store, but returned at the earliest opportunity to the supplier. Refill the cylinder at earliest to avoid shortage of full cylinders.

References: -HTM 02-01 Part A , HTM 02-01 Part B

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CHAPTER NAME – FMS 7.A

The organization has plans and provisions for early detection, abatement and containment of the fire, and non-fire emergencies.

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	




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CHAPTER NAME – FMS 7.D

There is a maintenance plan for fire-related equipment and infrastructure.

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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Fire & Non Fire Emergencies			

Introduction


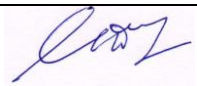
This Fire Safety Plan has been framed to ensure that in case of a fire in Hospital premises safe evacuation of its occupants may present serious problems unless a plan for orderly and systematic evacuation is prepared in advance and all occupants are well drilled in the operation of such plan. These 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.


Purpose

1. To establish method of systematic, 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.
2. 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.
3. To consider all possible situations, which may lead to an emergency or a disaster.
4. 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 programmes 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.

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Scope

This Fire Safety Plan is made for Saideep Hospital, Ahmednagar, India. The following Fire Protection System has been provided to detect and control an early outbreak of fire.

- a. Automatic fire alarm and detection system
- b. Manual call points
- c. Public address system
- d. Portable fire extinguishers of various types
- e. Fire hydrants, wet risers and sprinkler system
- f. Fire hose boxes and hose reels
- g. Water storage available for fire fighting
- h. Fire water pumps
- i. Fire Exit Plans in all Floors


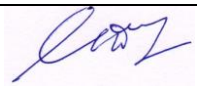
Organization of fire safety plan


The overall responsibility regarding fire prevention and fire fighting will be of Fire Safety Officer while the Firefighting staff and Security Department staff will assist them. Manager Security will be responsible for maintenance and proper working of fire fighting equipments, fixed fire fighting installations, fire fighting evacuation and mock drills etc.

Each floor of building shall have a Floor Marshal (a designated security or fire fighting staff member), who will be in charge of respective floors. He will be assisted by his Deputy Floor Marshal (a designated security or fire fighting staff member) to organize initial fire fighting on the respective floors with the assistance of staff available on the floor.

Voluntary firefighting parties shall be organized from the officers and staff of each floor. The Floor Marshal shall organize these parties and get them trained through fire service department. These parties will assist in the following:

- Fire fighting in initial stages
- Evacuation of the building
- Salvage/removal of material to safe place
- Fire fighting operation with Fire service

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Dr. Hrishikesh Kalgaonkar Chief Medical Administrator			Dr. S.S. Deepak Chairman & Managing Director	

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Fire Safety protocol must be ensured by instructing all concerned regarding their role and actions in relation to emergency situations. The Fire Officer will be the overall commander of the four parties and personally direct the action of the fire fighting party. In case fire officer is not on duty in the shift this responsibility will pass on to the Security Officer on duty at the Security Control Room. The above-mentioned parties will be earmarked within the employees of the hospital and will function as follows: -

Fire fighting team

The Fire Officer will be in-charge of The Fire Fighting Team.


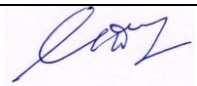
During Office Hours	After Office Hours
Fire Officer Security Officer Manager Maintenance Electrician Plumber A/C Technician All available security guards	Security Supervisor Electrician Plumber A/C Technician All available security guards


- **Duties**

- Proceed to the scene of fire with appropriate Fire Fighting equipments
- Assess the gravity of fire and call the City Fire Brigade if required, in consultation with the CAO
- Extinguish fire under the supervision of officer in charge Fire Fighting Team
- Ensure minimum loss to life and property
- Be available to officer in charge fire fighting team for further instructions
- Do not allow a crowd to collect around the scene of the fire

- **Note**

In case of a fire/spillage in a radioactive/nuclear medicine area, the advice of the doctor / Radiation Safety Officer in charge/ on duty will be taken for precautions to be adopted.

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Cordon / Security Team


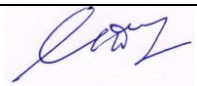
- **Composition:** - All available Security Staff. Executive Housekeeping / (senior most) Security Supervisor will be in charge of the Cordon Team.
- **Duties**
 - a) Form a ring around the scene of fire and ensure that the functioning/movement of the Fire Fighting team/ Fire Brigade Personnel is not hampered with
 - b) Ensure route up to site is kept clean for Fire Fighting team
 - c) Ensure safety of property
 - d) Do not allow a crowd to collect around the scene of fire. Move the general public away from main lobby to the open car parking
 - e) Assist the Fire Fighting Team, if required


Salvage Team

- **Composition:** All available Executive Housekeeping /senior most and nursing in charges.
- **Duties**
 - a) Remove all combustible items from around the scene of fire
 - b) Move all important papers and equipments to a safe area
 - c) Extract all un-damaged material once the fire has been put out

Evacuation Team / First Aid Team

- **Composition:** All Doctors, nursing staff, medical technicians and ward boys. The Chief Medical Officer on duty will be in-charge of this team.
- **Duties**
 - a. Patients 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 patients can also be evacuated
 - d. Bed patients are brought down via emergency exits
 - e. See that patients on life support systems are evacuated along with the equipment

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- f. Arrange stretchers for those patients who cannot move on their own at their place
- g. Critically ill patients in traction beds be wheeled to safety
- 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
- After patients are evacuated close doors and windows to prevent draught. Turn off any oxygen outlets. All the fire doors will be closed.

Duties Personnel Department

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

Duties Finance Department


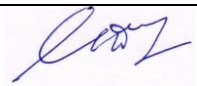
- a) Remove all cash and financial documents to a place of safety
- b) Assess the damage caused by fire and brief the CMD.
- c) Process insurance claims


Duties Maintenance Department

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

Remember

- All fires begin small but grow fast
- Use only stairs or fire exits identified
- Do not take refuge in toilets or in closed doors - Go out
- 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
- Firefighting is everyone's responsibility
- Do not use elevators. Whenever possible use staircase
- When in a safe area, check that all patients and personnel are present

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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 firefighting, 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.

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.

The Security Control Room will act as Control Center for informing all concerned for information/additional help/any emergency.

The Chief 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.

After the fire is extinguished the stop message will be passed to the COO, 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 Managing Director & Chief Operating Officer and the Insurance Company.


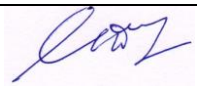
The used fire appliances are to be replaced with serviceable ones and sand/water buckets to be refilled.


Follow up action as per protocol.

Fire officer

Responsibilities:

- Shall be familiar with the written Fire Safety Plan, providing for fire drill and evacuation procedure
- Shall select qualified employees for fire party and organize, train them and supervise their duty.
- Shall be responsible for availability and state of readiness of fire party.
- Shall conduct fire and evacuation drills.
- Shall be responsible for fire training of the Fire Marshal for each floor.

Recommended By	Signature	6	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator			Dr. S.S. Deepak Chairman & Managing Director	


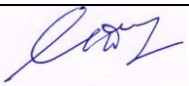
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- Shall be responsible for daily check for the availability of Fire Marshal on each floor.
 - In the event of Fire, shall report to Control Centre to supervise, provide and coordinate the following:
 - I. Ensure that the Fire/Security Department has 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 floor for information of City Fire Service on their arrival.
 - IV. Advise City Fire Service Officer in charge in the operation.
- Each floor of a building shall be under the direction of a designated Fire Marshal for the evacuation of occupants in the event of fire. The Deputy Fire Marshal shall assist him in his duties.
- 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 marshal and deputies

In the event of fire, or 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:

- The most critical areas for immediate evacuation are the fire floor and floors 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 being used by the fire department. If this is not possible, he shall try to attract the attention of the Fire Department personnel before such personnel open the door to the fire floor.
- Evacuation to two or more levels below the fire floor is generally adequate. He shall keep the Control Center informed regarding his location.
- 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.

Recommended By	Signature	7	Approved By	Signature
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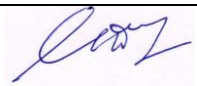
- Have an available updated listing of all personnel with physical disabilities who cannot use stairs unaided. Make arrangements to have these occupants assisted in moving down the stairs to two or more levels below the fire floor.


Firefighting team duties

- On receipt of an alarm for fire the Fire Fighting Team shall
- Report to the floor below the fire to assist in evacuation and provide information to the Control Center.
- After evacuations of fire floor, endeavor to control spread of fire by closing doors, etc.
- Attempt to control the fire until arrival of the Fire Department, if the fire is small and conditions do not pose a personal threat.
- Leave one member on the floor below the fire to direct the Fire Department to the fire location and to inform them of conditions.
- On arrival of the Fire Department, the Fire Fighting Team shall report to the Control Center for additional instructions.
- 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 grey signal and await the arrival of the Fire Department and direct such department to the fire.

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 operating 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 sounds or when directed by an authority. This guide will help you to prepare for emergency situations that might arise in the facility.

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Preplan You're 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.
- 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 "66".
- 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 exit.
- 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.

Fire Door

Fire rated doors shall be self-closing.

Windows in fire or smoke rated doors shall be less than 25 percent of the door and be constructed of wire glass or fire rated glazing material.


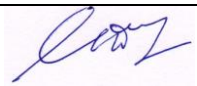
Any door shall be held open only by an automatic release device that is activated by the fire alarm system. These doors shall not be held open with a wedge or other device.


Equipment, beds or other items shall not block smoke or fire doors.

Doors to rooms or areas off the corridor shall be kept closed when the area is not occupied.

Do not drill into or otherwise modify fire or smoke doors. There may be an asbestos hazard, and modifications may negate the fire rating.

Inspection

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The Engineering Department shall inspect all doors.
The Safety Committee shall inspect all fire and smoke doors during hazard surveillance rounds. The automatic release devices shall be tested during fire drills. All deficiencies will be reported to the Chief Engineer's Office in writing. The Chief Engineer's Office shall be responsible for maintaining all doors in proper working order

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 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


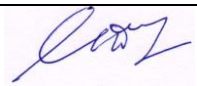
Close all doors between you and the fire. Seal cracks around doors with damp cloth to keep the smoke out. Call 1199 to notify them of your location. While waiting for rescuers, signal from a window by hanging clothes out the window, waving an object, or shouting.


THE EVACUATION PLAN

Exits are marked and provided in all floors through the fire staircase and main staircase of the hospital at all 11 floors and 2 basement floors

ASSEMBLING AREA:

At the time of the internal disaster like the assembling area will be LAWN in front of the main porch and also around the main building

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RACE: RESCUE, ALARM, CONFINE & 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 receive the signal and initiate the emergency response. In addition the air conditioning systems that could increase fire spread are shut down.

- **CONFINE:**

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 & Evacuate**


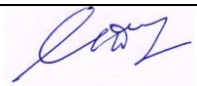
When practical and only when an employee has been properly trained in the safe and proper use of a fire extinguisher, extinguisher shall be attempted using one fire extinguisher.


The staff shall be prepared to respond in the event of a fire and shall activate the nearest fire alarm.

All persons immediately threatened by fire or smoke shall be evacuated from the area, and all other persons shall be evacuated from the building if instructed to do so by a hospital supervisor, Police Department or firefighter.

Evacuation routes shall be posted in each patient care area.

All staff shall be required to attend one fire/safety in-service per year. Staff in areas where patients are housed or treated shall participate in fire drills.

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Specific Information

Other steps to take in case of fire include:

- Remain calm.
- Turn on all lights.
- Clear corridors, in preparation for possible evacuation.

All other areas upon notification of a Red Alert should:

- Remain calm.
- Close all doors checking for signs of fire as doors are closed.
- Clear corridor of any obstacles in preparation for possible evacuation.
- Be sure corridor lights are on.
- Minimize telephone use.
- Evacuate the building if instructed to do so by a hospital supervisor or firefighter.

NOTE: USE STAIRS FOR FIRE EVACUATION - NOT ELEVATORS.

Evacuation Priorities:

- Those closest to danger.
- Ambulatory patients, visitors.
- Wheelchair patients.
- Helpless patients.
- Any remaining staff.


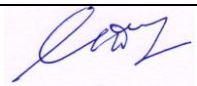
Fire Extinguisher Inspection


Each fire extinguisher is inspected on a monthly basis by the Fire Officer or designee. Fire extinguishers are purchased from a licensed fire extinguisher repair and inspection firm and serviced annually thereafter.

The Fire Officer or designee inspects each fire extinguisher monthly for the following:

- Fire extinguisher accessibility.
- Cylinder damage.
- Integrity of the seal and pull pin.
- Extinguisher gauge readings in the green zone.
- Current year inspection tag.

After inspecting the extinguisher, the Fire Officer or designee dates and initials the back of the inspection tag. A licensed fire extinguisher repair and inspection firm is contacted

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to pick up, repair and/or replace any fire extinguisher that fails to meet any of the above criteria.

Fire Prevention

Smoke Compartment Doors and Door Wedges

Rated doors to smoke compartments must remain closed when not in use or be placed on a magnetic hold opener device.


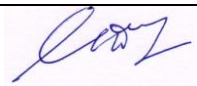
The use of door wedges is prohibited in the hospital. Plant Services and Environmental Services Staff may use door wedges when present in specific work sites. Door wedges must be removed prior to the staff member leaving the work site.


No door shall be obstructed for entrance or egress unless assessed and approved by the Hospital Safety Committee.

Hospital premises is strictly a “No Smoking zone”

Compressed Gas Cylinders

- Store compress gas cylinders in upright position away from fire source.
- Affix to wall with a chain or place in a stand to prevent tipping.
- Post signage outside storage area to identify the presence of compressed gas.
- Keep corridors clear at all times to provide unobstructed exit routes. Never block fire protection equipment.
- Do not place storage in mechanical or electrical rooms or stairwells.
- Know the location and operation of fire extinguishers and fire pull stations within the work area.
- Post evacuation maps and know the evacuation plan for the work area.
- Emergency exits are designated with emergency signs that are visible and lit.
- Use inverted trash cans with a self-closing lid in public/egress corridors.
- Place storage 18 inches below the ceiling in buildings with sprinklers.
- Report frayed cords or exposed wires and do not use equipment until repairs are completed.
- No portable space heaters are permitted in the medical center buildings. During an emergency situation, only approved, oil filled space heaters will be issued by Plant Services.
- It is not permissible to burn candles in medical center facilities.
- Decorative halogen portable/floor lamps are not permitted for use in the hospital.

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Fire Systems


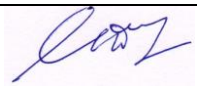
The control and checking of smoke detectors, fire doors and fire extinguishers shall lie with the fire safety department. The schedule for checking and control shall be followed regularly. However the engineering department would be responsible for the maintenance of the systems.


Schedule for Checking

Unit	Frequency
Smoke Detectors	Quarterly (Per floor)
Fire Hydrants	Quarterly
Fire Pumps	Monthly
Fire Hydrants	Quarterly
Water Sprinklers (drain clearance)	Monthly
Fire PA System	Monthly
CO2 Exhaust fan	Quarterly
Fire doors	Quarterly
Fire Extinguishers	Quarterly

TRAFFIC

- Secure wheelchair or stretcher in place before loading or unloading a patient or when assisting a patient on or off the vehicles.
- Always use safety belts or side rails on stretchers to protect patients from falling while transporting.
- Push carts, wheelchairs and stretchers slowly. Watch your way ahead of you.
- Push stretchers and beds from the end and not on the sides to avoid jamming your hand against something.
- Control stretchers and wheelchairs from the lower side while going up or down a ramp. Get help if load or traffic is heavy.
- Pull vehicles through swinging door. Do not ram through.
- Before entering or leaving an elevator with wheelchair or stretchers, be sure floor is at level. Wheelchair is always back first.
- Transport patient's feet first. Have assistant guide at front. Never leave the patient unattended.


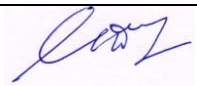
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- When you have transferred the patient or have to wait with the patient, park wheelchair or stretcher out of traffic at one side of the corridor.

SAFETY IN ELECTRIC GOODS

- Prevent dampness near switches, wiring and appliances. Keep hands dry when you handle them.
- Protect cords; Heat, Oil and abuse will damage electric insulation.
- Inspect cords, plugs, switches, sockets and outlets frequently to ensure that they are not damaged.
- Report electrical faults immediately. A “small shock”, overheating, sparking or noise are urgent warnings.
- Report defective wiring such as worn out cords, loose or broken plugs or receptacles, blown fuse, etc. to the maintenance department.
- Do not use an electrical outlet when a plug does not fit snugly. Get the outlet changed.
- Be sure the equipment is properly grounded. Three –wire “ground” plugs are a good protection.
- When connecting and disconnecting an electrical equipment, turn the on-off switch to the “off” position.
- Avoid using an adapter to fit a three-pinned plug in a two-pinned outlet
- Take particular care with electrical fittings in areas where it is difficult to keep the floor dry such as the laundry, kitchen, etc. because of spillage, steam condensation, melting ice, etc. All items of equipment and machinery shall be grounded. No brass electric light sockets, handles, guards, etc. shall be used. If they are currently being used, they shall be replaced with non-conducting or rubber-covered-type material.
- Never attach decorations of paper, cotton, cloth, etc. to electric light wires, fixtures etc.
- Never hand or fasten electric cords with nails, staples or other metal supports.
- Keep wires, lamps, etc. free from contact with curtains, furniture, packing materials, etc.
- Do not use any portable electric appliance until it has been checked by the engineering department for safety.

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FIRE DRILLS

The hospital conducts External Disaster drills at least twice in a year internal drills twice a year to test emergency preparedness.

ORIENTATION AND EDUCATION

Training is given to all the staff about the fire safety programs, evacuation plan and is documented in the personnel file about its participation and attendance.

Periodic fire drills conducted to create awareness and education.


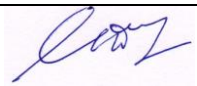
Fire Plan for fire arising from in flammable items, explosion, And Electric Short Circuit


Inflammable Items

- Inflammable material is stored, separately, safely and is identified with clear labelling for easy identification.
- All such areas are having appropriate type fire extinguishers installed nearby for easy accessibility.
- Measures like Sand Buckets etc. have been provided near such installations and storage sites.
- Special type of fire extinguishing system like Foam Based fire extinguishing systems have been provided.
- Staff on duty in those areas, and operators of such machinery are trained to handle these fire extinguishers.

Explosions

- All pressurized vessels are rigorously checked for meeting minimum safety guidelines by periodic checking on defined time intervals like hydrostatic testing, leak testing etc.
- Staff has been trained to handle pressurized vessels safely to avoid Any such incident
- Area containing pressurized vessels are provided with appropriate and adequate firefighting equipment's and staff is also trained to Use them effectively.

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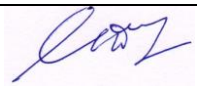
Short Circuit


- Electrical wiring is maintained in good condition avoiding any loose connections, overload on outlets
- During monthly safety round electrical safety of wiring is monitored
- Areas with higher load of electricity are provided with MCBs, Rubber Mats, and adequate ventilation
- Area containing high load electric equipment, Distribution bays are provided with appropriate and adequate firefighting equipment's and staff is also trained to use them effectively.

Smoke Extraction

Hospital has made arrangements to extract smoke from areas under fire by means of

- Ducts
- Portable Smoke Extractors

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Annexure A:

FIRE DRILL CRITIQUE

Date:- _____

Shift:- ____ 1 ____ 2 ____ 3


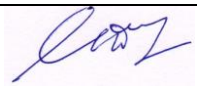
Time:- _____


Location: - _____

Announced: - _____

Unannounced: - _____

AT THE SCENE	SCORE
Rescue:- 1. Did staff remove all persons in danger of fire 2. Did staff know relocation plan? 3. Were items in corridor removed?	
Alarm:- 1. Was the fire alarm heard? 2. Was the location of the fire alarm known? 3. Did staff know how to activate alarm and call emergency number?	
Contain:- 1. Were all corridor doors closed? 2. Did smoke and fire doors close tightly?	
Extinguish:- 1. Did staff know location of extinguisher? 2. Did staff know where to obtain correct extinguisher and know how to use extinguisher ("PASS")?	Total:-
ADJACENT TO THE SCENE	SCORE
Rescue:- 1. Did staff respond as per plan? 2. Did staff know relocation plan? 3. Were items in corridors removed?	
Alarm:- 1. Was the fire alarm heard? 2. Was the location of the fire alarm known?	
Contain:- 1. Were all corridor doors closed? 2. Did smoke and fire doors close tightly?	
Extinguish:- 1. Did staff know location of extinguisher? 2. Did staff know where to obtain and use extinguisher ("PASS")?	Total:-
SCORING CRITERIA/ ACTIONS TAKEN	TOTAL SCORE
<ul style="list-style-type: none"> • >10 Response to Drill Acceptable • 9 – 7 Retrain within one week • 6 or < Retrain and Re-drill within 24 Hours 	

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Code Blue

☉ CODE BLUE ACTIVATION PROCESS:


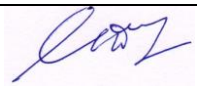
- If you find any person UNRESPONSIVE.
- First check for the response.
- If no response, then check central pulse for maximum 10 seconds, at the same time check for breathing
- If no pulse or breathing or both then call for help and activate code blue
- Start CPR immediately, bring crash cart at the scene.
- Code blue team will arrive at the scene with code blue bag/kit.
- Code blue team will take over.
- Patient is shifted to ICU or managed in wards
- (Or patient is shifted to another tertiary care hospital for further care).


☉ Code blue team members:

- **Team leader**
- **Compressor**
- **Ventilator**
- **Defibrillator operator**
- **Drug administrator**
- **Recorder**
- **CPR coach (desirable)**

☉ Code Blue Documentation:

- CPR record
- ☉ All forms are reviewed by code blue committee.
- ☉ (Quality committee)

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Code Pink

General Introduction

Child abduction is the unauthorized removal of a minor (a child under the age of legal adulthood) from the custody of the child's Natural parents or legally appointed guardians.

Objectives:

1. To prevent child abduction and abuse in the hospital.
2. To create awareness about what to do in case of child Abduction (corrective action & to monitor/evaluate such event post Occurrence to decide further preventive action
3. To conduct the mock drill in the area twice a year & variation to be share with team.

Procedure: Step-1: CHILD LOST/MISSING

- i) If a child is reported lost /missing to you immediately notify your supervisor.
 - ii) In-charge of the area from where the child is missing should function as Communication point.
 - iii) In-charge of the area should then obtain a detailed description of the child (gender, age, hair color, height weight and the clothing wearing When last seen and disseminate the information to all through public address system and also to the security personnel.
- **Do not allow the person to leave who has given the first information.**


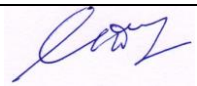
Step-2: Announcing Code PINK


The operator will announce CODE PINK AND ALSO TO SPECIFY LOCATION OF INCIDENT over the Public Address System (PA) of the hospital For example: "CODE PINK, A-2 WARD"

The announcement shall be made 3 (THREE) times at a time after every 30 seconds, at least Thrice

Step 3: Action Plan

In-charges of all wards and patient areas should understand the description and start a search of the missing child/baby within and around there ward. She should seek help of other nurses and staff for the search, however critical patient care work should not be stopped for this.

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- As OPD and emergency has an entry/exit points, the in-charge must assign some staff from There department to monitor the gates and also the outside areas of the hospital.
- All exit to be locked and reinforced with security staff.
- The main gates to be closed.
- Do not allow any person to move from the respective areas
- Every person to be frisked carrying bag and baggage's
- Vehicle boots/dickey will be checked.
- DONOT allow the person reported the incident to depart the area
- As soon as the hospital's administrator come to know about the incident he/she should visit the area from where the child/baby is missing and take information about the situation. He/she will quickly ascertain if code pink action plan is being implemented appropriately. Hospital administrator should also meet the parents and assure them of all possible efforts on part of hospital.

Step 4: Child Found

If you locate a missing child or identify a lost child, immediately notify your supervisor. DO NOT touch the child. Attempt to obtain as much information as possible from the child (name, parent's name, age, event attending, etc.)


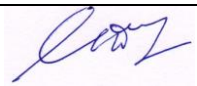
Tell telephone operator to announce "ALL CLEAR". , three times. With this announcement all staff will resume back to their Normal work and active search of the child/baby can be discontinued.


CHILD NOT FOUND

IMPORTANT POINTS-TO BE FOLLOWED AFTER CODE PINK IS CALLED OFF

After code pink is called off, the staff will resume back to their normal work. Hospital administrator, security in-charge and the in-charge of the department from where the child/baby was missing should complete following process after calling off code pink:

- If the child/baby is found alright a quick physical examination of the child/baby should be to ensure that child/baby is in normal condition. He/she should then be handed over to the parent


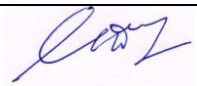
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- If the child/baby is found with minor injuries, first aid / treatment should be given
- If the child/baby is found with severe injuries or in dead condition, or in any condition which indicates a manhandling/abuse/crime, police shall immediately be informed and a medico-legal case must be documented
- If a suspect is found eloping the child, the description of the suspect should be noted and police should be informed as soon as possible
- If child is not found within sufficient time, police should be informed
- The safety/security officer should prepare a detailed report on the code pink incident.
- The report must contain description of child, time of code pink activation, details of search operations, decisions taken and outcome of code pink.
- Hospital administrator must analyses the code pink system and take corrective action to make it more robust

NOTE:

By ensuring that CCTV camera is installed in each area of the hospital, in case of such incidents, missing child search can be easily carried out or at least suspect/child thief can be easily identified & suitable action can be taken further

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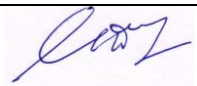
Code Violet


- **Objectives of Code:**

- To prevent Violence or quarrels in the hospital.
- To create awareness about what to do in case of Violence (corrective action & to monitor/evaluate such event post Occurrence to decide further preventive action).
- To conduct the mock drill in the area twice a year & variation to be share with team.

- ❖ **Violence:**

- ⊙ Code Violet will be initiated for serious situations involving any individual(s) exhibiting or threatening with violent behavior in hospital environment.
- ⊙ In case of any violent or combative persons pose no threat others/themselves generally refer as unruly patient or attendant /mob who can damage hospital property
- ⊙ In case of any psychiatric patient with violent behavior who threatens self or others.
- ⊙ At onset of disturbance or unruly patient/individual creating violence found staff needs activated code violet immediately.
- ⊙ Code is alert by concern staff mention exact location.
- ⊙ Operator will announce code 3 times.
- ⊙ Security and PRO and senior admin staff needs to reach at incident location to control the situation. They shall try to communicate politely for and try verbally to de-escalate the situation.

Recommended By	Signature	23	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator			Dr. S.S. Deepak Chairman & Managing Director	

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Code Yellow

A message is announced over a **hospital's** public address system alerting the staff and the need to prepare for:

- (1) Impending emergency or external disaster—e.g. multi trauma, major effects of storm,
- (2) An internal emergency

Disasters


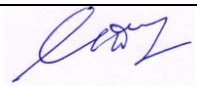
- ⊙ Classification of Hospital Emergencies (Disasters) - External or Internal
- ⊙ External: Emergency (disaster) situations occurring outside the hospital in which the hospital is expected to assist, such as in terms of response and recovery activities
- ⊙ Internal : Internal Emergencies (Disasters)


External emergency (disaster) situations with patients coming into the hospital resulting in an internal emergency (disaster) situation for whatever reasons (e.g., highly transmissible infectious diseases and sudden influx of patients)

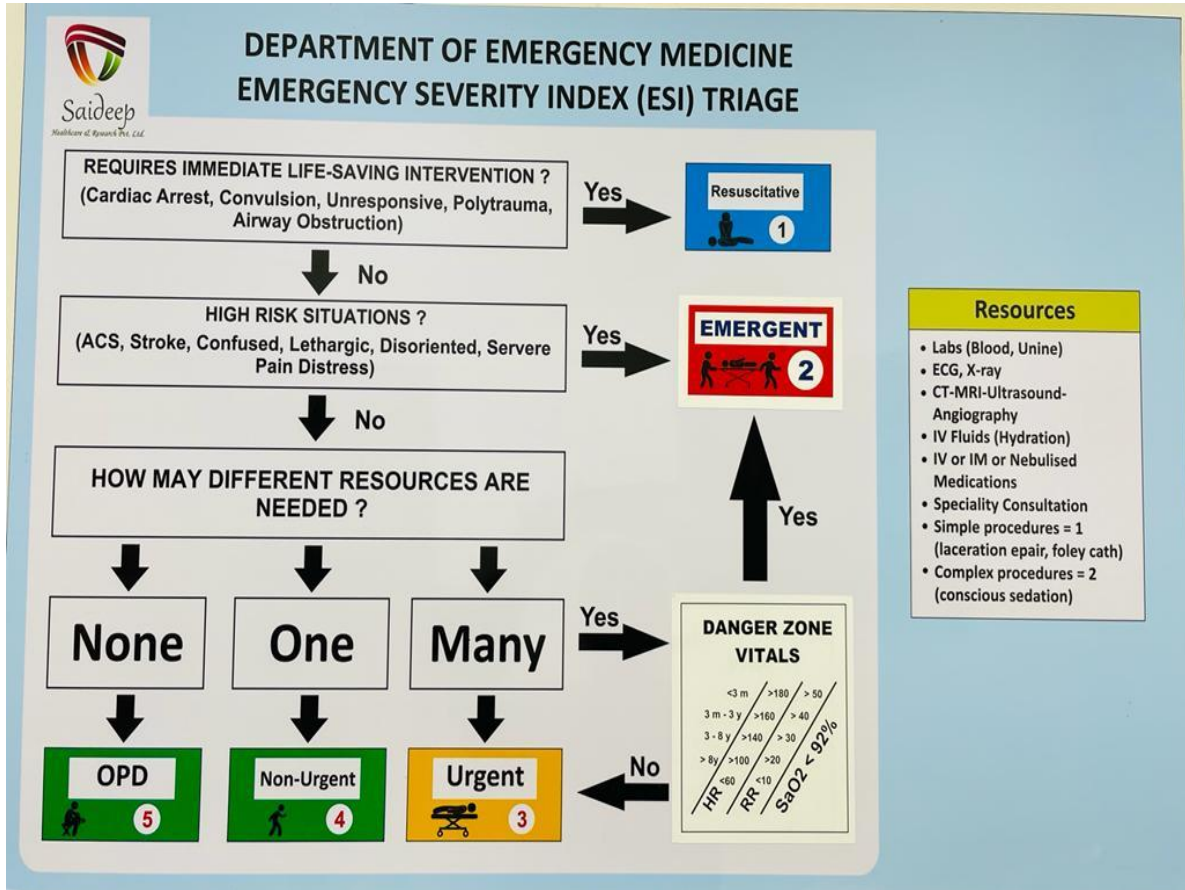
Emergency (disaster) situations occurring inside the hospital (e.g. fire inside the hospital, collapse of hospital building)


TRIAGE

- ⊙ A process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. **Triage** is used in hospital emergency rooms, on battlefields, and at **disaster** sites when limited medical resources must be allocated
- ⊙ **Triage Process:** **Triage** is a procedure we use to prioritize emergency care and identify patients who need immediate medical attention because of the nature or severity of their injury or illness.

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