

DPU

Dr. D. Y. Patil Vidyapeeth, Pune
(Deemed University)



MAINTENANCE POLICY

**For
Infrastructure Facilities,
Physical Facilities
& Other Facilities**

Ref.:- DPU/F-3/CCC/2012/43(8)/

Date:-27/11/2012

NOTIFICATION

In pursuance of the resolution passed by the Board of Management at its meeting held on **23rd October, 2012** vide **Resolution No. BM-23-12**.

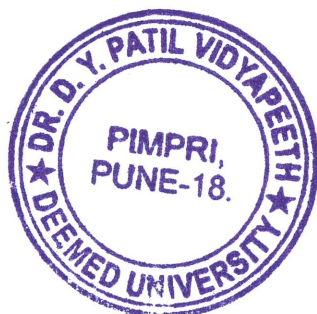
It is hereby notified for information of all concerned that the Dr. D. Y. Patil Vidyapeeth, Pune has published **Maintenance Policy for infrastructure facilities, physical facilities, and other facilities** of the Vidyapeeth and its Constituent Colleges / Institutes, for information to all the concerned.

The document of **Maintenance Policy for infrastructure facilities, physical facilities and other facilities** mainly comprises of the following parts:

- Maintenance of Equipments and Electrical items
- Bio Medical (Electronics) Maintenance
- Housekeeping Maintenance
- Fire & Safety Maintenance
- Security Maintenance
- Disposal of Bio-Medical Waste

This **Maintenance Policy** will serve as detailed guidelines for the **smooth functioning of all infrastructure facilities, physical facilities and other facilities** made available in the Vidyapeeth and its Constituent Colleges / Institutes from time to time.

This will come into force with immediate effect.




(M. S. Phirange)
Registrar (Offg.)

Copy to:

1. Hon'ble Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
2. Hon'ble Vice Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
3. All Deans / Directors / Principals of all the Constituent Colleges / Institutes of Dr. D. Y. Patil Vidyapeeth, Pune
4. The Internal Quality Assurance Cell (IQAC) of Dr. D. Y. Patil Vidyapeeth, Pune

MAINTENANCE POLICY FOR
INFRASTRUCTURE FACILITIES, PHYSICAL FACILITIES AND
OTHER FACILITIES OF THE VIDYAPEETH & ITS CONSTITUENT
COLLEGES / INSTITUTES

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MAINTENANCE POLICY FOR
INFRASTRUCTURE FACILITIES, PHYSICAL FACILITIES AND
OTHER FACILITIES OF THE VIDYAPEETH & ITS CONSTITUENT
COLLEGES / INSTITUTES

WHEREAS Dr. D. Y. Patil Vidyapeeth, Pune popularly known as “DPU”, managed by **Dr. D. Y. Patil Vidyapeeth Society, Pune**, was declared as “Deemed-to-be-University”, under **Section 3 of UGC Act 1956** in 2003. To start with, there was one constituent college i.e., **Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pune**. Later on a few more constituent colleges were established and / or brought under the ambit of the DPU.

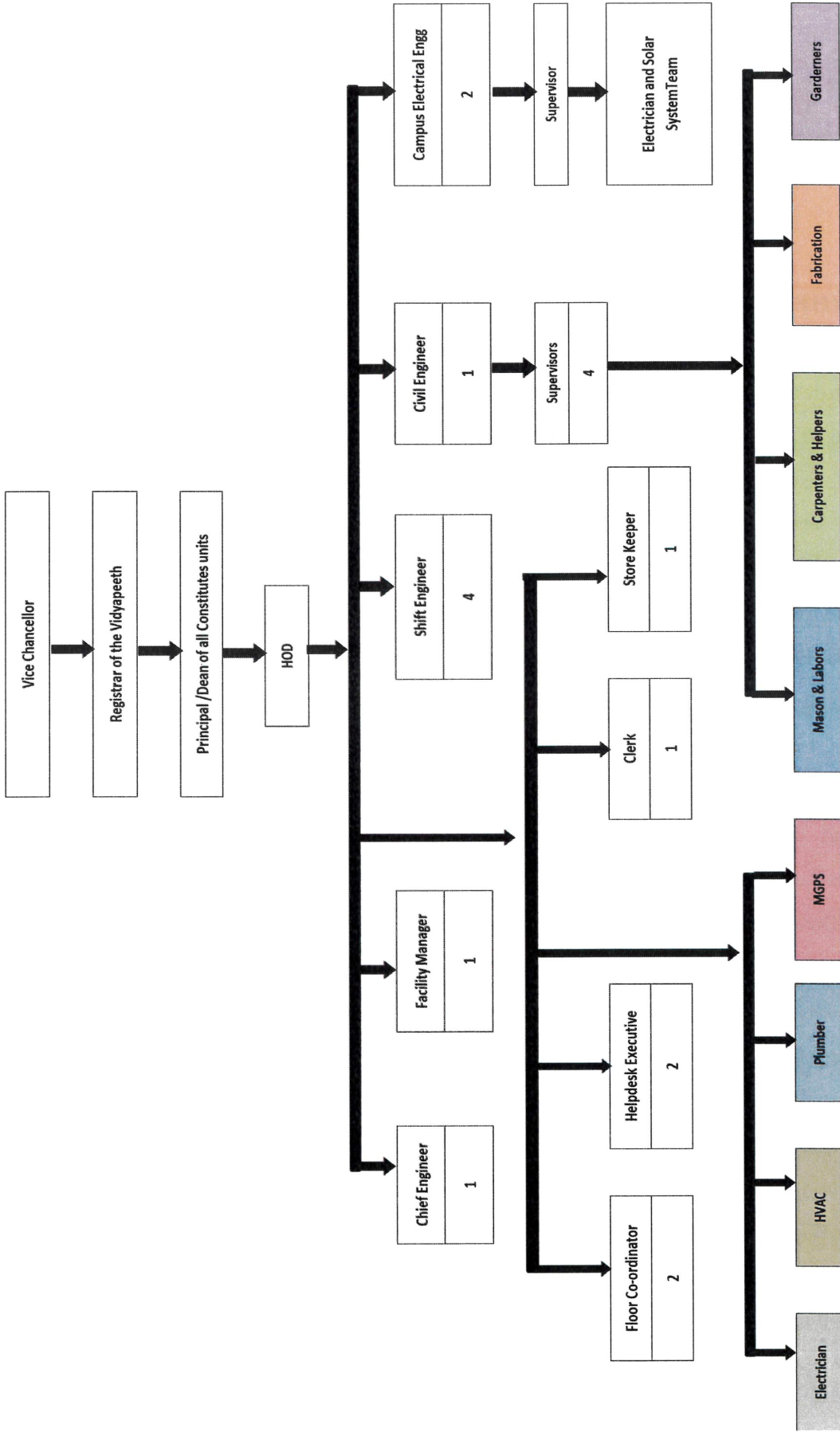
AND WHEREAS today the Vidyapeeth has 7 constituent institutions under its umbrella. All the institutions have the approval / recognition of the relevant statutory bodies to offer UG, PG Degree / Diploma, Super-specialty and Ph.D. programmes in relevant and emerging disciplines, specializations and super specializations.

AND WHEREAS to prescribe the activities to be carried out in order to maintain procure and condemn equipment’s and system’s in Vidyapeeth & its Constituent Colleges / Institutions. The **Maintenance Policy For Infrastructure Facilities, Physical Facilities And Other Facilities Of The Vidyapeeth & Its Constituent Colleges / Institutes** will serve as a detailed guideline for smooth functioning of all infrastructure facilities, physical facilities and other facilities made available in the Vidyapeeth and its Constituent Colleges / Institutes from time to time.

OBJECTIVE

The **Maintenance Policy For Infrastructure Facilities, Physical Facilities And Other Facilities Of The Vidyapeeth & Its Constituent Colleges / Institutes** prescribes activities to be carried out in order to maintain procure and condemn equipment’s and system’s in Vidyapeeth & its Constituent Colleges / Institutions.

Organogram



MAINTENANCE OF EQUIPMENTS AND ELECTRICAL ITEMS

➤ DEFINITIONS

- **Safety:** The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
- **Protective Devices:** “Devices to control the movement of the whole or a portion of a human’s body to protect the human from hurting him/ herself or others”.
- **Preventive Maintenance:** It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure to protect them and to prevent or eliminate any degradation in their operating conditions. The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.
- **Breakdown Maintenance:** Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.

➤ SCOPE OF ENGINEERING SERVICES (MAINTENANCE)

- Equipment planning
- Equipment selection
- Equipment management
- Equipment Maintenance
 - Routine maintenance
 - Break Down Maintenance
 - Preventive maintenance
- Water Management
- Electrical System Maintenance
- AC Maintenance
- Fire System Management
- Lift Maintenance
- Equipment replacement and disposal

➤ **APPOINTMENT OF QUALIFIED AND TRAINED PERSONNEL**

- There shall be qualified and trained personnel to operate and maintain equipment and utility systems.
- There shall be maintenance personnel on-call for 24 hours.

➤ **EQUIPMENT PLANNING**

- The equipment planning shall be done based on the future requirements of the organization, in accordance with its services and strategic plans.
- The plans shall be reviewed periodically or as and when required.
- Equipment planning shall be done in a collaborative manner involving the end users, management, finance and the Purchase departments.
- The requirement shall be listed as per requirement and the usage shall be taken into consideration
- There shall be a collaborative process in case of renting/selecting/upgrading etc. of any equipment.

➤ **EQUIPMENT SELECTION**

- Equipment shall be selected, rented, updated, or upgraded by a collaborative process.
- Collaborative process implies that the equipment selection shall be done through the Purchase and Condemnation Committee where there is involvement of and representations from the end-user, management, finance, and engineering departments.

➤ **EQUIPMENT MANAGEMENT**

- Every piece of equipment purchased shall be inventoried appropriately with the enlisting of all its accessories and other relevant details.
- All equipment's shall be inventoried and logs shall be maintained.
- All equipment's shall be allotted asset tags.
- Wherever applicable, the relevant quality conformance certificates along with the manufacturer's factory test certificate shall be retained as a part of the documentation for each and every equipment.
- All the certificates related to quality/services, etc. shall be maintained by the In-Charge of Facility Department.

➤ **EQUIPMENT MAINTENANCE**

Daily rounds will be taken by the electricians and engineers to check for all the equipment's. Periodic maintenance shall be done by the designated maintenance staff as per the check list on Daily, weekly and monthly basis. Details of repair status shall be maintained by the concerned department.

● **Preventive Maintenance:**

- a. Maintenance manager shall prepare and maintain a yearly preventive maintenance and calibration plan / schedule as per the list of available equipment's.
- b. Based on the preventive maintenance plan scheduled work are done on a regular basis.
- c. The details of preventive maintenance plan details of the equipment's are maintained in the service register.
- d. Periodic checking of the building shall be done by the designated staff for peeling of paints from walls, cracks, seepages etc. and should be in recorded and given to the project manager.
- e. All breakdown repair complaints directly related to patients comfort like fan, bell etc. not working shall be attained in 1-2 hrs.
- f. On failure of above the reason should be given in writing to the Dean/Director on the same day.

● **Break Down Maintenance:**

- a. Any breakdown call should be attended in less than one hour.
- b. All the breakdown calls shall be notified through written work request form / telephonically.
- c. All minor breakdowns related directly to patient comfort shall be rectified immediately on rounds itself.
- d. Depending upon the type of break down maintenance, manager shall allot the work to the concerned person.
- e. Maintenance staff shall analyze the nature of work to be done for rectifying the problem.
- f. Details of break down repairs call shall be documented in the break down register.
- g. All breakdown calls will be termed accomplished only after verification from the In-charge of concerned department in maintenance register.
- h. The Supervisor shall maintain the details of work in the maintenance logbook.

➤ OPERATION PROCEDURE

1. Diesel Generator Set Maintenance:

- a. Oil, coolant, battery, diesel levels and AMF panel and any leakages are checked daily.
- b. Check the engine oil.
- c. Check the diesel level.
- d. Check the radiator water level.
- e. Check the battery Voltage.
- f. If lubrication oil is less topping up is to be done immediately.
- g. Coolant pH will be checked using the pH paper on monthly basis. If pH is not within the range, then coolant will be added up to the marking provided in the tank.
- h. The battery voltage, electrodes and distilled water are checked on monthly basis. Distilled water will be added if required.
- i. Start the engine and supply the power through change over switch. Once the power resume normalizes the system.
- j. Entire battery is changed every three years.
- k. Diesel level will be checked every day to maintain full tank capacity of 1000 liters.
- l. Provision to store the extra diesel be made.
- m. AMF panel: All controls of the AMF panel are checked daily. The parameters of all the meters are checked for pre-defined limit.

2. Electrical panel (Incomer):

- a. Maintenance incomer breaker to be in ON position.
- b. In case of power failure, breaker to be put off and DG set be started.
- c. When power resume, put off DG and put ON main breaker.
- d. Whenever power resume checks the voltage in all 3 phases if not proper then put OFF breaker and start DG and inform to GEB to correct the voltage or attend or rectify the same.
- e. Monitor the gas bank whether it is ON/OFF & power factor to be maintained always.
- f. Check voltage in all 03 phases.
- g. Otherwise check AVR.

3. High Tension Transformer:

- a. Heating, temperature rise, oil leakage, noise factors are assessed externally.
- b. If oil is less topping up is done.
- c. If temperature is high may be because of load or atmospheric temperature, then either tripping the load or temperature adjustment is done.

4. Low Tension panels:

- a. There will be main, sub, floor panels and distribution panels.
- b. Heating to be checked regularly.
- c. Load balancing to be done in case extra load.
- d. For loose connections in the terminals, re-connections to be done on priority.

5. Uninterrupted Power Supply (UPS):

- a. UPS to be installed in the entire hospital with appropriate capacity.
- b. To check capacity of each UPS and battery bank.
- c. The load capacity, battery terminals and the room temperature are checked on a daily basis.
- d. In case of breakdown in the UPS rectify the complaint through engineer.

All electrical connections and appliances – floor wise to be checked & maintained

6. Solar Panels

Solar panels to be checked and maintained on weekly basis.

7. Water Management:

A well-documented plan for water management shall be created and followed.

- **Water Storage Tanks:** The water tanks shall be cleaned at regular intervals as per schedule where raw water and the water treated shall be stored. All water storage tanks shall be cleaned and treated periodically, at regular intervals of 3 months and testing will be carried before and after cleaning.
- **STP Plant:** The STP plant shall be cleaned in 6 months and undergo maintenance every 6 months and testing will be carried out every six months followed by testing of output water. Sample water testing and STP water testing shall be done on regular basis i.e., every 3 months.

- **RO Water Plant:** The RO water is required for dialysis and so needs to be installed and maintained regularly. The RO plant water testing to be done every month. The RO plant to be maintained and Preventive Maintenance to be done every quarter.
- **Water Sample Testing:** All water samples to be tested for contents.
- **Water Storage Tanks & STP Plant:**
The water being supplied by the Municipal Corporation to be physically checked by taking water in a bucket to check for visible impurities once in a week. All water storage tanks to be cleaned and treated periodically, at regular intervals of 3 months. The STP plant to be cleaned in 6 months.

8. Air Conditioner Maintenance:

All elements of Air conditioner shall be covered under the periodic maintenance plan. The maintenance shall be documented in the logs as per schedule.

9. Civil Maintenance

- a. Any complaints received regarding the civil Maintenance to be attended immediately.
- b. The complaint received and rectification date to be noted in the maintenance register.
- c. For any major fault in the civil, it should be immediately forwarded to Project and Civil Engineer.

10. Carpentry

- a. Any complaints received regarding the civil Maintenance to be attended immediately.
- b. The complaint received and rectification date to be noted in the maintenance register.
- c. For any major fault in the civil, it should be forwarded to concern.

11. Fabrication

- a. Any complaint regarding Fabrication is forwarded to Fabrication Section.
- b. The concern staff to submit the equipment to fabrication section for fabrication.

12. Landscaping

- a. Gardening Team will be responsible for care of gardens
- b. Watering on Regular basis is to be done at nursery level and at actual plantation place.

- c. Cutting and trimming to be done as per requirement
- d. Planation and replantation to be done as per requirement.

13. Lifts

- a. Any complaints received regarding the lifts will be attended immediately.
- b. The complaint received and rectification date and time will be noted in the maintenance register.
- c. For any major fault in the lifts the company engineer will be called for rectification.
- d. The service report to be obtained and maintained by the engineer.

➤ **EQUIPMENT REPLACEMENT AND DISPOSAL**

- The equipments which are declared non repairable by the engineers and shall be reconfirmed by the purchase and condemnation committee. The equipment will be first condemned and kept in a designated area and then disposed off on monthly basis.
- All the IT equipment's like computers, telephone exchange units, telephone lines, nurse call system, etc., shall be covered under the periodic maintenance plan

➤ **END-USER TRAINING**

- Persons using instruments to be trained on aspects like Do's, Don'ts, handling, storage, safety, preventive maintenance, and minor repairs as and when required.
- Records of training imparted to be maintained.

➤ **PROCEDURE**

➤ **Equipment planning:**

- Equipment planning to be done based on:
 - a. Expansion plan of hospital services
 - b. Obsolete equipment
 - c. Non-functional / non-reparability of any equipment
- The equipment to be procured is studied by the maintenance manager, both technically and commercially, by inviting the necessary documentary evidence from the vendors.

- Once the need and urgency has been seen the value of the equipment will be studied. The depreciation value of the equipment will be made on a yearly basis. When the value of the equipment comes to zero that's the time when the equipment must be replaced.
- At least 3 quotes of the same equipment to be obtained.

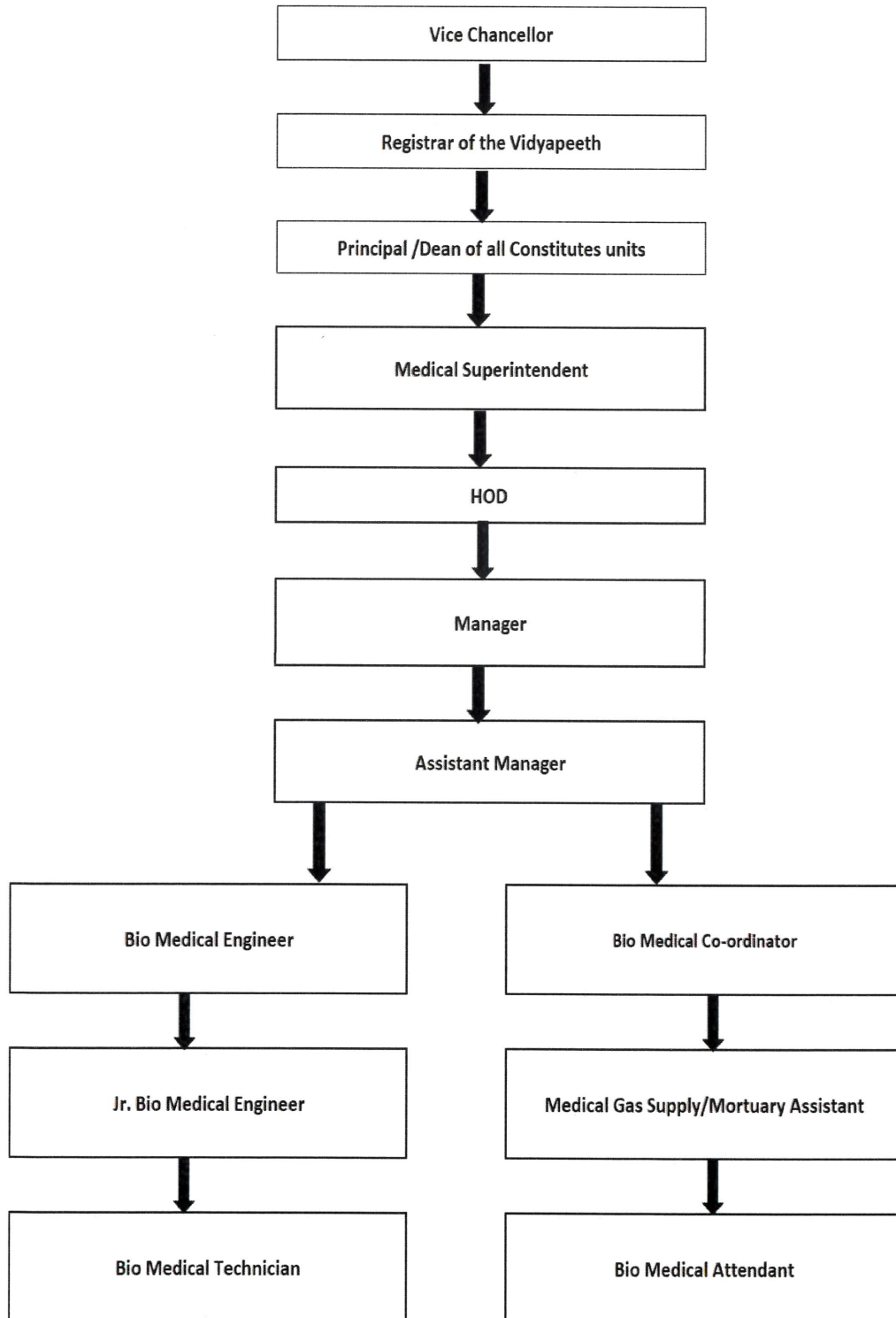
➤ **Procedure on Equipment Selection:**

- When selecting equipment, a meeting will be conducted along with the department heads and the Maintenance engineer in order to assess the need for the department.
- The following are the things that need to be kept in mind while selecting an equipment:
 - a. Capacity of the equipment
 - b. The Make/Brand of the equipment
 - c. Ratings that the equipment has received
 - d. Performance of the equipment
 - e. Efficiency of the equipment
 - f. Durability of the equipment.
- After the equipment details are studied, the recommendation will be submitted to the Purchase Committee for purchasing the same.
- The equipment is selected after due evaluation of the vendors and the negotiation.

➤ **Equipment Inventory Management:**

- The purchased equipment will be received by the hospital
- The equipment will be checked and verified by the maintenance engineer in the presence of the company engineer.
- On satisfactory checking, the GRN (Goods receipt note) is prepared.
- The code for the equipment will be generated
- The equipment will be installed in the department.
- Installation report is provided by the company engineer.
- The delivery challan and the necessary invoices will be forwarded to the accounts department for making the necessary payment.
- The equipment stock is done on a yearly basis by the Purchase department.

ORGANOGRAM - BIO MEDICAL



BIO MEDICAL (ELECTRONICS) MAINTENANCE

➤ **PROCEDURE FOR EQUIPMENT PLANNING**

One month in advance to the start of financial year user departments will fill the equipment requisition form and submit to the Management justifying the reason for purchase. The requests will be certified by the Management and the same will be handed to the Purchase Committee for further actions.

➤ **PROCUREMENT OF BIOMEDICAL EQUIPMENT**

- Biomedical department will be part of Purchase committee.
- Any new equipment requirement will be intimated through biomedical department and an assessment for the same will be done to check whether the requirement is appropriate or not.
- If found appropriate, then the suppliers will be contacted in order to get further details regarding the equipment.
- Biomedical department will co-ordinate with Purchase Committee in negotiating the price.
- Once the details like technical specifications, price etc are finalized by the Purchase Committee, these details will be forwarded to Purchase Department, which will further take steps to procure the same.

➤ **PROCUREMENT AND SUPPLY OF MEDICAL GAS**

- Biomedical Engineering Department shall be responsible for supply of Medical Gas like oxygen, Nitrous oxide, Carbon dioxide etc. required in hospital.
- Based on consumption biomedical department shall prepare requirement indent of medical gas cylinder & liquid.
- After approval of indent, it will sent to purchase department for releasing purchase order.
- Biomedical Engineering Department shall receive the cylinder requirement and liquid oxygen tank requirement from MGPS Plant facility on regular basis through mail.
- Biomedical department shall send requirement enquiry through mail or telephonically to the approved supplier.

- Biomedical Engineering Department shall process the bills of cylinder and liquid Oxygen tank supply to account department for payment process.

➤ **INSTALLATION FLOW**

- The new equipment will be received in General Stores and then bought to the location as instructed in purchase order.
- The biomedical department shall be responsible for checking equipment details and spare part details.
- Before installation, the pre-installation details shall be acquired from the manufacturer.
- The concerned department shall be informed regarding the pre installation requirements. E.g., The BME Department will be informed for any electrical and plumbing work to be done on site before installation.
- Once the site is ready the company engineer shall be informed to visit the site and to start installation once all the criterions are met.
- Once the installation is complete the demo shall be given to biomedical department & application training to the user end.

➤ **CALIBRATION:**

All the equipment's used in critical care, diagnostic, surgical, clinical laboratory, patient monitoring, etc. shall be calibrated as per accreditation standards of the authorized agency. List of equipment's requiring calibration and certificates shall be maintained in calibration record. All the equipment's post calibration shall bear the calibration sticker with next due on the equipment.

PROCESS FOR CALIBRATION:

- NA list of Medical equipment / devices of hospital requiring calibration be prepared and maintained.
- The calibration shall be done and status will be updated continuously.
- Calibration shall be done through external authorized sources.
- Instruments requiring calibration to be done at an outside location shall be collected and sent to the identified calibration agency.
- The equipment's shall be maintained to ensure their accuracy and fitness for use.

- **Post calibration, the following check up will be done.**
- Physical condition of instrument / test equipment.
- Verification of Calibration report i.e., to check whether the equipments are running as per the norms.
- Calibration certificate to be obtained from calibration agency with verification marked as OK / Not OK. The same shall be kept with the biomedical department and a copy will be provided to the user department.
- Calibration sticker shall be displayed on the machine which will show the last calibration date and the next calibration due date.

➤ **USER END TRAINING**

As and when new equipment's are installed or when requested by the user departments, a training session shall be conducted.

➤ **ACQUIRING AMC MAINTENANCE:**

- The details regarding the equipment shall be collected one month prior to the warranty expiry date.
- Depending on service history, the need determination for AMC shall be done.
- The AMC Proposal shall be called from the respective company.
- The negotiations and the number of breakdown and preventive maintenance calls per annum shall be discussed.
- The quotation for approval shall be sent to Chief Operating Officer.
- Post approval the same shall be forwarded to the purchase department.
- The purchase department shall further release the purchase order and complete documentation.

➤ **PREVENTIVE MAINTENANCE:**

- Bio Medical department shall prepare list of the equipments under Warranty, AMC/CMC contract, in house preventive maintenance, and preventive maintenance schedule.
- Bio Medical Co-Ordinator shall notify the company to carry out Preventive maintenance as per schedule.

- Bio medical engineer or technician will assist the company engineer to carry out the preventive maintenance under Warranty, AMC/CMC service and fix the preventive maintenance sticker on the equipment with next test due and get the service report and check list from the company for record.
- Bio medical engineer shall carry out preventive maintenance for all non-critical equipment in house as per manufacturer's instructions and fix the preventive maintenance sticker with next test due and prepare in house service report, check list.
- Bio medical Engineer shall maintain all the preventive maintenance service report and check list records and update the history sheets.

➤ **BREAK DOWN MAINTENANCE:**

- Breakdown of an equipment or device shall be recorded in the repair note and then reported to Bio Medical Department.
- Junior Assistant Clerk shall log the requirement of maintenance / repair in the complaint Register.
- Instruments / devices which are under AMC (Annual Maintenance Contract) are given to respective Company for maintenance.
- A report of failure / break down shall be taken from company for monitoring purposes and will be documented.
- In-house servicing is done for breakdowns like for the errors which arise due to improper application or which lie within the first level of servicing as well as other errors.

BREAKDOWN PROCESS:

- The user department shall inform the biomedical department in case of a breakdown.
- The complaint will be registered in the breakdown log. The In-charge shall allot the complaint to the staff in the department
- The staff shall than make attempt to rectify the breakdown that has occurred.
- If it cannot be repaired by in-house staff, the company supplying the equipment shall be informed about the complaint.
- The work of the company representative shall be supervised and documented.
- If the equipment is irreparable then it shall be considered for condemnation.

➤ **INVENTORY OF SPARE PARTS/ACCESSORIES:**

- Bio Medical Engineering department shall maintain inventory of the required spare parts / accessories / maintenance kit to carry out break down and preventive maintenance effectively.
- Stock register shall be maintained for all incoming and outgoing spares / accessories by bio engineering clerk and shall also maintain the minimum level of stock.
- Bio medical clerk shall issue spare parts /accessories as and when requested from bio medical engineer and update the stock register accordingly.
- He shall carry out stock verification of the inventory quarterly with the help of bio medical engineer and clerk which shall be counter-signed by HOD Bio Medical for correctness.
- Indent requisition shall be prepared for new spare parts / accessories and stock items depending upon minimum stock level.

➤ **SAFETY, RECALLS, AND REGULATORY COMPLIANCE**

- Inspection of all the incoming equipment for cleanness, blood spots, and contaminations shall be carried out carefully.
- If any equipment is found with blood stains or other spill it will be cleaned properly by the end user.
- Gloves and mask shall be used while working with equipment for breakdown maintenance or preventive maintenance especially when working in critical areas, operation theatre, and laboratory.
- Electrical connections shall be checked for exposed wires to prevent electrical shocks.
- Precautions and appropriate safety PPE shall be used while working with radiographic equipment.
- Bio Medical Engineering department shall co-ordinate with radiology safety officer for newly purchased radiographic equipment Licenses and keep record of Quality assurance testing for radiographic equipment for regulatory compliance.
- Bio Medical Engineering department shall observe and monitor the product recalls received from manufacturer and take necessary action.

➤ CONDEMNATION OF THE EQUIPMENT:

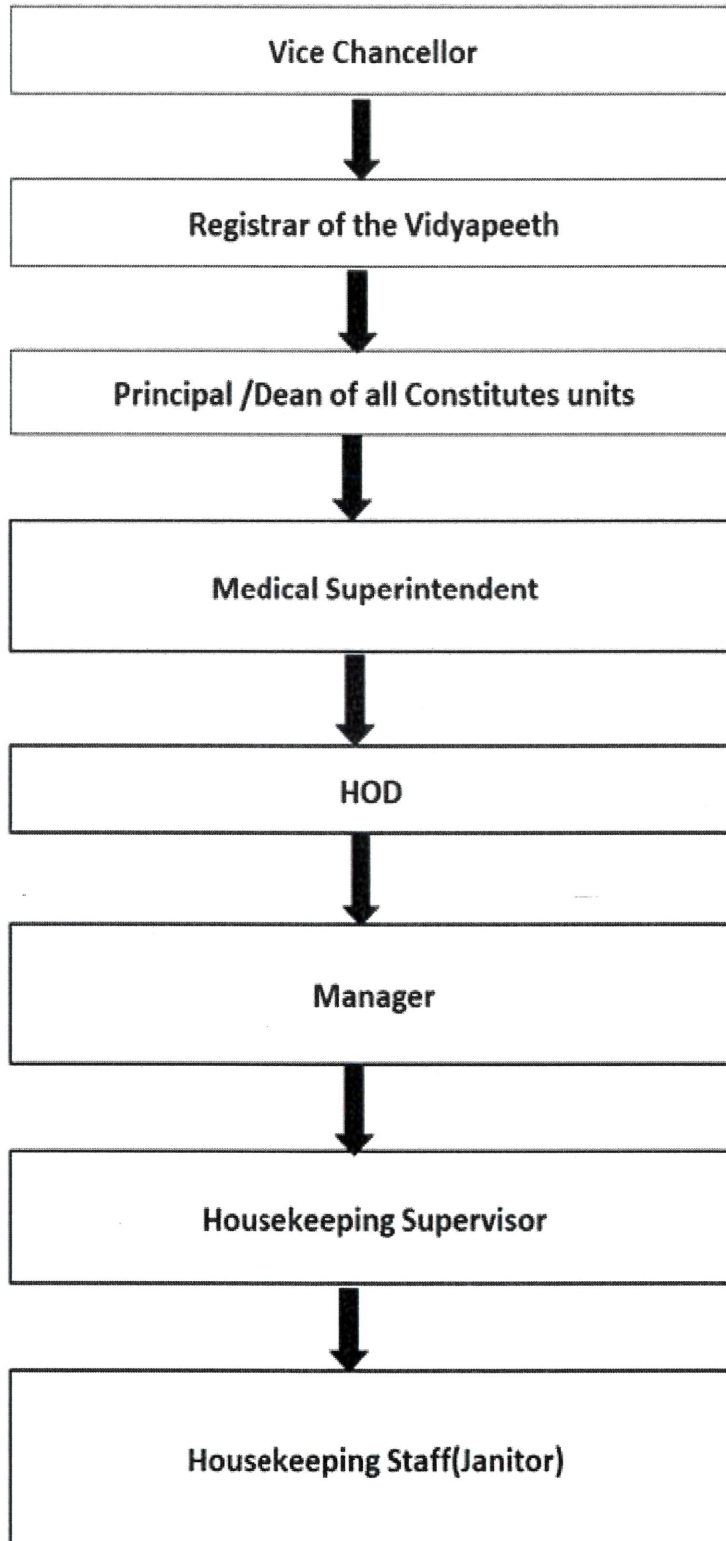
- To evaluate medical equipment used in healthcare facility for Condemnation and disposing based on recommendation from user department and biomedical department.
- Equipment evaluation shall be done on the basis of its performance, age, breakdown history and spare parts replacements and manufacturer's support for spare parts availability and technical support after every 7 to 8 years.
- Bio medical engineering Department shall prepare condemnation report and send it to condemnation committee for approval if:
 - If there is no support from the manufacturer for spare parts availability, technical support and in case the product is discontinued
 - If equipment performance is not as expected and repair cost is more than 75% of its purchase cost.
 - If an equipment is not safe to use on patient due to physical damage and beyond repairs.
 - If end user requests for evaluation of old and non-functional equipment and send it to Bio Medical Engineering department for Evaluation / Condemnation.
 - If technology of equipment has become obsolete or software is affecting the performance and results.
- Bio Medical Engineering Department HOD shall sign the report and send it to condemnation committee for approval.
- After the approval from condemnation committee the equipment shall be sent to store for disposal.
- After receiving condemnation form approved by committee, equipment shall be removed from the service permanently and send it to store for disposal with proper decommissioning and decontamination.
- Update the asset record and mark the asset as condemned and removed.
- Copy of condemnation report send to end user department, stores, accounts department.

PROCEDURE FOR DISPOSAL

- Condemnation committee will decide about proper disposal of the condemned equipment based on:
 - Whether the equipment can be used for Training Purpose.

- Whether spare parts of condemned equipment can be used for repair of similar type of equipment.
- Or for Scrap Sale.
- All services and inventory labels shall be removed, and all the patient information shall be deleted.
- Equipment that cannot have any alternative use shall be disposed of safely and shall include -
 - Removal and segregation of mercury and glass parts from BP apparatus.
 - Removal and separation of battery and electronic components e-waste from the equipment.
 - Removal of X-Ray tubes from the Radiographic equipment and shall be handled separately.
 - Removal of all fuses, power cords from the machine.
 - Cleaning and decontamination of the machine.

ORGANOGRAM -HOUSEKEEPING



HOUSEKEEPING MAINTENANCE

➤ **PROCEDURE**

- In each shift supervisor will take briefing of all janitors. Then allocate work according to department and floors.
- Janitors collect housekeeping material and equipment from housekeeping store.
- After that janitor goes to allocated destination and start working as per SOP.
- Supervisor takes round and supervises work as per standard .and cross check completion work of Janitor.
- Supervisor takes signature from concern person of department on Daily Activity Register.
- If any problems come supervisor try to resolve it or inform to Manager.
- As per timetable supervisor manage breaks.
- Manager takes rounds.
- Before ending shifts Supervisor takes Debriefing and then shift gets End.

➤ **WORKFLOW OF HOUSEKEEPING PROCESS:-**

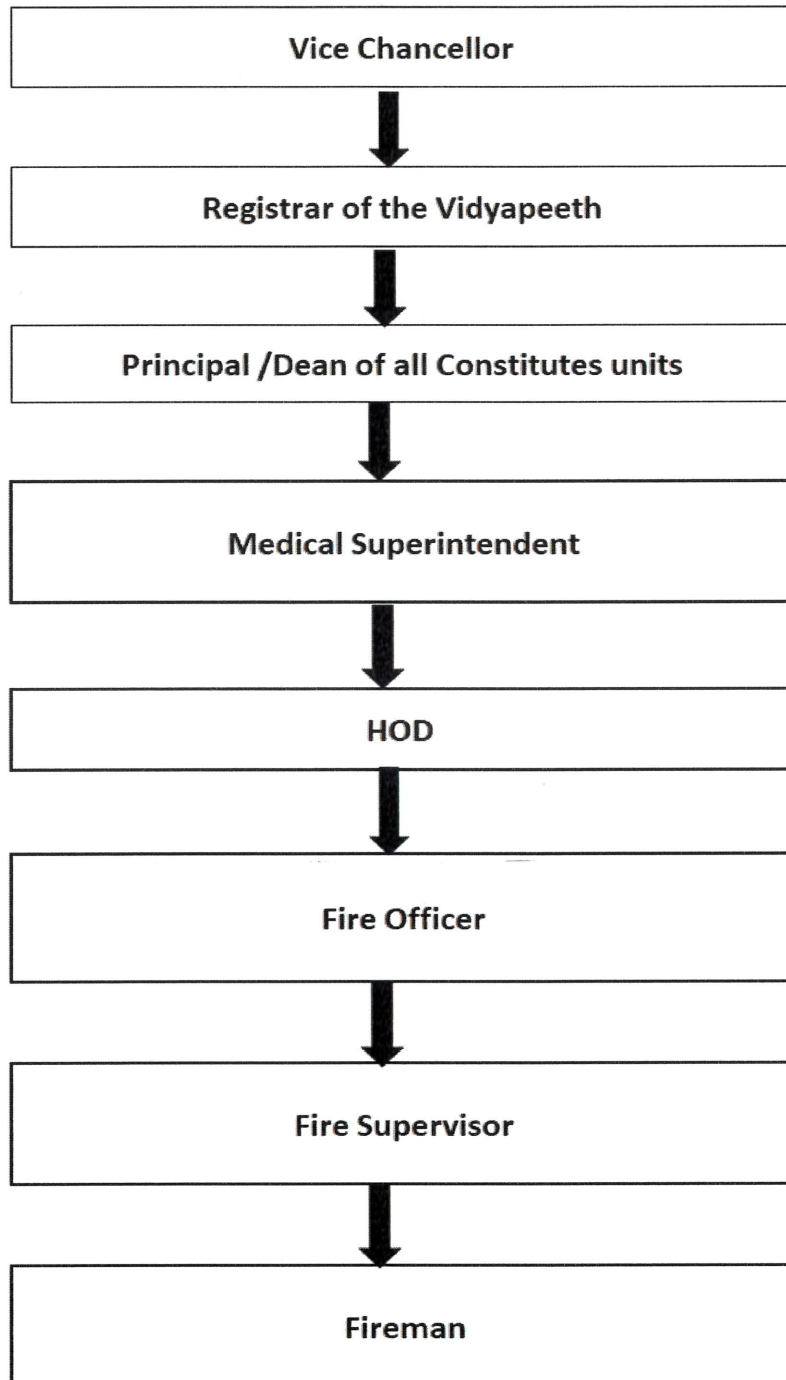
- **Pre clean:-** the first stage and cleaning is to remove loos debris and substance from the contaminated surface you are clean.
- **Main Cleaning:-** By using accurate chemical and equipment as per standard operating procedure.
- **Rinse:-** Rinse all dust or used cleaning material from object.
- **Disinfection:-** Using proper chemical and accurate SOP, disinfect object
- **Final Rinse:-** Rinse object on final stage level.
- **Drying:-** using proper electrical equipment for drying object.

➤ **DAILY CLEANING**

- Provide daily cleaning service to all IPD rooms as per cleaning protocol.
- Provide daily cleaning service to all administrative of offices and toilets.
- Clean all consultant rooms and offices as per protocol.
- Clean all toilets as per toilets cleaning protocol.
- Clean all public areas –corridor, staircases, porches, outer area, elevators, etc.

- As per protocol, re-positioning of furniture in waiting areas after cleaning.
- Clean all DU/CU pantries, janitors' rooms, and all engineering rooms.
- Scrubbing of the entire hospital corridor during night shift.
- Hourly touch up to public toilet and public movement areas to be given.

ORGANOGRAM – FIRE & SAFETY

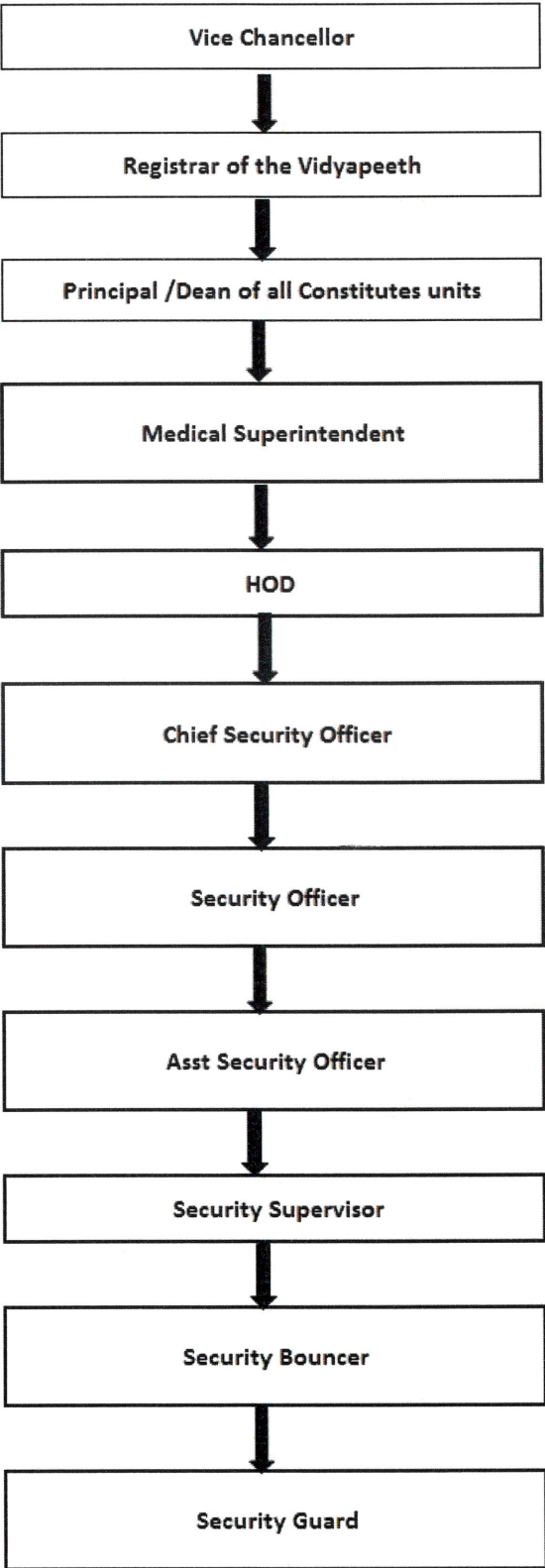


FIRE & SAFETY MAINTENANCE

- The individual discovering the fire will take the following actions:
- Shout “Code Red” so that nearby staff will reach for help.
- If fire is small, first responder will ‘Pick up fire extinguishers from the closest fire point’ before reaching firefighting team.
- Second responder will Dial 5994 and notify the fire emergency with location and assist the first responder.
- Help shall be taken from same floor individuals & the staff shall be evacuated from the affected area.
- Operator will announce Code Red with location (e.g.: Code Red -Name of Building- Floor – Ward No/Dept- Room No) through PA system three times.
- Cordoning the area, movement restriction & assisting the first responder shall be done.
- Firefighting team shall be called and assisted to reach fire location immediately.
- Fire Officer, Security Officer, Medical Superintendent & Manager Administration, Manager Facility and Head of Support Services shall be informed about the fire emergency.
- After hearing announcement, the concerned staff shall immediately reach fire location & start extinguishing the fire.
- Staff will be evacuated from affected area to safe location of same floor. (Horizontal Evacuation)
- Fire Officer, Fire Supervisor, Firemen, Security Officer, Medical Superintendent & Manager Administration, Manager Facility, Head of Support Services will move to location of fire.
- Assessment of the requirement of power cut off in affected area shall be carried out. Fire & Safety Officer will inform Maintenance Manager to organize through utility staff to cut off the power supply of affected area.
- Asses the requirement of oxygen supply cut off in affected area. Inform Clinical staff in affected area.
- Biomedical department shall Isolate the oxygen supply to affected area if required.
- Alternate arrangement to be done before cutting off the oxygen supply for patients.

- In case the fire is controlled, visit the affected area & give call to operator for announcing “All Clear message”.
- If the fire is not contained /extinguished or in case of major fire, decision of vertical evacuation of staff & patients will be taken after informing Medical Superintendent.
- Operator shall be informed for calling Fire brigade.
- Firefighting Team members who are already available on the floor of fire will continue fighting the fire with the help of fire hydrant system till Fire Tanker and help reaches location.
- The Security shall be informed to vacant the parking for creating space for Fire Tanker.
- Stretchers, beds, wheelchairs & space for putting beds shall be arranged with the help of supporting staff.
- In case of Major fire, two types of evacuations can be done.
 - a) Vertical evacuation
 - b) Full evacuation
- In this evacuation, Staff, visitors, relatives & Patients will be evacuated 02 floors above and 01 floor below the floor of fire.
- Patients will be evacuated as per procedure.
- If major fire, decision of full evacuation can be taken.
- Announce about the full evacuation & keep announcing safe evacuation instructions.
- Call outside ambulance services & hospitals & ask for help.
- Announce “All Clear message” after instructed by Fire Officer

Organogram Security Department



SECURITY MAINTENANCE

➤ **SECURITY OFFICER AND SECURITY SUPERVISOR**

- Purpose: To handle the shift efficiently by security supervisor.
- Scope : To ensure the discipline among the security guards and supervisors since large strength of security men and women.
- Definition and Abbreviation : MLC – Medico Legal Case, IPD – In Patient Department, OPD – Out Patient Department, OE – Operations Executive, OT – Operation Theater, SS - Security Supervisor, SO - Security Officer.
- Responsibility : SS, SO
- Procedures: Having a job description in written will help the security to follow the expected job without missing on any single task.
 - a) Manpower in the shift and their briefing as well as turn checks out to be carried out.
 - b) Hand over to be taken each and every time – Any pending investigation, follow up, MLC matters, any special patient to take care, and any untoward incident.
 - c) Security Log Book reading and mentioning any untoward movement in the register.
 - d) Rounds of the hospital (IPD/OPD/Parking)
 - e) Staff attendance and OT to be maintain day to day bases in register.
 - f) Visitors gate pass to make
 - g) Proper vigilance of visitors coming to the hospital lobby/emergency/basement to check.
 - h) Ensuring that all the doors are properly locked at designated timings and opening the same.

➤ **ROUNDS ON FLOORS / CO-ORDINATION WITH NURSING STAFF**

- Purpose : Conduct proper floor rounds to achieve the aim
- Scope: To ensure the proper co ordination of nursing staff, trainings and meetings are called together.
- Definition and Abbreviation: CSO- Chief Security Officer, SS - Security Supervisor, SO - Security Officer.
- Responsibility : SS, SO

- Procedures :
 - a) Rounds on the floors to be taken immediately after the visiting hours in the morning and evening.
 - b) To see and take out the visitors off the room. Only one attendant should be there along with the patient in General and Semi-Private room and two attendants can be in Suite and Private room.
 - c) While on rounds, kindly ask nursing staff, whether there are any issues. Sort out the issues there and then only, if not sorted out then, kindly escalate it to the superiors.
 - d) If there is any call on mobile from the floors, immediately attend the call, and sort out the issue.
 - e) If there any crowd or safety problem on the floor nursing staff has to communicate with the security.

➤ **SAFE ENVIRONMENT FOR STAFF (STAFF SAFETY)**

- Purpose: To create safe environment for the hospital staff.
- Scope: To ensure safety of womanhood, patients, relatives, children, students and staff.
- Definition and Abbreviation: HOD – Head of the Department, CSO –Chief Security Officer, SS - Security Supervisor.
- Responsibility: SO, CSO, M.S, CEO, Directors.
- Procedures : It is the duty of the hospital management to provide highest standard of safe environment to the staff working in the institution. To provide that there are certain procedures which need to be followed.
 - a) Staff needs to carry and display their I-Cards when in hospital premises.
 - b) Staff and Students needs to scan their bags in Bag Scanner machine when entering in hospital.
 - c) Safety belts while working in high-risk area and wearing of proper helmet while driving two wheelers respectively.
 - d) Use of lockers provided by the hospital and keeping it in proper lock and key.
 - e) Compliance of In House rule of cash/ornaments.
 - f) Department discipline norms while on duty.
 - g) Staff to entry/exit from bags checking at the time of punching.
 - h) Check on dissatisfied staff members.

➤ **KEY MANAGEMENT**

- Purpose: To have proper Key control of the institution.
- Scope : To ensure the availability of keys at the time of demand and crisis.
- Definition and Abbreviation: HOD – Head of the Department, SS - Security Supervisor,
- Responsibility : SS, Maintenance
- Procedures: Key management system has been put into place to have systematic control over keys of the hospital. There are THREE keys of set for each. One set is issued to the concern department, which are use as a running keys, second duplicate key kept with security and third one is with administration. Whenever any key is lost / broken immediately administration officer has to be informed, who after investigation takes the decision to issue duplicate keys or to change the lock?
 - a) One set of keys issued to the concern department, which are use as a running keys
 - b) Second set of keys are kept with security, there keys are to be withdrawn and deposited at security control room on daily basis, Entry to be done as per the format.
 - c) The authorized person has to sign in the key register to draw their department key.
 - d) Department locks to be changed with the prior intimation to the HOD.
 - e) In case of loss of the original key, Admin Executive need to be informed immediately in writing through concern HOD, who in turn will decide to issue a duplicate key or change the lock.

➤ **OPENING OF STORE AFTER OFFICE HOURS**

- Purpose: To control opening of store after duty hours.
- Scope : Ensure the proper handling and registration of
- Definition and Abbreviation CSO –Chief Security Officer , SO- Security Officer, ASO- Assistant Security Officer, BO-Bouncer, SS - Security Supervisor, SG-Security Guard.
- Responsibility : SO, CSO.
- Procedures : In the hospital normally items are taken/withdrawn during the daytime. Still being a hospital it has to handle emergency situation where certain item / medicine / medical equipment are required for the patient, to facilitate that a system of opening these stores is required.

- a) The department requiring the certain medicine/medical equipment must make request through duty manager.
- b) Duty manager to authorize withdrawal of store keys from the security control, after filling all the columns in the key register.
- c) Stores to be open by the person in presence of security.
- d) Security representative/Duty manager to take INDENT item copy/letter after taking out the medicine/medical equipment.
- e) After operating the stores, the keys to be properly returned to security control after entries in key control register have been made.

➤ **RETURNABLE GATE PASS SYSTEM**

- Purpose: To have proper asset control of the institution.
- Scope : Elimination of thefts and petty offences, ensure safety and discipline in the institute.
- Definition and Abbreviation : RGP – Returnable Gate Pass, SS – Security Supervisor, HOD – Head of the Department,
- Responsibility: SS, SO, CSO and Director V/S.
- Procedures: At times Hospital items are to be sent out side for various reasons like repair, seminars, functions etc; these items are sent out through Returnable Gate Pass (RGP) system, which helps to keep proper check on movements of the items.
 - a) The RGP book with specific number is issued to the concerned departments.
 - b) The RGP as per the Format is made in triplicate. First one original (White colour), Second one Duplicate (Pink colour), and Third on record copy (Yellow colour). Original is taken by the party, second on is kept by security and third on is in the book for record / audit purpose.
 - c) RGP is to be signed by the HOD and counter signed by admin executive of the institution only.
 - d) The RGP and the item to be taken to the security control room, then security personal after checking allows the party to take the item and file pass in the RGP file.

➤ **NON-RETURNABLE GATE PASS SYSTEM**

- Purpose: To have proper asset control of the institution. To send items out of the institution, a Non-Returnable Gate Pass (NRGP) system is put into place
- Scope : Ensure discipline among staff and vendors.
- Definition and Abbreviation : OT – Operation Theater, NRGP – Non-Returnable Gate Pass, SS - Security Supervisor, SO - Security Officer.
- Responsibility: SS, SO, Concern HOD.
- Procedures: At times items of the Hospital are transferred to other properties on Non-Returnable basis, sold to party, discarded, samples, consignment, OT instrument etc.
 - a) The NRGP book with specific number is issued to the concerned departments.
 - b) The NRGP as per the format is made in triplicate. First on original (White colour), Second on duplicate (Pink colour), and third on record copy (Yellow colour), Original is taken by the party, second one is kept by security and third one is in the book for record / audit purpose.
 - c) NRGP is to be signed by the HOD of the institution only.
 - d) The NRGP and the item to be taken to the security control room, where the security personal after checking allows the party to take the item and file the pass in the NRGP file.

➤ **CARRYING BAGGAGE**

- Purpose: Helping Patient / Doctors / Visitors with their heavy baggage.
- Scope: Humane attitude.
- Definition and Abbreviation : SG- Security guards
- Responsibility : SG
- Procedures :
 - a) If any heavy luggage / baggage are there with some visitors / doctors, then ask them for the help. Before leaving your point, kindly inform your supervisor / officer that you are leaving that point for a while.
 - b) Be with the person, whose luggage / baggage are there. Take a confirmation from him / her that he / she got things back.

➤ SECURITY EQUIPMENT & DOCUMENTS

- Purpose: Systematic handling of Security equipments & documents.
- Scope: Ensure safety of equipments and documents, necessary training.
- Definition and Abbreviation : RGP – Returnable Gate Pass, NRGF – Non-Returnable Gate Pass, SS - Security Supervisor, SO- Security Officer.
- Responsibility: SO.
- Procedures: Ensure safety of equipments and security documents, it very important to have regular check on these items and registers.
 - a) Safety of security equipments like Torch's, Mobile phones, Fire Panels, Keys etc.
 - b) Safety of all security record registers like RGP, NRGF, Materials in, Security Log book, Death and Key etc.
 - c) Proper handling/taking over at security control.
 - d) Monthly check of equipment/register by the CSO.
 - e) To be in good service serviceable condition. Regular maintenance of the item to be carried out.
 - f) Keeping all security documents in lock and key, when not in use.
 - g) Security documents not to be shown to any one without the permission of HOD

➤ SECURITY GREETINGS AT ENTRANCE

- Purpose: To greet visitors at entrance with a smile to create a positive patient experience.
- Scope : To ensure the proper hospitality of the guests, soft skills to be preached.
- Definition and Abbreviation : SS - Security Supervisor, SO - Security Officer, SG - Security Guards
- Responsibility : SG ,SS, SO,CSO and Owner of the security company.
- Procedures: Hospital security staff impact patient engagement Security staff comes in contact with patients and staff all day long. They have the optimal opportunity to create a positive patient experience.
 - a) Security staffs that provide a warm smile, wave or greeting make patients and visitors feel more welcome and appreciated. They do not feel they are under the watchful eye of a security.
 - b) Visible hospital employee, often greeting patients when they enter the facility.

➤ **HANDLING HOSPITAL STAFF BY SECURITY**

- Purpose: to have systematic procedure of handling hospital staff by security.
- Scope: To ensure the proper access control by using the advance electronic gadgets.
- Definition and Abbreviation: HR – Human Resource , SS - Security Supervisor, SO - Security Officer.
- Responsibility: SS, SO.
- Procedures : In day to day operation security has to deal with staff also, it is very important to have very well defined policy to handle employees, who are important members and work for smooth running of the hospital.
 - a) The entry into the premises of the hospital is maintained, controlled and regulated by the security department.
 - b) Special care should be taken by the security staff to ensure that all the employees are treated with honor and dignity so that they feel proud in being part of this great organization.
 - c) Security staff to ask for the identity card of the staff.
 - d) Security staff will be firm but polite on duty.
 - e) Security staff to ensure that no employee leave the hospital on duty without proper authorization duly endorsed it in the “Staff movement” system.
 - f) Security staff deals with disgruntled staff with persuasive skills.
 - g) Suspended employees will not be allowed to enter into the premises of the hospital without prior permission of HR manager.
 - h) All suspicious activity of the staff will be kept under surveillance by security.
 - i) Staff those not on duty will not be present in the hospital premises, if required need to inform to HOD .

➤ **HANDLE VISITORS AND GUEST**

- Purpose: To handle visitors and employee’s guest in convenient way.
- Scope: Ensure safety and proper hospitality of visitors and guests.
- Definition and Abbreviation : HOD – Head of the Department, CSO –Chief Security Officer , SO- Security Officer, ASO- Assistant Security Officer, BO-Bouncer, SS - Security Supervisor, SG-Security Guard, MSF- Maharashtra Surksha Force, M.S- Medical Superintendent ,PRO- Public Relation Officer

- Responsibility: Responsibility: MSF, SS, BO, ASO, SO, CSO, Concern HOD, M.S.
- Procedures: In an institution the movements of visitors and employee's guest are expected. This could be official or unofficial. It is important to have a systematic process of handling these customers because they carry the institution image out.
 - a) Employee's guest should be discouraged from coming into the hospital during employees working hours. If any case some would like to come they need to be guided from ADMIN office.
 - b) In case the employee would like to take their guest inside the hospital, then proper approval to be taken from HOD, who in turn informs Admin Executive and collecting valid entry pass from security visitors and employee guest can enter.
 - c) Security staff to ensure that no visitors or employee guest enter hospital without authorization.
 - d) No visitors are allowed after 20.00 hrs.

➤ **HANDLING OF VIOLENT AND ABUSIVE GUEST**

- Purpose: To handle violent and abusive guest.
- Scope: Minimize causes of dispute in hospital, patients and relatives.
- Definition and Abbreviation : HOD – Head of the Department, CSO –Chief Security Officer , SO- Security Officer, ASO- Assistant Security Officer, BO-Bouncer, SS - Security Supervisor, SG-Security Guard, MSF- Maharashtra Surksha Force.
- Responsibility: MSF, SS, BO, ASO, SO, CSO, Concern HOD.
- Procedures : Special care is taken to ensure that all guest of the hospital are treated with honor and dignity, at times after much of efforts some of the patient attendant will be uncomfortable and become violent to show their agony. It is very important for the hospital to satisfy/pacify these guests.
 - a) Isolate the gust from public areas where large gathering is expected.
 - b) Try to find out the root cause.
 - c) Speak politely, maintain eye contact and show interest and let him/her to speak out the problem; never try to push up the talk.
 - d) Still the guest is very violent and in no mood to listen, inform operator CODE VIOLENT by dialing 5100 and inform Floor, Location and with the help of other colleague, who will maintain the distance and if required, will intervene.

- e) If there is danger to other staff, act quickly and overpower the guest and isolate.
- f) If a guest hits the staff, he will not hit back at any cost. He will restrain and wait for other staff to come for help.
- g) If the guest attacks with intention to inflict serious injury, he will then quickly/immobilize the guest by overpowering/choking to save own staff.

➤ **BODY PREPARATION AREA**

- Purpose: To have proper system of managing the Body Preparation Area.
- Scope : Ensure the safety of dead body and elimination of decomposition.
- Definition and Abbreviation : IPID – In Patient Identity, IPD – In Patient Department, , NOC – No Objection Certificate, DC – Death Certificate, MLC – Medico Legal Case, PRO – Patient Relative Officer, SS - Security Supervisor, NS – Nursing Supervisor, HK - Housekeeping
- Responsibility: SS, NS, HK Supervisor.
- Procedures: The body before handing over to the relatives is brought at the Body Preparation Area and kept/preserved, till the time all necessary formalities are completed.
 - a) Body Preparation Area is always kept locked and keys are under control of security.
 - b) Body is received by the security personnel in fully covered / packed condition, with proper NAME, IPID numbers, Date is mentioned, with the help of Nursing. One Identity proof should be put on the head of the body, & the second one to be put on the cooling device. The body is brought to the Body Preparation Area under the “STRICT” supervision of nursing staff.
 - c) The relatives will be provided all assistance in transporting the body to the required place through ambulance. If patient is International and wanted to go by Air, then embalming of the body from Government Hospital to be done by the relatives, NOC to be taken from Local police. The cost of the same will be borne by the relatives.
 - d) Before handing over the body, it must be first checked by security (Identification of the body), if something unusual is noticed, then the same to be rectified with the help of nursing. (In case of oozing, etc.)
 - e) Proper identification of the body to be carried out before handing over the body to the relatives.

- f) Signature with name and relation to be obtained of the relatives whom body is handed over, after entering in the register.
- g) Temperature of the Body Preparation Area to be checked every hour till the time body is preserved in the cooling cabinet.
- h) Body Preparation Area cleaning is done as per schedule on daily basis and things are kept in perfect place.

➤ **THEFT CASES HANDLING**

- Purpose: Systematic handling of the Theft Cases.
- Scope: To eliminate thefts and ensure the safety of public and institution property.
- Definition and Abbreviation : HOD – Head of the Department, CSO-Chief security officer SS - Security Supervisor.
- Responsibility: SS, Concern HOD, CSO.
- Procedures: Being a hospital there are certain movement of Patients/Attendants/Visitors in the premises, where they came with tall sort of expensive items. There are the chances that they misplace it or left it unattended, where someone can commit a opportunity crime of theft.
 - a) Whenever the patient / attendance reports the matter of item being stolen/theft/loss, contact the guest as soon as possible and take the details.
 - b) Establish the authenticity of the loss by interacting with the guest.
 - c) Take out the description of the loss item and communicate incident with the CSO if instructed assist the guest in finding the lost item with the help of area staff.
 - d) CCTV footages were checked and then further investigation should made.
 - e) Check the other department staff, if possibility of finding it.
 - f) Make a mental appreciation & interrogate the staff who visited the place/area/room with keeping the concerned HOD in picture. Carry out detail investigation.
 - g) Frisking of the staff to be intensified, Checking of lockers of the staff can also be carried out.
 - h) Keep the guest informed about the progress of the investigation and incase guest wishes to lodge the complaint with the police, provide assistance in doing so.

- i) To avoid such incident frequent patrolling of the floor/frisking of staff to carry out. I-Cards of the staff at the entrance and working on floors to be checked & constant vigil to be kept.
- j) Complete the investigation & forward the report to the concern department.

➤ **HANDLING OF THEFT CASES OF HOSPITAL ASSETS**

- Purpose: To handle theft cases of hospital assets.
- Scope: To eliminate thefts of goods electronic gadgets of patients, relatives, staff, doctors and hospital.
- Definition and Abbreviation : HOD – Head of the Department, CSO –Chief Security Officer , SO- Security Officer, ASO- Assistant Security Officer, CO- CCTV Operator
- Responsibility: HOD, CSO, SO, CO.
- Procedures: All precautionary measures are taken by the guard to save hospital asset, but still there will be the chances when some of the hospital item is stolen/lost.
 - a) The concerned department to intimate security immediately about the loss.
 - b) Security will inform to the CCTV Control room to establish authenticity of the loss from the concerned department.
 - c) CCTV Operator should check the footages with prior permission of HOD.
 - d) Check with HK and other staff in the area that they found it. —
 - e) Make mental appreciation and interrogate the staff, who have been serving/working in the concerned department/area.
 - f) Check the staff lockers.
 - g) Increase frisking at the staff on gate.
 - h) Carry out systematic investigation.
 - i) Report to be forwarded to concern authority for remarks/action.
 - j) If required police complaint can be lodge with approval from Hospital Management.

➤ **PROPER TRAFFIC CONTROL**

- Purpose: To achieve the goal of coordinating out going vehicles to keep path clear for ambulance and casualties.
- Scope: Traffic management and traffic regulation for general and emergency traffic.

- Definition and Abbreviation: SS – Security Supervisor, SO – Security Officer, SG – Security Guard.
- Responsibility : SS, SO and SG
- Procedures :
 - a) First of all the staff should be proper for the points like, main gate, causality, upper parking.
 - b) Once the staff is proper then, use Go and Stop signage for the control of traffic. (Between main boom barrier to parking area)
 - c) Proper utilization of demarked areas of parking.
 - d) Kindly make sure that the passage between main gate to parking area is clear. No visitors should stand in passage area.
 - e) The security guard who stands at the main road has to help the drivers of the vehicles to go out / to come in.
 - f) Elimination and minimization of road accidents within the campus. Plastic cones and barricades, central dividers, road marking, reflectors and manual guidance is availed.
 - g) Parking stickers and reserve parking for VIP and VVIP is availed by putting designation plates.
 - h) Mechanical parking spaces are being provided for increasing traffic volume.

➤ **PARKING MANAGEMENT**

- Purpose: To stream line the motor vehicle parking and traffic control, discipline and elimination of motor vehicle theft.
- Scope :Heavy traffic of patients, relatives, visitors, staff and students.
- Definition and Abbreviation: SS – Security Supervisor, SO – Security Officer, SG – Security Guard, V/S- Vigilance and Security.
- Responsibility :SO, CSO and SGs.
- Procedures :
 - a) Incoming motor vehicles of the patients, relatives, visitors, students and staff is to be guided to the parking parking areas available.
 - b) Visitor’s motor vehicles to be guided to dental parking ground and hospital premises.

- c) Reserved Parking for HODs and Faculties.

➤ **STAFF CAR / TWO-WHEELER PARKING MANAGEMENT**

- Purpose: To have systematic staff car parking/two wheeler management.
- Scope : Discipline in parking management and safety of m vehicles.
- Definition and Abbreviation: HOD – Head of the Department, CSO – Chief Security Officer,
SS - Security Supervisor, SO - Security Officer.
- Responsibility : SG, SS,ASO, BO,
- Procedures : To manage parking of vehicles in a systematic manner.
 - a) Parking stickers are issued at the stores department for all staff and students vehicles in the hospital premises after furnishing the required details countersigned by the. Only those vehicles will be allowed to park in staff parking area who has stuck these parking stickers on their respective vehicles.
 - b) The guest and patient relative/visitors parking is separately assigned and being controlled by security.
 - c) Helmet is compulsory in Hospital premises for two wheeler users.

➤ **AUTO / TAXI ARRANGEMENTS**

- Purpose: Show goodwill towards visitors.
- Scope: incoming patients and discharged patients are availed public transport facility, auto rickshaw/ taxi stands are availed at the entrance gate of DPU campus.
- Definition and Abbreviation : SS – Security Supervisor, SG – Security Guard
- Responsibility : SS, SG
- Procedures :
 - a) If Patients / Visitors / Doctors asks for the auto/ taxi, then kindly make available an auto / taxi from stand and help them.
 - b) Help them to seat into auto / taxi.

➤ **EMERGENCY RESPONSE TO ALL CODES**

- Purpose: Contribution in total safety of the hospital.
- Scope: Weekly drills and demonstrations are called.

- Definition and Abbreviation: SS – Security Supervisor, SO - Security Officer, SG – Security Guard.
- Responsibility : SS, SO, SG.
- Procedures :
 - a) Everybody should attend the code training.
 - b) Once you are aware of all code functioning, then you have to give immediate response to the declared codes, and sort out the issue.
 - c) It expected to all the security staff should know their responsibility towards emergency code

➤ FIRE CRISIS

- Purpose: Systematic handling of Fire crisis.
- Scope: minimize wealth loss and human life.
- Definition and Abbreviation : FSO – Fire Safety Officer, HK – Housekeeping, HOD – Head of the Department, ERT – Emergency Rescue Team, MD – Managing Director, PCMC – Pimpri Chinchwad Municipal Corporation, SS - Security Supervisor, ERT - Emergency Response Team
- Responsibility: SS, FSO, ERT.
- Procedures: Fire situation is dealt like a grave crises situation in any institution, it not only causes damage to the property it brings bad image to the institution. To handle the Fire Situation in a well define manner it is very important to have systematic way of handling the crises.
 - a) The moment any one notice the Fire/Smoke in the hospital, dial 5100 number and inform CODE RED, FLOOR, LOCATION to the telephone operator.
 - b) The telephone operator will inform the FSO and CODE RED team leader, members, MD and the HOD's as well as maintenance, HK and security department.
 - c) FSO and SS along with the ERT Team reaches the spot, judges the situation and according to the situation tries to control the Fire.
 - d) Other staff remains in the respective areas and wait for the orders from the FSO.
 - e) In case FIRE is not in control and chances of LIFE threat is observed, then FSO with consultant of MD to call DISASTER MANAGEMENT and PCMC Fire brigade.

- f) Total evacuation can be sounded with consultation with FSO. Where all patient/staff/visitor will be asked to vacate the building.
- g) Patient can be shifted from one to another building and if required will be taken out of the building by nurses/doctors/HK/technicians to the safe area as per the disaster plan.
- h) Press briefing will be done by FSO/MD or the person designated by him in consultation with hospital management.
- i) Fire safety session has been included in new joining induction program.
- j) Practical Fire mock drill is conducted every half yearly basis.

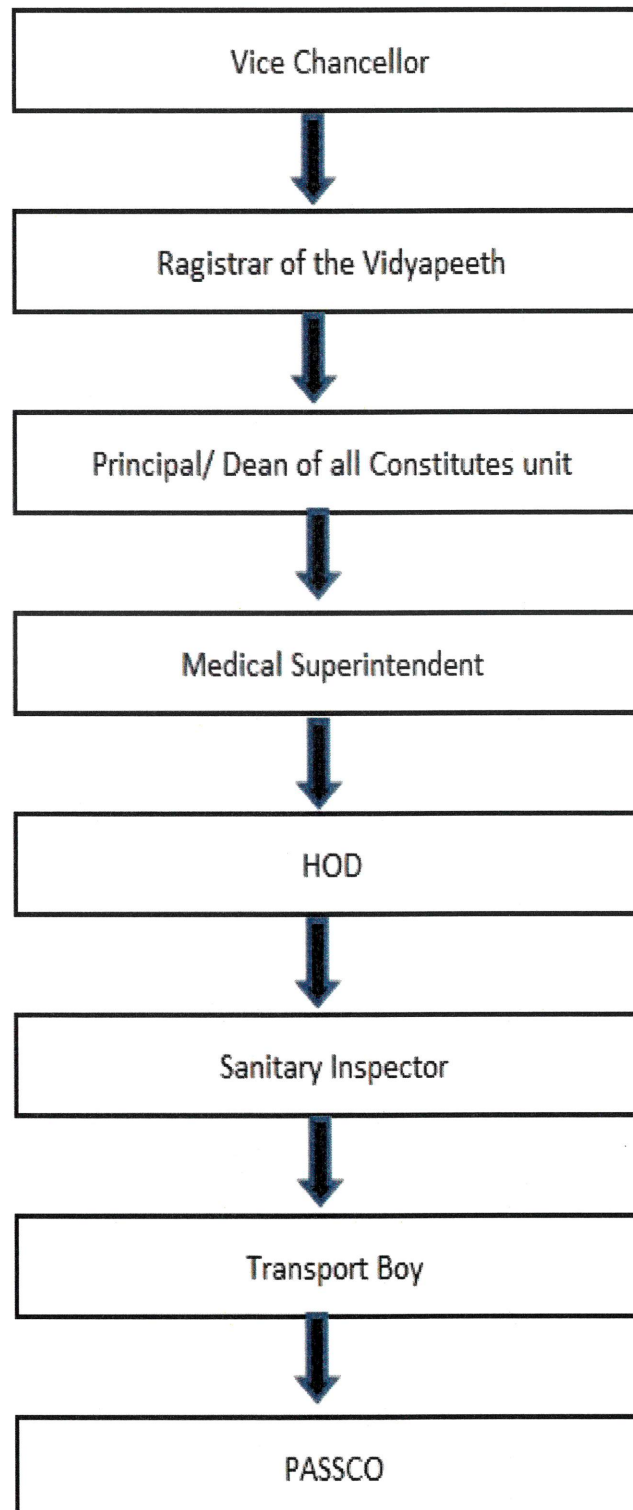
➤ **BOMB THREAT HANDLING:**

- Purpose: To handle the situation of BOMB threat in the hospital in a systematic and scientific way.
- Scope: To eliminate the fear and probable stampede in institute.
- Definition and Abbreviation : HOD - Head of department, FSO – Fire Safety Officer, MS – Medical Superintendent, CEO - Chief Executive Officer / Registrar, SS - Security Supervisor.
- Responsibility: SS, SO, FSO, CSO, M.S, CEO, Director V/S.
- Procedures:

BOMBs are manmade hazards, which pose danger to human life and property. A bomb is devised to strike damage and terror in the way the destructor wants. Bomb threats are normally received through telephone or e-mail.

- a) First person receiving the call/message should notify CODE BLACK dialing 5100 to the operator, who should assess the validity of the call/message, if found suspicious inform to CSO and HOD.
- b) Bomb disposal team to be informed immediately.
- c) Search to be start from areas where public have easy access. Unusual or out of place object, Recently disturbed ground, loose wires, insulation pieces and batteries, ticking sound if any.
- d) Searches must develop an eye for any suspicious item or clues, trust nothing and assume nothing is safe. Always mark the search area to avoid re-checking.
- e) Evacuation to be carried out after consulting with management.

Organogram -Bio Medical Waste



DISPOSAL OF BIO-MEDICAL WASTE

➤ AIM

To manage disposal of biomedical waste that is generated in the hospital in a planned manner.

➤ COLLECTION

- Each floor will have a Dirty Utility room where big size color coded dustbin will be placed for centralized collection of bio-medical waste from different patient area.
- Collection of Bio-medical waste from the patient bed to the Dirty Utility room will be done by the housekeeping staff of the concerned area. From Dirty Utility room, bio waste should be collected by the designated staff (Transport Boy) posted at Bio-medical waste storage yard.

➤ SEGREGATION

- It is the responsibility of the user to segregate the waste as per color coding at the source of generation only.
- Segregation of waste will be done at the source of generation only.
- Dressing trolley is provided at each floor with two bins red and yellow for proper Segregation of waste at the source only.
- Intensive care unit is provided with color-coded Bag's dustbin beside each patient bed for proper Segregation at the source of generation only.

➤ SEGREGATION OF WASTE

RED BAG	YELLOW BAG	WHITE SHARP CONTAINER	BLUE BAG
All plastic items which are not contaminated with blood and body fluids, Like- IV bottles, catheters, Tubing, Nozzle cut syringes without Needles, gloves,	Items contaminated with blood and body fluids Like-body parts, human tissues, organ.	Waste sharps like, needles, scalpels, surgical blades, glass, broken ampoules etc.	(a) Glassware Broken or discarded glass including medicine vials and Ampoules

RED BAG	YELLOW BAG	WHITE SHARP CONTAINER	BLUE BAG
Urine Bag's, vacutainer's	Items contaminated with blood and body fluids like dressing, bandages plaster cast, soiled gloves. Discarded and expired Medicine. Waste from laboratory culture, stocks, or specimens of microorganism.	White transparent box shall be used for sharp container.	(b) Metallic body implants

➤ **STORAGE**

- Storage of bio-medical waste is done at the Bio-medical waste storage yard situated away from the hospital building but within the premises and handed over to outsource company PASSCO Environmental Management Pvt. Ltd. collected on daily basis for further treatment and Disposal.
- Records of the Bio-medical waste generated, collection area wise and handing over to PASSCO Environmental Management Pvt. Ltd. will be maintained on daily basis.

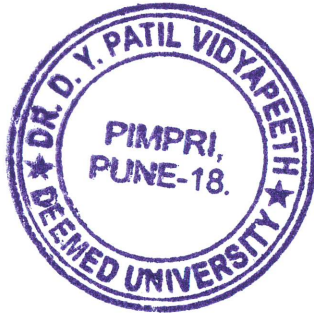
➤ **TRANSPORTATION**

- Transportation of waste should be done in a covered trolley in identified lift, by designated staff at a Specified time i.e., 12 PM To 3 PM.
- After transportation of waste the lift will be cleaned with disinfectant solution.

➤ **PROCEDURE FOR GARBAGE DISPOSAL (BIO WASTE)**

- The staff handling garbage must use rubber gloves and masks.
- The garbage bin in the public area/lab blood bank should clean daily and bags shall be replaced by fresh one, when shift end or when required.
- ICU, OT procedure rooms are emptied of its bags when $\frac{3}{4}$ full.

- The garbage bag is tied up and transferred to the dirty utility room carefully without any spillage.
- The garbage is temporarily stored in the respective bin as per color coding:
- Red bin with red bag: All plastic items which is not contaminated.
- Yellow bin with yellow bag: Items contaminated with blood, body fluids.
- Sharp container: For needles disposable.
- As shift end the garbage from every floor is transported by designated trolley from designated staff to outer garbage central collection room.
- The bags to be kept as per color coding in the correct compartment and handed over to PASSCO Environmental Management Pvt. Ltd. Within 48 hrs. for further treatment and disposal.
- The garbage movement to be done through designated service lift at the end of the shift by designated staff.
- Housekeeping staff should take care that all bags are tied properly and labeled when bringing down and there is no spillage or leaking.
- In case any bag has a cut or tears, ensure that double bagging is done before moving it from dirty utility room.




(M. S. Phirange)
Registrar (Offg.)

