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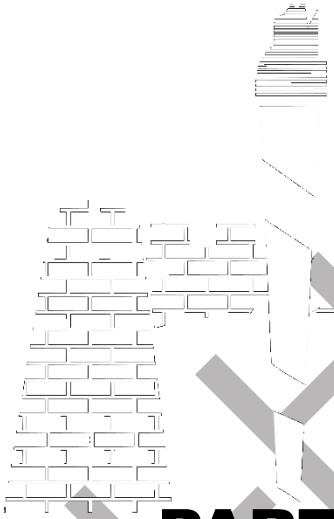

PART 03
DEPARTMENTAL POLICIES & GUIDELINES

MTI-HMC
HAYATABAD MEDICAL COMPLEX
PESHAWAR

POLICY / GUIDELINE # 1: PARKING POLICY

1. PURPOSE

Hayatabad Medical Complex, Peshawar is a 1400 bedded tertiary care hospital providing health services to general public in the best possible manner. This policy outlines the arrangements for car parking on hospital sites. These arrangements are designed to balance the needs of staff, patients and visitors and ensure car parks continue to be fairly and effectively managed.

Parking plan is to establish, maintain and provide a reliable control system management to promote a safe, controlled and comfortable environment of care for patient, attendants and personnel of the facility.

A good parking plan management shall ensure to control traffic and minimize potential risk of parking systems.

2. SCOPE

All employees, students, and short-term contract employees are required to have a HMC Hospital parking stickers on seniority basis of the unit/ward/department properly displayed on car wind screen while visiting HMC, the allocation of slots is the responsibility of Parking committee upon the criteria laid down.

a) Employees may obtain a parking Stickers from the Security Office located in the OPD / IBP of HMC Hospital.
b) Employees are required to fill “HMC Hospital Parking” form for a parking sticker.

a) Their vehicle is parked in such a way that it prohibits traffic or jeopardizes safety.
b) Employees who drive a vehicle without a parking Sticker, such as a rental car, taxi or any other must notify the security at the beginning of their shift.

3. RESPONSIBILITIES

Actor	Role / Responsibilities
Chairman BOG / MD / HD	Approving authority BOG through HD
HOD	Endorsement and preparation authority
Managers / Functional Leads	Implementing
Supportive Staff (Technicians / Attendants, Clerical)	Working persons/ Technical support
Cross Functional Teams	Hospital management Internal auditor QA department

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4. POLICY / GUIDELINES DESCRIPTION

4.1 PARKING AREAS

a) Administration Parking
Administrative staff may park in lots designated at back of Medical A side.

b) Visitor / Special Parking
Visitor lots are reserved for guest only, one day before coming to the hospital they take permission from the hospital management for facilitating.

c) Physician / Consultant Parking
Physicians / Consultants may park in lots designated for physicians at front of the OPD / IBP block i.e. Assistant Professor, Associates Professor and Professor or as decided by the parking committee.

d) Other Areas/Lots Road Side
Staff may park their cars on road sides on first come first serve basis.

e) Resident Staff
Staff whose primary residence is in the hospital site will be eligible for a Sticker. The designated areas are allocated in front of the flats / hostels.

4.2 RESPONSIBILITIES OF THE STICKERS HOLDER

It is the responsibility of the stickers' holder to ensure:

a) the valid permit is collected and displayed ;
b) all details recorded on the sticker, including vehicle registration numbers, are correct ;
c) the permit is clearly displayed on the windscreen of the vehicle at all times ;
d) the permit must only be used by the person to whom it was issued. Permits are not transferable.

4.3 MULTIPLE VEHICLES

Staff who has access to more than one vehicle can apply for a 'multiple vehicle' sticker. This will contain registration details of each vehicle to which the individual has access. Details of additional vehicles should be given on the sticker application form. However, one person can only park one vehicle at time.

4.4 CHANGE OF VEHICLE

If a member of staff change their vehicle, or the registration number of their vehicle, should returned back to the security office. A replacement sticker confirming the new details will be issued on return of the old sticker.

4.5 MOTORCYCLES & BICYCLES

Motorcycles and bicycles should be parked in designated motorcycle parking spaces identified in hospital site. Motorcycles that are parked inappropriately or in such a way that causes a hazard or obstruction will be issued a warning for cancellation of parking allotment.

4.6 PATIENTS AND VISITORS

Patients and visitors will park vehicles on charge basis in designated areas i.e. in front of A&E department (which is established by the PDA). The areas is clearly zoned and identified

4.7 DELIVERY VEHICLES, COURIERS AND TAXIS

Delivery vehicles, couriers and taxis making pick-ups and drop-offs should use designated short stay areas for parking up to a maximum of 5 minutes.

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Short stay areas are closely monitored by security staff will be given to any vehicle exceeding the 5 minute time restriction.

4.8 BUILDING AND SERVICE CONTRACTORS

Drop-off areas are provided for the transportation of equipment, tools, etc. Contractors should be briefed in relation to site car parking restrictions and parking arrangements by the engaging HMC prior to commencement of contract or work.

Where contractors require to park vehicles on site longer than the maximum time limit in order to fulfil their obligations they should liaise in advance with Security staff, Senior Security Officer and Manager Facility for a permit to be issued.

4.9 AMBULANCES AND PATIENT TRANSPORT

Hatched areas for emergency and patient transport vehicle access are for the delivery and collection of patients only. Associated vehicles should not park on any restricted areas on site during periods of driver down time. Local communication links should be in place to ensure ambulance service personnel are aware of restrictions.

4.10 RESTRICTED AREAS

Other than vehicles parked within the agreed allocated site compound, all other vehicles will be issued with Unauthorized Car Parking Notices where the parking time limits is breached

a) Contractor/Vendor Spaces
b) All Grass Surfaces / Lawns
c) Lots being plowed
d) Physician slots
e) Administration Car Parking
f) A&E Area
g) Other areas as designated

4.11 UNAUTHORIZED AREAS

a) Patient/Visitor slots
b) Fire lawns
c) Loading Dock
d) Patient Pick-Up Areas
e) Other areas as designated

4.12 ENFORCEMENT

The Security Department is responsible for enforcing the parking policies and procedures.

5. SUPPORTING DOCUMENTS

Document Title	Ref. #	Retention Medium	Retention Period
-			

6. RELATED RECORDS

Document Title	Ref. #	Retention Medium	Retention Period

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POLICY / GUIDELINE # 2: SMOKING POLICY

1. PURPOSE

The Hospital is committed to providing a safe and healthy workplace for its employees and to promoting the health and well-being of all staff, visitors and patients

2. SCOPE

This SOP applies to the entire health facility premises.

3. RESPONSIBILITIES

Actor	Role / Responsibilities
BOG / MD / HD	Approving authority BOG through HD
HOD	Endorsement and preparation authority
Managers / Functional Leads	Implementing
Supportive Staff (Technicians / Attendants, Clerical)	Working persons/ Technical support
Cross Functional Teams	Hospital management Internal auditor QA department

4. POLICY / GUIDELINES DESCRIPTION

4.1 Definition Of Terms

Smoke free areas- all areas of buildings, premises, workplaces, equipment, stores or vehicles operated by the HMC.

Smoking is defined as the act of lighting, smoking or carrying a lighted or smoldering cigar, cigarette or pipe of any kind. This includes electronic nicotine delivery systems or electronic smoking devices such as e-cigarettes, e-pipes, e-hookahs and e-cigars.

4.2 Responsibility

All hospital employees are required to:

a) Be aware of the requirements of this procedure
b) Comply with the hospital's smoke-free environment procedure

4.3 Security

Security staff will enforce the procedure.

a) Smoking Areas
Smoking areas are designated.

b) No Smoking Areas
Smoking is not permitted inside the buildings or on the grounds of all HMC premises at all times. This will ensure that staff, patient attendant and visitors are protected from the dangers of passive smoking while on HMC premises.

Smoking or e-cigarettes (vaping) are not permitted anywhere on or in the premises, workplaces or hazardous material.

4.4 Procedure

a) He HMC is a smoke-free environment. This includes all indoor and outdoor areas and vehicles at all sites.
b) Facilities for extinguishing and disposing of cigarette butts have been provided at key entry points to hospital premises.
c) Staff in breach of this procedure will be subject to normal disciplinary procedures.
d) Notices advise any person entering premises that the hospital is a smoke-free environment.
e) Tobacco, smoking related products and goods including electronic nicotine delivery systems or electronic smoking devices such as e-cigarettes, e-pipes, e-hookahs and e-cigars will not be used, sold, distributed nor advertised within the hospital.

5. SUPPORTING DOCUMENTS

Document Title	Ref. #	Retention Medium

6. RELATED RECORDS

Document Title	Ref. #	Retention Medium	Retention Period
Incident / CAR Form	HMC QAD F 27	Soft / Hard	01 Year

POLICY / GUIDELINE # 3: FIRE SAFETY

1. PURPOSE

The purpose of the documents is to ensure the safety of workers and facilities from the threating effects in case of fire. After identification of their own learning needs the employee will be able to show evidence of theoretical knowledge of Emergency Procedures and Fire Safety Training.

After proceeding through this tutorial the participant should have understanding of the basic concepts of fire prevention, the use of fire equipment and fire system awareness, fire emergency response procedures and evacuation, and the Emergency Procedure Guide.

2. SCOPE

This procedure is applicable to entire health facility.

3. RESPONSIBILITIES

Actor	Role / Responsibilities
BOG / MD / HD	Approving authority BOG through HD
HOD	Endorsement and preparation authority
Managers / Functional Leads	Implementing at ground level
Supportive Staff (Technicians / Attendants, Clerical)	Working persons/ Technical support are executing entity
Cross Functional Teams	Hospital management Internal auditor QA department

4. PROCESS DESCRIPTION

4.1 INTRODUCTION

a) Chemistry of Fire: The Fire Triangle

Fire starts when **Fuel** – (a flammable and/or combustible material) has an adequate supply of **Oxygen** and is subjected to enough **Heat**. A fire cannot exist without these three elements:

FUEL + OXYGEN + HEAT.

Therefore, fire can also be extinguished by removing any one of these three elements. For example:

- Removal of **HEAT** through the application of water via a hose;
- Removal of **OXYGEN** through application of carbon dioxide to starve the fire of O2;
- Removal of **FUEL** through use of bins etc., to keep rubbish contained.

b) Classes of Fire

Class A – Paper, textiles, wood, most plastics & rubber
Class B – Flammable liquids
Class C – Combustible gases
Class E – Electrically energized equipment

c) Fire Extinguishers

A portable cylinder used to extinguish the fire with the help of water, foam, dry chemicals and carbon dioxide. It has the following types.

Water Extinguisher - Wood, paper, plastic, textiles & rubber.	
Carbon Dioxide / Foam Extinguisher - Wood, paper, plastic, rubber & flammable liquids. / Electrical fires Flammable liquids	
Dry Chemical /Powder Extinguisher - Wood, paper, plastics, rubber, flammable liquids, combustible gases & electrical energized equipment Powder Fire Extinguisher ABE (distinguished by a WHITE band around the top of the cylinder). The most widely used type of fire extinguisher suited for fires occurring in the house, boat, garage, car or caravans.	
Note: the differing profile of nozzle in the cylinder	

d) Fire Blankets

Fire Blankets are to only used on a *small* fire. Protect yourself from the

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flames by shielding your body with the blanket.

e) Fire Hose Reel

- Open valve (ensure that hose reel is turned off at nozzle)
- Run out hose towards scene of fire
- Open nozzle and direct stream at base of fire
- Usually connected to main water system but not the canvas reels that are used by fire brigade.

4.2 POLICY – FIRE INCIDENT MANAGEMENT

- The Health Facility, have policies & procedures to guide you in the event of a work place hazard occurring. It is up to the individual to have knowledge of these local Policies & Procedures ;
- All Health Facilities will have heat and smoke detectors ;
- All Health Facilities should have a 'Break Glass Alarm' within its environment and an internal alarm system ;
- Most Health Facilities have fire and/or smoke rated doors ;
- All Health Facilities will have a maintenance system of all its equipment on a annual basis ;
- All Health Facilities will have a training/education program for their staff.

4.3 PROCEDURE – FIRE INCIDENT MANAGEMENT

R.A.C.E

- **R**emove – people from the immediate area if safe to do so;
- **A**lert – switch (dial emergency no.) or the Fire Brigade (break glass alarm);
- **C**ontain – if practicable, close the doors & windows;
- **E**xtinguish – use appropriate fire-fighting equipment but do not take risks. **E**vacuate to a safe area if and when directed to do so, ensuring that you can account for everybody under your care.

a) Action in the Event of an Alarm

- Check your immediate area for any sign of smoke, fire or a red light showing on a detector; (Where Applicable)
- If safe to do so, proceed to the Nurses station and place patient records in a pillow ase but only if safe to do so. Check for smoke or fire as you proceed and make sure that fire doors and windows are closed;
- Listen for any messages over the PA (Public Address) system or mega phone; (Where Applicable)
- If directed to evacuate - Evacuate to a safe area when directed to do so ensuring that you can account for everybody under your care and if possible take records with you;
- Remember the R.A.C.E format if you discover fire or smoke.

b) Fire – Reporting

The following procedures shall be followed when someone discovers a fire in a building, regardless of how large the fire is:

- **Close the door to the room where the fire is located**. This will confine the fire to a smaller area.

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- **Activate the closest fire alarm system**. Pull stations are usually located next to an exit or stairwell door

- **3) Call Phone 1122 to report the location of the fire**. You or someone you designate must make the telephone call from a safe location as quickly as possible. Once you have given the dispatcher the information, wait until the dispatcher hangs up before you hang up because the dispatcher may need more information. The Rescue Fire Department through the Facility Department will know from your call that this is an active fire.

c) Call the QRF or facility complaint office 248 (local) or rescue 1122 when a person:

Name	Focal Person	Phone Number
Quick Response team	QRF 1	0333-5308111
	QRF 2	0333-5347222
	QRF 3	0333-5316444
Police Station	Police on Duty	9217333
Fire Brigade	Rescue 1122 Department	9217135 and 1122
Aftab Ahmad	Sub Engineer Electrical	0331-5234336
Bilal Khan	Maintenance Supervisor	0312-9454726
Mufeed Akbar	Medical Gas Supervisor	0305-9298198
Moin	Sub Engineer (Civil)	0311-3152315
Amir	Maintenance Supervisor	0332-9095367

d) Also call the rescue 1122 or police if there is:

- a fire or explosion
- a downed electrical wire
- significant flooding
- a hazardous material incident
- a suspicious odor of gas
- a motor vehicle accident
- a rescue activity

e) Identification & Operation of Fire Fighting Equipment

Fire Extinguishers. There are 4 basic steps to remember when using a fire extinguisher:

P-A-S-S

- ***P****ull the pin* at the top of the extinguisher
- ***A****im the nozzle* towards the base of the fire
- ***S****queeze* the handles together
- ***S****weep* the nozzle from side to side, directing the contents at

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the base of the flames.

4.4 Fire Prevention Plan

It is the responsibility of each Facilities employee to correct or report unsafe conditions that could cause a fire, hamper emergency egress, or result in a personal injury accident. Therefore, it is the responsibility of each employee to:

- **Correct certain hazards at the time of discovery**, such as replacing bulbs in exit signs, removing cardboard, paper, and other combustible material from corridors, or taking out chocks from fire and smoke doors. Report discharge or missing extinguishers and burned out emergency lights to the Physical Plant Service Desk.
- **Notify the supervisor of hazards needing corrective action**, such as hazardous materials left in the corridors, leaking sprinkler heads, potential ignition sources, and open (uncovered) electrical panels.
- **Contact the Environmental Health & Safety Office for corrective action**, such as hazardous materials left in the corridors, leaking sprinkler heads, potential ignition sources, open (uncovered) electrical panels, missing fire extinguishers, or burned out emergency lights.
  - All combustible material shall be removed from the corridor as soon as possible.
  - Recycling areas for cardboard, paper, and other combustible material should be in separate enclosed areas and not in a means of egress or exit.
  - any area, corridor, or room that has an EXIT sign is part of the “means of egress”
  - All emergency lights and exit signs must be maintained at all times.
  - Bulbs should be replaced as soon as they are out.
  - The custodial staff on a weekly basis should test accessible emergency lighting. Push the test button. If the light does not work, notify supervisor or the Facilities department.
  - Emergency lights should also be tested by the Facilities and fire saftey officer when doing routine inspections.
  - All paths that make up the means of egress, including the exit discharge outside the exit door, fire escape and the sidewalk that leads away from the building, must be maintained. Snow and ice must be cleared or made safe to allow for egress from the building
  - Boxes and other stored items within 18” of a sprinkler head must be removed.
  - Combustible material like cardboard, cloth, paper, and wood should not be placed next to an ignition source such as a heater, furnace, pilot light, or electrical equipment.
  - Electrical and mechanical rooms cannot be used for storage, unless approved by the specific supervisor, Facilities department.
  - No stored materials are permitted within 3 feet of an electric panel or similar type of equipment.
  - Electrical cords and outlets must not be overloaded or used improperly.
  - Electrical cords must be properly sized for the equipment they serve.
  - Never use a smaller diameter extension cord than the primary cord that serves the equipment.
  - Do not overload an outlet with several plugs at the same time. It is suggested that a small 5 or 6 outlet strip with its own circuit breaker be used.
  - Electrical cords must not pass through ceilings, doors, or walls except for custodial or shop activities where the door is held open for a limited time while the cleaning or other activity is being done and while the employee is on the floor of work activity.

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4.5 Rescue and First Aid Procedures

a. **Contact the Facility Department HMC or Rescue 1122**. Stay on the phone until the dispatcher hangs up as you will be asked:

- your location
- what happened
- how many people are ill or injured
- what first aid care is being provided and by whom
- your phone number at the scene
- if someone is available to meet the rescue officer or ambulance

b. **Stay with the person until trained medical personnel arrive and take over**. Trained medical personnel may be:

c. **Do not move the victim or provide care unless you are trained to do so and the victim is at risk**.

d. **Facilities First Aid Providers, should:**

- Assess the situation for hazards to themselves and others.
- Make sure that the appropriate medical aid has been summoned.
- Obtain the necessary personal protective equipment (PPE) for yourself or assist the victim by providing him/her with a means to stop the bleeding, etc.
- Initiate proper first aid (i.e., CPR, control of bleeding, shock or medical emergency)

Talk to the person and:

- have someone take notes, if possible
- obtain full name of the person injured
- find out what happened
- try to get some medical history, a list of medications taken, and any allergies
- ask age/date of birth
- ask name of doctor
- ask time of last meal
- check vital signs (if appropriate)
- conduct Secondary Survey if time and patient permits
- Stay with the patient until more trained medical personnel arrive and take over.

e. **First Aid Kits**

Complete First Aid kits should be located in potentially hazardous areas such as the Facilities Carpentry and Plumbing Shops, the Heating Plant, and the Grounds Office. In addition, a portable kit or two should be made available for large projects performed by our in-house staff so that a kit can be brought directly to the site. Smaller first aid kits should be located in the electric shop, paint shop, service desk area, and in each vehicle used by the Facilities. Supervisors of operators of vehicles should check the First Aid kits monthly or after use.

➢ **First Aid kits should contain:**

- ✓ Disposable gloves (latex or rubber)
- ✓ Sterile gauze pads (4 x 4's) and (2 x 2's)
- ✓ Sterile gauze roller bandage (2") and (4")
- ✓ Hypo-allergenic tape (2")
- ✓ Assorted Bandaids
- ✓ Tweezers
- ✓ Scissors
- ✓ Disposable Ice Packs

- ✓ Disposable pocket mask or shield for CPR

(Topical creams ointments and sprays should not be located within the first aid kits or used by staff providing first aid care.)

f. Training Schedule

Training for fire safety on quarterly basis on unit wise rotation.

g. Pool Of Fire Safety team

The names are as under:

1. Bakht Rawan (Security Deptt)
2. Umar Zada (Security Deptt)
3. Niaz Muhammad (Security Deptt)
4. Omar Ali (Security Deptt)
5. Muhamamd Ayub (Security Deptt)
6. Rooh Ullah (Security Deptt)
7. Aftab Ahmad (Facility Deptt)
8. Kausar Nadeem (Facility Deptt)
9. Muhammad Saddiq (Facility Deptt)
10. Jansher (Facility Deptt)
11. Khadim (Facility Deptt)
12. Asif Khattak (Facility Deptt)
13. Anwar Khan (Facility Deptt)
14. Arshad Khan (Facility Deptt)

5. SUPPORTING DOCUMENTS

Document Title	Ref. #	Retention Medium	Retention Period

6. RELATED RECORDS

Document Title	Ref. #	Retention Medium	Retention Period
Incident / CAR Form	HMC QAD F 27	Soft / Hard	01 Year
Emergency Response Team	HMC FMD F 21	Soft / Hard	01 Year
Fire Alarm Inspection Checklist	HMC FMD F 22	Soft / Hard	01 Year
Fire Extinguisher Inspection Checklist	HMC FMD F 23	Soft / Hard	01 Year
Fire Hydrant Inspection Checklist	HMC FMD F 24	Soft / Hard	01 Year
Smoke Detector Inspection Checklist	HMC FMD F 25	Soft / Hard	01 Year
Fire Drill Report	HMC FMD F 26	Soft / Hard	01 Year
Spill Kit Items List	HMC FMD F 27	Soft / Hard	01 Year
Safety and Housekeeping Checklist	HMC FMD F 28	Soft / Hard	01 Year

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POLICY / GUIDELINE # 4: DIASTER RECOVERY PLAN

1. PURPOSE

This plan provides guidance and information to enable Medical Teaching Institute- Hayatabad Medical Complex to recover quickly from a Critical or Major Incident. Since disasters happen so rarely, management often ignores the disaster recovery planning process. It is important to realize that having a contingency plan in the event of a disaster gives MTI-HMC a competitive advantage.

2. SCOPE

This procedure is applicable to entire health facility.

3. RESPONSIBILITIES

Actor	Role / Responsibilities
BOG / MD / HD	Approving authority BOG through HD
HOD	Endorsement and preparation authority
Managers / Functional Leads	Implementing at ground level
Supportive Staff (Technicians / Attendants, Clerical)	Working persons/ Technical support are executing entity
Cross Functional Teams	Hospital management Internal auditor QA department

4. PROCESS DESCRIPTION

1.1 INTRODUCTION

Risks:

Following are risk factors that can cause Major incidents and shall be considered. The list is not exhaustive and may include other factors.

i. Fire
ii. Earthquake
iii. Terrorist Activities

High Risk Areas:

Following are areas in MTI-HMC that are prone to high risk:

i. All electrical switch rooms
ii. Plant room

iii. Generator rooms
iv. Labs
v. Server rooms
vi. Record room
vii. All stores
viii. Medical Gas Plant

Resources:
The resources that are critical to MTI-HMC and the institute shall safeguard against the risks are:

i. Employees
ii. Records
iii. Bio Medical Equipment's
iv. Information Technology Assets
v. Stores and tools
vi. Electricity and Water supply

Disaster Recovery Plan:

1. Manager Facility is the focal person for Disaster recovery Management. Whenever there is a disaster SSO shall evaluate the incident and decide whether the incident is a disaster or not. If the incident qualifies for a disaster, SSO shall announce disaster and shall inform the respective stakeholders immediately.
2. Four (04) areas are designated and marked as assembly areas. In case of a disaster, employees, patients and visitors shall try to reach the nearest assembly area.

Serial Number	Unit Name/ Area	Floor	Nearest Assembly Area
1.	Oncology ward &OPD Peads Cardiology Peads A Complaint Office IBP Private rooms Plant Room	Ground Floor	Assembly Area 3 (Near PICO Gate)
2.	CRC Building Eye OPD Gynea OPD Dental OPD Peads OPD Skin OPD Psychiatry Ward EPI Section	Ground floor	Assembly area 4 (CRC Lawn)
3.	Physiotherapy A & E	Ground Floor	Assembly Area 4 (Gate 4)
4.	Medical A Medical C Orthopaedic A Orthopaedic B	Ground Floor	Assembly Area 1 (South Side Of Main OPD)
5.	Main OPD	Ground Floor	1. Assembly Area 1 (South Side Of Main OPD) 2. Assembly Area 2 (Gate 2)
6.	Peads B N.ICU Orthopaedic OT CCU Eye OT	Ground Floor	Assembly Area 2

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7.	Ent A Ent B Medical B Ent OPD	1st Floor	Assembly Area 1 (South Side Of Main OPD)
8.	Gynea A Gynea B Pathology Department Anaesthesia Department Labour Rooms A & B A 1 Pharmacy Skin Ward Medical ICU	First Floor	Assembly Area 2 (Gate 2) Via Main Reception
9.	CSSD Microbiology Private Rooms Isolation Rooms Auditorium	1st Floor	Assembly Area 3 (Near PICO Gate)
10.	Gynea C Labour Room Gynea A Ward Thalassemia Unit Surgical ICU OT Complex C1 Pharmacy	2nd Floor	Assembly Area 2 (Gate 2) Via Main Reception
11.	Dental & Maxillofacial Ward Surgical C Ward	2nd Floor	Assembly Area 3 (Near PICO Gate)
12.	Surgical A Surgical B Endocrinology Neurosurgery	2nd Floor	Assembly Area 1 (South Side Of Main OPD)

3. Evacuation Plan:

i. When the disaster or fire emergency is declared, **LEAVE AT ONCE**.
ii. If possible, avoid using corridors that are full of smoke or has less visibility.
iii. Close doors behind you and Proceed into the fire exit.
iv. **DO NOT** try to manhandle the fire. Instead, try moving to a safer location.
v. **DO NOT USE ELEVATORS**. They will stop if power fails, causing occupants to become trapped.
vi. Approach the nearest assembly area.
vii. Do not leave the assembly area until all clear has been given.
viii. If you become trapped in your office or laboratory and cannot reach the fire exit, keep the door closed and seal off any cracks. Use the phone to call for help.
ix. **DO NOT** touch any electrical wire with bare hands.
x. If caught in smoke or heat, stay low where the air is better. Take short breaths through your nose until you reach the fire exit.

4. Adjacent stair cases shall be used in case of disaster while the stair cases shall be kept obstruction free at all the times. These stair cases are marked with proper directions towards the assembly area.
5. The Security Officer shall ensure that proper communication has been made to various stakeholders by wireless sets with security personnel.
6. Following emergency numbers shall be made visible in common areas.

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Name	Focal Person	Phone Number
Quick Response team	QRF 1	0333-5308111
	QRF 2	0333-5347222
	QRF 3	0333-5316444
Police Station	Police on Duty	9217333
Fire Brigade	Rescue 1122 Department	9217135 and 1122
Aftab Ahmad	Sub Engineer Electrical	0331-5234336
Bilal Khan	Maintenance Supervisor	0312-9454726
Mufeed Akbar	Medical Gas Supervisor	0305-9298198
Moin	Sub Engineer (Civil)	0311-3152315
Amir	Maintenance Supervisor	0332-9095367

7. Fire / Disaster response Team: There are two focal person trained on disaster management in each unit, one to evacuate people and the other to use fire extinguisher.
8. Trainings for fire safety on quarterly basis on unit wise rotation and results shall be documented. Each HoD shall nominate two persons from each unit for training.
9. In case disaster occurs, finance and audit team shall make estimate of the loss after the disaster and shall submit a report to Hospital Director.
10. Each year Security Officer and facility management department shall review the plan and update it plan accordingly.
11. Addressing the risk in high risk areas:
    a. Work shall be properly planned as majority of such risk mostly result from mental or procedural errors or carelessness.
    b. Work areas shall be uncluttered, and cleaned frequently. Unneeded materials shall be putback in storage promptly. Aisles, doors, and access to emergency equipment shall be kept unobstructed at all times.
    c. Proper clothing and personal protective equipment shall be used.
    d. In case of emergency:
        i. Know what to do. You tend to do under stress what you have practiced or pre-planned.
        ii. Know where things are: The nearest fire extinguisher, fire alarm box, exit(s), telephone, emergency shower/eyewash, and first aid kit, etc.
        iii. Be aware that emergencies are rarely "clean" and will often involve more than one type of problem. For example, an explosion may generate medical, fire, and contamination emergencies simultaneously.
    e. Evacuate:
        i. The immediate area of the problem.
        ii. The space within which the problem has occurred.
        iii. The building within which the problem area is located.

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POLICY / GUIDELINE # 5: Utility Management Plan

1. PURPOSE

Hayatabad medical complex is a 1400 bedded tertiary care hospital providing health services to general public in the best possible manner. The objective of the utility system management plan is to establish, maintain and provide a reliable utility system management to promote a safe, controlled and comfortable environment of care for patient, attendants and personnel of the facility. A good utility system management shall ensure operational reliability of utility systems and minimize potential risk of utility systems.

2. SCOPE

The utility system management plan and programs apply to all facilities of MTI-HMC as listed below and to all processes, as well as patients, staff and visitors at MTI-HMC. The utility management plan addresses the safe operations, maintenance and emergency response procedures for the critical operating systems.
Utilities include systems for electrical distribution, emergency power, heating, ventilating and air conditioning, plumbing, boilers, steam and medical gases and communication systems.
HMC facilities covered by this management plan are as follows:

- Block A of the main building having ground floor, first floor and second floor.
- Block B of the main building having ground floor, first floor and second floor.
- CRC Building
- Accident and emergency block of HMC.
- Hostels/Residential areas of the hospitals.
- The main building itself which includes OPD, Admin Block, Main reception, Plant room and areas adjacent to it.

3. RESPONSIBILITIES

Actor	Role / Responsibilities
BOG / MD / HD	Approving authority BOG through HD
HOD	Endorsement and preparation authority
Managers / Functional Leads	Implementing at ground level
Supportive Staff (Technicians / Attendants, Clerical)	Working persons/ Technical support are executing entity
Cross Functional Teams	Hospital management Internal auditor QA department

4. PROCESS DESCRIPTION

4.1 INTRODUCTION

The Policy

The policy of the utility management plan include:

- Comply with all relevant safety standards and regulations.
- Provide a safe, controlled and comfortable environment for the patients, attendants, staff and the visitors.
- Ensure operational reliability of the utility systems.
- Direct life support systems.
- Non-Life support utility systems.
- Assess potential risks of the utility systems.
- Provide a plan for response of utility systems failures.
- Effect essential coordination for scheduled utility systems interruptions.
- Enhance maintenance of the utility systems to reduce and minimize failures or interruptions.

The utility system management plan includes provision for inspection, resting, maintenance and repair for the following systems:

a) The successful bidder for the financial year is responsible to supply and to support life or is critical in the care and treatment of patients.
   - Oxygen
   - Medical air
   - Medical surgical vacuum system
   - Emergency power distribution system

b) Infection control system – is used to prevent the spread of infection, either directly or indirectly includes the following :
   - HVAC air flow management program.
   - Boilers and steam delivery system
   - Domestic cold and hot water system.
   - Natural gas system.

c) Environmental support system – control the environment or provide the daily need of patients and staff, which includes :
   - HVAC
   - Laundry services
   - Central Sterilization Services
   - Bed Elevators
   - Domestic water system
   - Sanitary sewer

d) Communications system- provides mean for patients, visitors and staff to communicate i.e Telephone system.

A. ELECTRICITY

The hospital has a reliable electrical power source, having sanctioned load of 4 mega watt. Sources of backup power supplies are provided in two tiers in case of emergency and power outages.

- For electrical power supply, an express (dedicated) line has been drawn from the main Wapda feeder of Danishabad Peshawar which is dedicated for the hospital use only.
- In case of power outage on the express line, the existing load can easily be shifted to local feeder known as Hayatabad III line.

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- In case of power outage on both of the abovementioned sources of electricity, the standby generators kick in to cater for the power supply needs of the hospital.

B. GENERATORS

The hospital has multiple numbers of standby generators:

- Two number of 400 KVA generators for general back up.
- Two number of 200 KVA generators for CRC building and cardiac surgery O.T.
- Two number of 200 KVA generators for Radiology department i.e. MRI Machine and C.T scan machine.
- One number of 200 KVA generators for Medical Unit, Orthopedic Unit & ENT Unit.
- One number of 200 KVA generator for OPD / IBP.
- Two number of 200 KVA generators for Cath lab and cardiology ward.

C. TRANSFORMER

The hospital has multiple numbers of Transformers:

- Six number of 1250 KVA transformers are installed in Substation 1 & 2.
- Two number of 630 KVA transformers are installed in Substation 2.
- One number of 400 KVA transformer is installed in CRC.
- Eight number of 200 KVA transformers are installed in Paramedics Hostel, Masjid, Jinnah Hostel, Waqar Zahir Hostel, Nursing Hostel, Cath Lab, MRI & CT scan.

D. WATER SUPPLY

Likewise, MTI-HMC has an efficient system and reliable sources of water supply to cater for the needs of the hospital round the clock as:

- The hospital has three tube wells and four high tower water tanks.
- Two of the three tube wells are equipped with a 60HP water pump.
- One of the three tube wells is equipped with two separate 60HP water pumps.
- In case a water pump becomes faulty, there's always a stand by water pump present in the facilities store as a backup.
- Supply lines extended from each tube well are interconnected, due to which the water supply isnever interrupted eventhere's a fault at one of the tube wells.
- As a backup, all of the tube wells have generator power supply in case of power outage.
- The storage capacity of each water tank is 50 thousand gallons approx.
- Each water tank has a gauge labelled that shows the exact level of water in a tank.
- The tube wells are operated round the clock by the hospital employees.
- To ensure the water safety standards are met for consumption, the biological and chemical testing of water is performed two to three times a year.

E. HVAC

The hospital also has a wide spread network of hot and cool air supply system that operates round the year to provide better environment for patients, staff and attendants.

- We have the following HVAC System for heating ventilation and air conditioning purposes, having total capacity of approximately 2000 tons.
  1. Chilled water system
  2. DX package units.
  3. DX air handling units.
  4. VRF System
  5. Small split air conditioners.
  6. Boiler (Heating only).
- Yearly boilers' inspection done by the boiler inspector appointed by the Govt. of Pakistan.
- Boilers are only to be operated once the safety clearance is done and duly approved by the concerned authorities for use.

F. BED ELEVATORS

For the safe and hassle free mobility of the patients, two bed elevators are installed right in the heart of the main building making it convenient for the patients to easily access almost all the units.

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- Bed elevators are designed to easily accommodate a patient bed and are operated by designated lift operators round the clock.
- In terms of distance, the bed elevators in MTI-HMC are closest to medical and surgical ICUs in the range of 25 to 30 meters radius.
- In case of power outage, provision of backup power supply is ensured by facilities department.
- Safety instructions and emergency procedures are displayed in each bed elevator.
- In case of a disaster or natural calamity, the purpose built ramps that are available right in front of the bed elevators can be utilized for patient mobility.

G. CENTRAL STERILIZATION AND LAUNDRY SERVICES

An important component of every hospital utility management system is sterilization and Laundry services. MTI-HMC has a designated and purpose built central sterilization department along with the Laundry service department that ensures the provision of germ free surgical kits and clean linen across the hospital.

- MTI-HMC has a three staged central sterilization department equipped with imported Autoclaves that ensures standardized sterilization of surgical instruments across the hospital.
- A dedicated boiler having surface area of 1000 square feet in capacity of 4.5 Ton per hours is used for sterilization and laundry purposes.
- The CSSD in MTI-HMC is equipped with the following number of autoclaves.

Theatre Sterilization Services Unit (TSSU)	Mini Autoclave capacity	Quantity
Ground OT	250 liters	1
1st Floor OT	640 liters	1
2nd Floor OT	250 liters	1
CRC	640 Liters	1

- Likewise, the laundry section of HMC is equipped with the following :

Washing machines capacity	capacity	Quantity
Washer Extractor Imported	80 kg	1
Washer Extractor Imported	60 kg	1
Washer Extractor Local	40 kg	2
Dryers (Imported)	60 Kg	2
Dryers (Local)	60 kg	1
Flat Iron		2
Utility Press (Surgeon Suits)		1
Medical Grade Laundry (Full Project)		1 (Awaited for Supply)

H. MEDICAL GASES SYSTEM

I. OXYGEN

Continuous and uninterrupted supply of oxygen is the primary requisite of any medical facility. MTI-HMC has three independent sources of supply which are stated below :

- Liquid oxygen is an economical and convenient form of oxygen storage. MTI-HMC has 13000 liters and 10000 liters, 250 bars oxygen liquid tank for general oxygen supply to the hospital. It has standing pressure of 10 bar and line pressure of 4 bar.
- Two Manifold system is installed for backup i.e. 2/5 and 2/10 in case the liquid supply system fails.
- All units have oxygen cylinders with regulators that can be used in case both the above mentioned systems fail.

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J. COMPRESSED AIR

- Compressed air used as driving force for equipment such as pneumatic drills or as medical air at 10 bar.
- Triplex air compressor is installed having capacity of 2700 liters/min for ground floor and first floor of the hospital.
- Duplex air compressor 1000 liters/min is installed for second floor.

K. VACUUM

- Vacuum pressure of -300mm of Hg is required at the terminal.
- A triplex vaccum plant installed having capacity of 4000 liters/min for ground, first and second floor.
- Duplex vacuum plant 1000 liters/minute for second floor.

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POLICY / GUIDELINE # 6: STERILIZATION RECALL POLICY

1. **PURPOSE**

To establish a standardized process for the identification, notification, investigation, and management of sterilization failures or suspected failures to ensure patient safety and regulatory compliance.

2. **SCOPE**

This policy applies to all departments involved in cleaning, disinfection, sterilization, storage, distribution, and use of sterile medical devices, including CSSD, Operating Rooms, Clinics, Wards etc.

3. **DEFINITIONS**

Sterilization Recall: The removal from use and notification regarding items processed in a sterilizer load that failed to meet established sterilization parameters.
Indication Tape
Indication Strip
Creap paper for packing
Instruments disinfectant
Load: A group of items sterilized together in a single sterilization cycle.
BI: Biological Indicator.
Sterilizer Failure: Any deviation from validated parameters (time, temperature, pressure, concentration) or failed BI.

4. **POLICY STATEMENT**

All suspected or confirmed sterilization failures shall be immediately addressed through a formal recall process. Potentially non-sterile items shall not be used on patients. Timely communication, documentation, and corrective actions are mandatory.

5. **TRIGGERS FOR RECALL**

A recall shall be initiated when any of the following occur:
Positive BI result or failed BI control.
CI indicates failure (Class 5/6 or equivalent).
Sterilizer parameter deviation or aborted cycle.
Load record missing or incomplete.
Sterilizer malfunction, power failure, or utility interruption.
Operator error or breach in packaging/handling.
Manufacturer alert related to sterilization equipment or supplies.

6. IMMEDIATE ACTIONS

A. Quarantine: Stop use of the affected sterilizer/load. Clearly label and segregate items.
B. Notification: Inform CSSD Manager, Infection Prevention & Control (IPC), OR Manager Facility, and Risk Management.
C. Recall Team: A recall collection team is identified. The names are as under:
(Supervisors, Supervisor Autoclave, Autoclave operator, Assistant) have the responsibility to back trace and recollect the recall items from the concerned section /units.
D. **Traceability:** Identify all items in the affected load(s) using load records and tracking systems.
E. **Patient Safety:** If items were used, notify

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