




MTI –HAYATABAD MEDICAL COMPLEX (HMC), PESHAWAR

Departmental Operational Manual
Facility Management Department

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Date	05-12-2025
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I. POLICY / GUIDELINE # 1: PARKING POLICY

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.

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.

Employees may obtain a parking Stickers from the Security Office located in the OPD / IBP of HMC Hospital.


Employees are required to fill "HMC Hospital Parking" form for a parking sticker.

Their vehicle is parked in such a way that it prohibits traffic or jeopardizes safety.

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.

RESPONSIBILITIES

Actor	Role / Responsibilities
Chairman BOG / MD / HD	Approving authority BOG through HD
HOD	Endorsement and preparation authority
Managers / Functional Leads	Implementing

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Supportive Staff (Technicians / Attendants, Clerical)	Working persons/ Technical support
Cross Functional Teams	Hospital management Internal auditor QA department

POLICY / GUIDELINES DESCRIPTION

PARKING AREAS

Administration Parking

Administrative staff may park in lots designated at back of Medical A side.

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.

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.

Other Areas/Lots Road Side

Staff may park their cars on road sides on first come first serve basis.

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.

RESPONSIBILITIES OF THE STICKERS HOLDER


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

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

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.

CHANGE OF VEHICLE

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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.

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.

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

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.

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

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.


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.

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

Contractor/Vendor Spaces
All Grass Surfaces / Lawns
Lots being plowed
Physician slots

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Administration Car Parking
A&E Area
Other areas as designated

UNAUTHORIZED AREAS

Patient/Visitor slots
Fire lawns
Loading Dock
Patient Pick-Up Areas
Other areas as designated

ENFORCEMENT


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

SUPPORTING DOCUMENTS

Document Title	Ref. #	Retention Medium	Retention Period
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RELATED RECORDS

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II. POLICY / GUIDELINE # 2: SMOKING POLICY

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

SCOPE

This SOP applies to the entire health facility premises.

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

POLICY / GUIDELINES DESCRIPTION


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.

Responsibility

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All hospital employees are required to:

Be aware of the requirements of this procedure

Comply with the hospital's smoke-free environment procedure

Security

Security staff will enforce the procedure.

Smoking Areas

Smoking areas are designated.

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.

Procedure

The HMC is a smoke-free environment. This includes all indoor and outdoor areas and vehicles at all sites.

Facilities for extinguishing and disposing of cigarette butts have been provided at key entry points to hospital premises.


Staff in breach of this procedure will be subject to normal disciplinary procedures.

Notices advise any person entering premises that the hospital is a smoke-free environment.

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.

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RELATED RECORDS

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

MTI-HMC

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III. POLICY / GUIDELINE # 3: FIRE SAFETY

PURPOSE

The purpose of the documents is to ensure the safety of workers and facilities from the threatening 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.

SCOPE


This procedure is applicable to entire health facility.

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

PROCESS DESCRIPTION

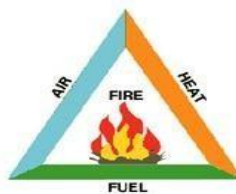
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INTRODUCTION

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.

Classes of Fire


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



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.



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Carbon Dioxide / Foam Extinguisher - Wood, paper, plastic, rubber & flammable liquids. / Electrical fires Flammable liquids	
<p>Dry Chemical /Powder Extinguisher - Wood, paper, plastics, rubber, flammable liquids, combustible gases & electrical energized equipment</p> <p>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.</p> <p>Note: the differing profile of nozzle in the cylinder</p>	

Fire Blankets

Fire Blankets are to only used on a small fire. Protect yourself from the flames by shielding your body with the blanket.



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.




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.

PROCEDURE – FIRE INCIDENT MANAGEMENT

Remove people from the immediate area if safe to do so;
Alert – switch (dial emergency no.) or the Fire Brigade (break glass alarm);
Contain – if practicable, close the doors & windows;

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Extinguish – use appropriate fire-fighting equipment but do not take risks. Evacuate to a safe area if and when directed to do so, ensuring that you can account for everybody under your care.

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 case 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.

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.

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.

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

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Bilal Khan	Maintenance Supervisor	0312-9454726
Mufeed Akbar	Medical Gas Supervisor	0305-9298198
Moin	Sub Engineer (Civil)	0311-3152315
Amir	Maintenance Supervisor	0332-9095367

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

Identification & Operation of Fire Fighting Equipment

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

Pull the pin at the top of the extinguisher
Aim the nozzle towards the base of the fire
Squeeze the handles together
Sweep the nozzle from side to side, directing the contents at the base of the flames.

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.

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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 safety 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.

Rescue and First Aid Procedures

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

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

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


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)

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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.

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 Band-aids
 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.)


Training Schedule

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

Pool Of Fire Safety team

The names are as under:

Bakht Rawan (Security Deptt)
 Umar Zada (Security Deptt)
 Niaz Muhammad (Security Deptt)
 Omar Ali (Security Deptt)
 Muhamamd Ayub (Security Deptt)
 Rooh Ullah (Security Deptt)
 Aftab Ahmad (Facility Deptt)
 Kausar Nadeem (Facility Deptt)
 Muhammad Saddiq (Facility Deptt)
 Jansher (Facility Deptt)
 Khadim (Facility Deptt)

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Asif Khattak (Facility Deptt)
Anwar Khan (Facility Deptt)
Arshad Khan (Facility Deptt)

SUPPORTING DOCUMENTS

Document Title	Ref. #	Retention Medium	Retention Period

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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IV.POLICY / GUIDELINE # 6: STERILIZATION RECALL POLICY

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.

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.

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.

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.

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.

IMMEDIATE ACTIONS

Quarantine: Stop use of the affected sterilizer/load. Clearly label and segregate items.


Notification: Inform CSSD Manager, Infection Prevention & Control (IPC), OR Manager Facility, and Risk Management.

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.

Traceability: Identify all items in the affected load(s) using load records and tracking systems.

Patient Safety: If items were used, notify.

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