



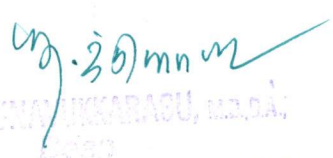
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MADURAI - 625009

8.1.2

**Documents Pertaining to Quality of Care and Patient Safety Practices
followed by the Velammal Teaching Hospital, Madurai**

Index

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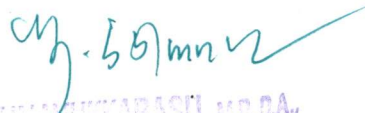
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Summary:

Procedure followed by the teaching hospital pertaining to Quality of care and patient safety practices

- All UG & PG students are advised to have Hepatitis B Vaccine at the time of admission, all newly joined teaching and non-teaching faculty will also be advised to get vaccinated for Hepatitis B and Tetanus Toxoid.
- Every year Orientation programme on Infection Prevention and Control practices is organized for the newly admitted UG & PG students, Faculties including Nursing and Supportive staff involved in Infection Prevention and Control practices
- Through lecture sessions and hands on training UG PG Students, interns are regularly oriented regarding safety measure by Microbiology Dept.
- Hand washing techniques and steps are stressed for all those concerned with patient care.
- Boards are displayed regarding safety measure wherever required in the teaching hospital.
- Infectious and non-infectious patients are segregated through different wards
- Regular fumigation is undertaken.
- Separate department is established for infection control in the name and style of "**Department of Infection Control**". If any students are staffs gets accidental exposure to **infection**, **required treatment/medications are provided in the Hospital.**


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- Safety Signage Boards



Emergency Evacuation Board



Fire Exit Boards



Work in Progress Board Displayed in During Maintenance Activity



Cleaning in Progress Board Displayed in During Floor Cleaning Activity



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Prevent Needle Stick Injury Awareness



PPE's

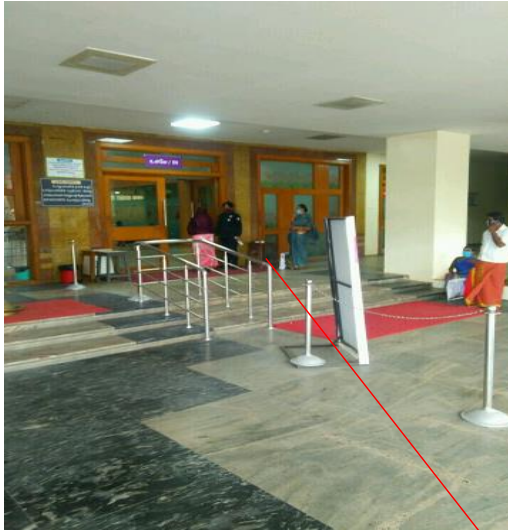


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Patient Safety Device



Handrail Provided at all Steps and Stairs



Wheelchair with Safety Belt



Stretcher with Side Rail



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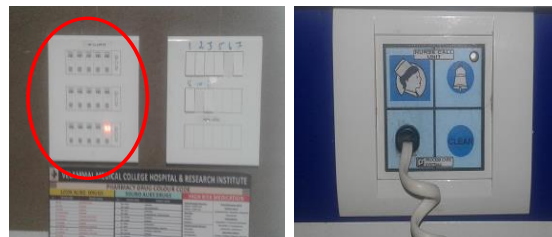
Bed with Side Rail



Stretcher with Safety Belt



Grab bars Provided at all Toilets



Patient Call Bell Switch and indicator



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Hazard Materials Storage



Hazardous Materials are Stored in Separate Flameproof Cupboards



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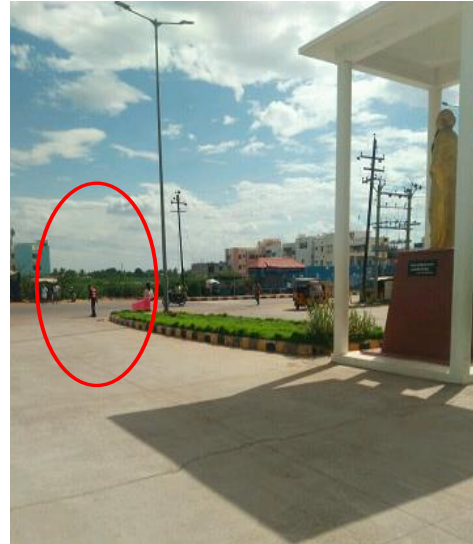
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Safe & Good Practice



**Provide Proper Barricading and Signage for
Excavation Work and Maintenance Work**



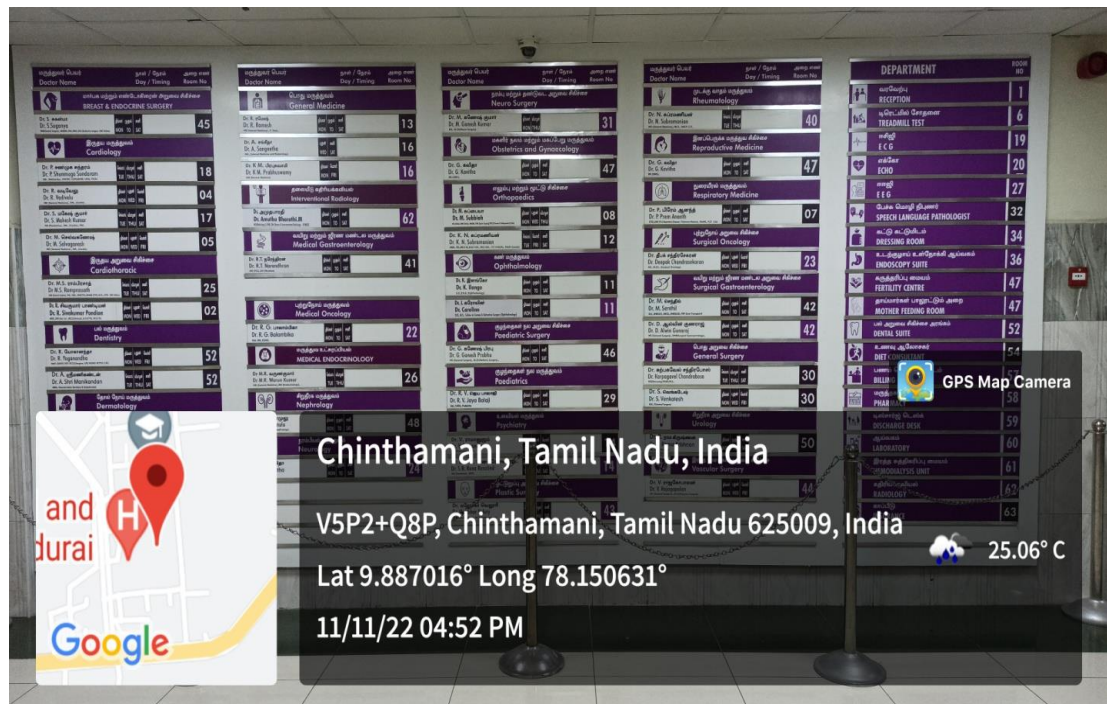
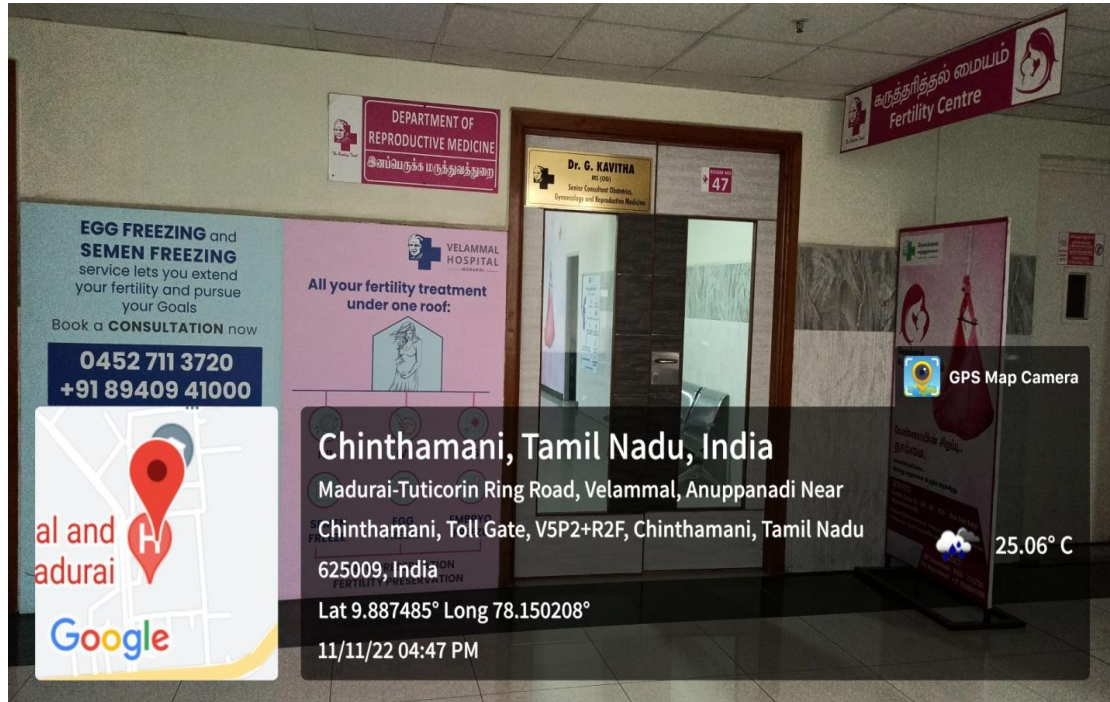
**24 x 7 Traffic controller at Our Hospital
Entrance Near National Highway**



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DEPARTMENT OF LABORATORY SERVICES

24 மணி நேர பரிசோதனை ஆய்வுக் கூடம்

Test Name	TAT	Test Name	TAT
Glucose (FBS)	1 Hour	Stool Routine	1 Hour
Glucose (PP) RBS	1 Hour	Blood Culture	5 Days
Electrolytes	1 Hour	Stool Culture	3 Days
Lipid Profile	1 Hour	HIV, HCV, HBsAg	2 Hour
PT-INR APTT	2 Hour	Blood Group & Rh Typing	% Hour
Liver Function	1 Hour	Biopsy	3-4 Days
Test (LFT)	1 Hour	Urine Culture	2 Days
Complete Hemogram	1 Hour	Urine DNA Quantitative	2-3 Days
Urine Routine Urine	1 Hour	RNA Quantitative	2-3 Days
Complete Analysis	1 Hour	TB-PCR	2-3 Days

Turn Around Time

பரிசோதனைகள் செய்து
சர்க்கரை அளவு (உணவுக்கு முன்) 1 மணி நேரம்
சர்க்கரை அளவு (உணவுக்கு பின்) 1 மணி நேரம்
சர்க்கரை அளவு (உணவுக்கு பின்) 30 நிமிடம்
சர்க்கரை அளவு (உணவுக்கு பின்) 1 மணி நேரம்
சர்க்கரை அளவு (உணவுக்கு பின்) 1 மணி நேரம்
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சர்க்கரை அளவு (உணவுக்கு பின்) 1 மணி நேரம்
சர்க்கரை அளவு (உணவுக்கு பின்) 1 மணி நேரம்
சர்க்கரை அளவு (உணவுக்கு பின்) 1 மணி நேரம்

Chinthamani, Tamil Nadu, India
V5Q3+GM7, Chinthamani, Tamil Nadu 625009, India
Lat 9.888627° Long 78.153415°
For further details, please contact Laboratory Reception
11/11/22 04:55 PM
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Nephrology and Urology Out Patient Department

சிறுநீரக மற்றும் சிறுநீரக அறுவை சிகிச்சை
புற நோயாளிகள் பிரிவு

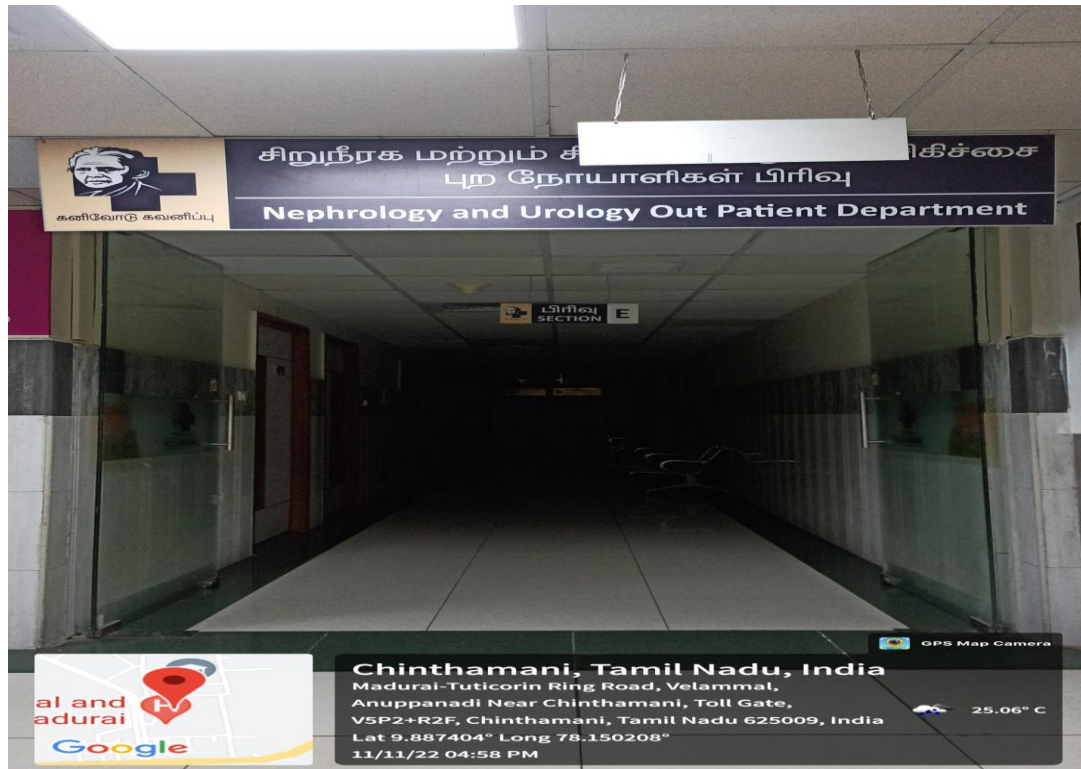
Chinthamani, Tamil Nadu, India
Madurai-Tuticorin Ring Road, Velammal, Anuppanadi Near
Chinthamani, Toll Gate, V5P2+R2F, Chinthamani, Tamil Nadu
625009, India
Lat 9.887403° Long 78.150208°
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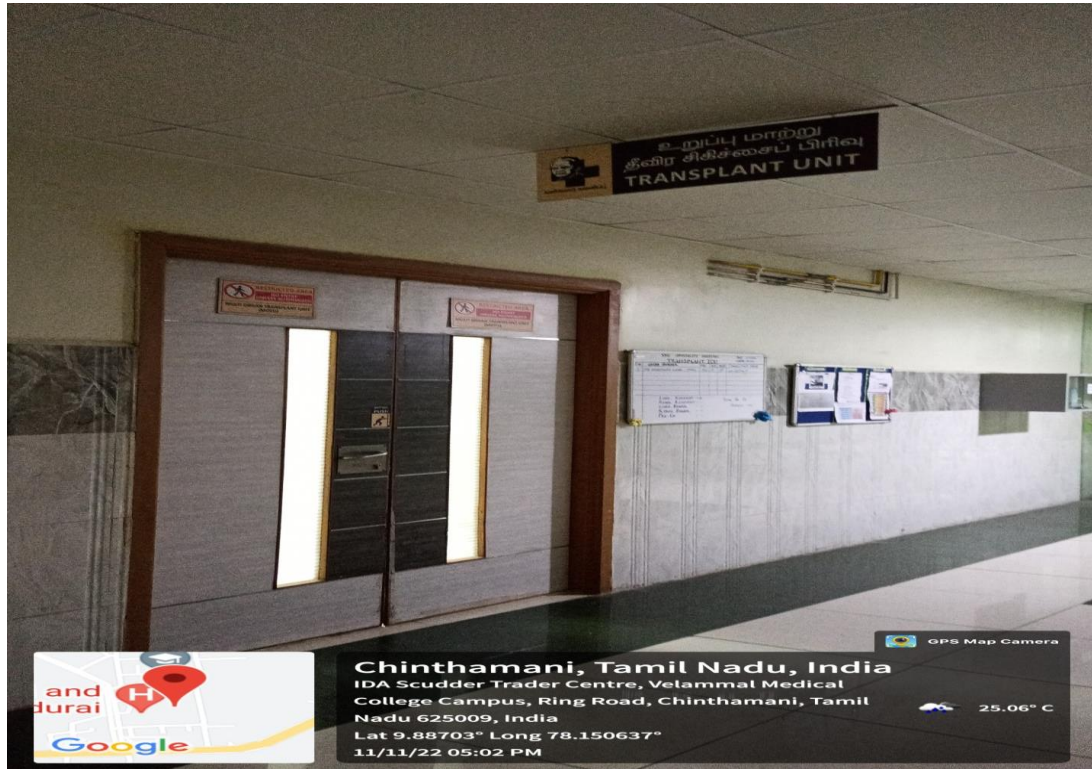




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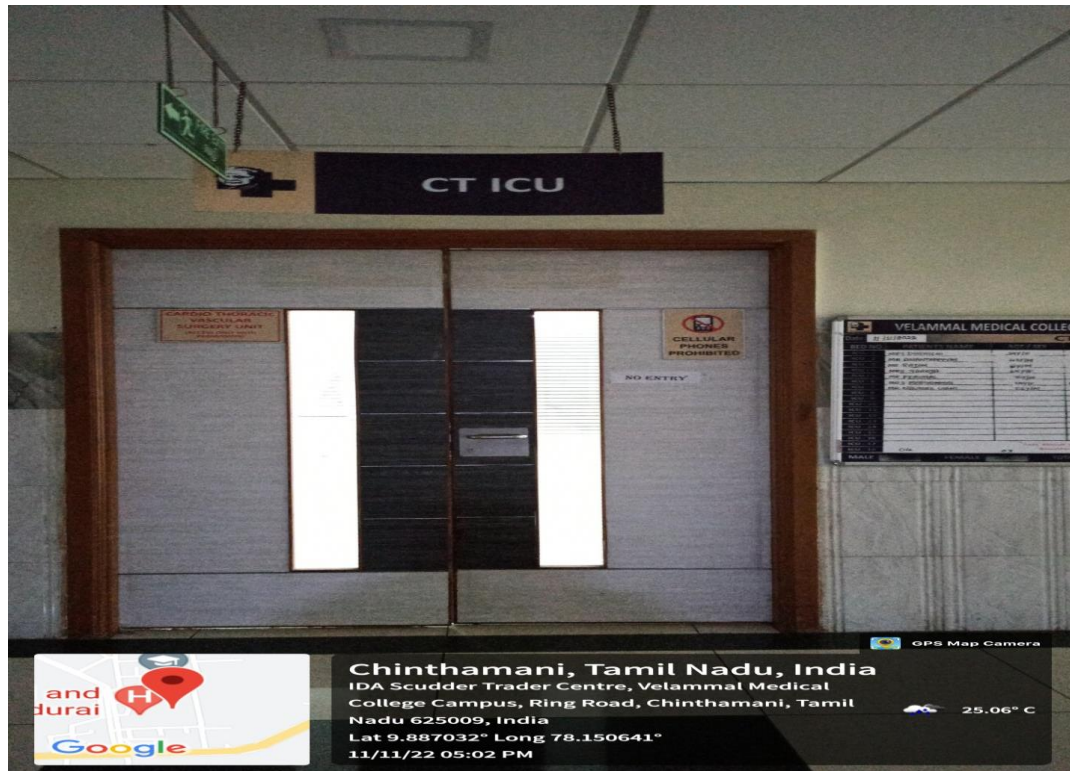




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HICC Manual

DEPARTMENT OF INFECTION CONTROL MANUAL



 The Healing Touch	VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE		Doc. No.	NABH / VMCHRI/HIC
	INFECTION CONTROL MANUAL		Issue No.	01
			Rev. No	00
			Date	20.08.2021
			Page	Page 2 of 362

DOCUMENT CONTROL PAGE


Document Name	HOSPITAL INFECTION CONTROL MANUAL	
Document No	NABH / VMCHRI / HIC	
Copy No	1	
Revision No	0	
No of Pages		
Prepared by	Dr. G. Vithiya Infection Control Officer	Sign
Reviewed by	Dr. S. R. Dhamotharan Medical Superintendent	Sign
Approved by	Dr. T. Thirunavukkarasu Dean	Sign
Issued by	Mrs. Sheena Mary Sibin Quality Manager	Sign
Issue date	20.08.2021	



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MADURAI - 625009

	VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE	Doc. No.	NABH / VMCHRI/HIC
	INFECTION CONTROL MANUAL	Issue No.	01
		Rev. No	00
		Date	20.08.2021
		Page	Page 3 of 362

This is the Hospital Infection Control manual of the Velammal Medical College Hospital and Research Institute.

The distributed copy shall be kept in safe custody of the in-charge of the department / HOD, who will be responsible to train the staff in this policy as applicable to particular category of staff.

All Amendments and additions to this manual will be endorsed at the appropriate page in the document by the custodian of the manual, who will authenticate the entry with his signature including the date and time of endorsement.


The Manual with original signature as above on the title page is considered as “Master Copy” and the photocopies of the Master copy for the distribution are considered as “Controlled Copy”. However, controlled copy will also be signed.



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	INFECTION CONTROL MANUAL		Issue No.	01
			Rev. No	00
			Date	20.08.2021
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AMENDMENT SHEET


Sl. No.	Section/ Chapter no	Revision no / Date	Details of amendment	Signature of the authorized official



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 The Healing Touch	INFECTION CONTROL MANUAL	Rev. No	00
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1	Floor is clean and dry
2	No evidence of animals / infestation in the kitchen
3	Fly Screens are in place where required
4	Cleaning materials are identified and stored in areas separate from food
5	dedicated HW sink and liqd soap and clean towel is available
6	Surfaces, appliances are clean and dry
7	Shelves, cupboards and drawers are clean dry and free from dust
8	Refrigerators & Freezers are clean and free from ice
9	Thermometer present in fridge and temperature within range
10	Daily temperature log appropriately filled and action plan for out of range is evident
11	Milk stored in refrigerator
12	Bread stored in clean dry container
13	Fruits and vegetables are stored in dry areas at temperature <30
14	FIFO Policy is followed
15	All food products are within expiry dates
16	opened food is covered or stored in containers
17	Separate area for Veg & Non-Veg



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18	Separate colour coded cutting boards for Veg and Non Veg foods
----	--

Name & sign of Auditor

31.10 Checklist for laundry

Infection control checklist for Laundry-

S.no	Infection control review –Personnel	Met	Not met
1.	Clean, neat, untorn and appropriate clothing is worn		
2.	Fingernails are clean and trimmed		
3.	Hair is neat and protected by covering		
4.	Rubber gloves and protective covering are worn when handling and loading soiled linen		
5.	Disposable gloves are worn when handling isolation supplies		
6.	Plastic apron are worn when handling and loading soiled linen		



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	followed to avoid contamination		
9.	Direct resident contact is avoided except in emergency situations		
10.	Injuries and suspected infections are reported immediately		
11.	Personnel are oriented to infection control policies on hiring		
12.	Personnel are aware of methods to handle supplies and disposal of gloves/equipment		

S.no	Infection control review – Washing/folding/storage	Met	Not met
1.	Soiled linen is transported in yellow bag in the separate hamper		
2.	Dirty linens are separated from clean ones at all times		
3.	Pre washing with hypochlorite 5 % is done for soiled linen		
4.	Wash/rinse temperatures are maintained at a minimum of 80-90°C for soiled linen		

**LAUNDRY INCHARGE**

Return Ducts : Sealed / Not necessary



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Traffic Control :

Areas cordoned off :

Cleaning Protocol followed after completion of the Construction

Regular Cleaning :

Cleaning after A/C has been switched on for at least 3 hrs :

Vacuuming / Deep Cleaning :

Fogging :

Monitoring : Swabs / Settle Plates

Results :

Signature of ICO

Signature of Maintenance Representative

32. List of VMCH &RI Approved Disinfectants

	Handrub	Handwash	Floor disinfectant	Fogging	Equipment and surface disinfection with 70% alcohol	Cleaning solution	High level disinfectant
Critical areas	Bactorub blue	Microshield and Microshield PVP	Bacilloid special	Baccishield	Bacillol 25	3M Multienzyme cleaner	Cidex /Cidex OPA

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Prepared by:

Reviewed by:

Approved by:

Issued by:



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Semicritical areas	Bactorub blue	Briticlean	Hosphal H	Baccisheid	Bacillol 25	3M Multienzyme cleaner	Cidex /Cidex OPA
Non critical areas	Bactorub blue	Briticlean	Hosphal H				

Sr. No.	Area/Procedure	Approved concentration
1	Toilets	Big Flush- which contains Hydrochloric acid, Quarternary ammonium compounds, Non ionic Viscosity modifiers
2	Toilet stains or floor stains	Acid wash + Lysol
3	Infected laundry	Soak in 5% dettol(30mts) or 1% Sodium hypochlorite(15mts)
4	Blood and body fluid spillage	1% Sodium hypochlorite(30mts)

33. REFERENCES:

1. CDC/NHSN Surveillance definitions of health care associated infections and criteria for specific types of infections
2. CDC-Health care associated infections
3. Guidelines for disinfection and sterilization in healthcare facilities-CDC
4. Standard precaution in health care –WHO
5. Standard precaution for all patient care –CDC
6. Damani's Manual of infection prevention and control



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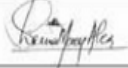
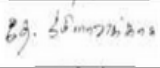

Patient safety programme

PATIENT SAFETY PROGRAMME



o Patient Safety Programme o

DOCUMENT CONTROL PAGE

Document Name	PATIENT SAFETY PROGRAMME	
Document No	NABH / VMCHRI / PSP	
Copy No	1	
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No of Pages	104	
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Checked by	Dr. T. Thirunavukkarasu Dean	Sign 
Approved by	Mr. M. V. Karthik Director	Sign 
Issue date	20.08.2021	



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1.0 POLICY

All Patient Care Services Staff shall use every reasonable precaution to provide a safe environment to the patients. Safety of the hospital is the most important aspect of hospital management. The hospital should have a disaster management plan to combat any external or internal disaster. Safety is being protected from any event or exposure that can lead to any type of damage.

2.0 PURPOSE

This Safety Management Plan serves to describe the policies and processes in place to minimize safety risks to patients and staff through a comprehensive hazard surveillance program and analysis of aggregate information.

3.0 DEFINITION:

Safety Programme- A Programme focused on patient, staff and visitor's safety.

Adverse Event- An injury related to medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable.

No Harm- This is used synonymously with Near Miss. However, some authors draw a distinction between these two phrases.

A Near Miss is defined when an error is realized just in the nick of the time and abortive action is instituted to cut short its translation. In the NO Harm scenario the error is not recognized and the deed is done but fortunately for the health care professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reaction to administered drugs in allergic patients. A prophylactic injection of Cephalosporin may be stopped in time because its suddenly transpires that the patient is known to be allergic to penicillin (Near Miss).

If this vital piece of information is overload and the Cephalosporin is administered, the patient may



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Sentinel Event- A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services.

Major and enduring loss of function refers to sensory, motor, physiological or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.

4.0 ABBREVIATION:

COO- Chief operating officer

ID- Identity

BME- Bio Medical Engineer

WHO- World health organization

HSC- Hospital Safety Committee

EXTN- extension

CEO- Chief executive officer

ICU- Intensive care unit

MICU- Medical intensive care unit

NICU- Neonatal intensive care unit

IPD- Inpatient Department

OPD- outpatient department

HR- Human Resources

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MO- Medical officer
OT- Operation Theatre
OBG- Obstetrics and Gynaecology
RCA- Root cause analysis
BLS- Basic life support
ALS- Advance life support
OPIM - Other Potentially Infectious Material

5.0 SCOPE:

The Safety Management Plan defines the mechanisms for controlling hazards, promoting and implementing safety measures for the patients, staff in particular and the hospital in general.

6.0 RESPONSIBILITY:

Hospital Management and Safety Committee

7.0 DISTRIBUTION:

Hospital Wide

8.0 PROCEDURE:

PATIENT SAFETY

All Patient Care Services Staff shall use every reasonable precaution to provide a safe environment to



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2. Adverse Drug Reaction.
3. Mismatched Blood Transfusion.
4. Baby Charring in NICU.
5. Gangrene of the Limb of the Baby.
6. Aspiration Pneumonia.
7. Displacement of Joint due to Mal Positioning by the Staff.
8. Occupational Hazards.
9. Bed Sore.
10. Hospital acquired infection.
11. Fall from Bed.

Care Environment (CE):

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for patients, staff, students and visitors
- Maintain CE that is sensitive to patient needs for comfort, social interaction, and
- Positive distraction
- Maintain CE that minimizes unnecessary environmental stresses for patients, staff and Visitors.
- Maintenance staff shall be contactable round the clock for emergency repairs.
- A complaint attendance register shall be maintained to indicate the date and time of receipt of complaint, allotment of job and completion of job.

Smoking Policy



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Policy:

1. The administration of hospital shall prohibit the sale and use of smoking materials throughout the facility.
2. The hospital has been declared a "no smoking" zone.
3. All patients and their attendees are counselled and educated about the adverse effects of smoking on people's health due to active and passive smoking & encouraged to give up smoking.
4. Signage for "no smoking" are displayed in both outpatient and inpatient care area of the hospital.

Sexual Harassment

Policy:

1. This policy applies to all personnel in the hospital. Harassment of any kind by or towards any employee or towards any other person performing services within the hospital Premises or Work Environment, or any member of the general public by use of the hospital's assets or when representing the hospital will not be tolerated. Employees are required to abide by the policy outside the work place during business trips, business meetings and business related social events.

2. Definition of Sexual Harassment:

Sexual harassment includes, but not limited to, such unwelcome sexually determined behaviour (whether directly or by implication) as:

- a. Physical contact and advances;
- b. Demand or request for sexual favors, whether or not such request or demand is accompanied by implicit or explicit threats concerning one's employment status or similar personal concerns;
- c. Sexually colored remarks or comments, jokes or innuendoes;



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e. Creation or perpetuation of a hostile, intimidatory or offensive working environment through conducts such as:

- Touching the other person in an unwelcome way or purposeful brushing against another's body
- Uninvited sex-oriented gestures, teasing or suggestive comments or questions of a sexual nature.
- Any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

3. Complaints Committee:

a. The Complaints Committee" for prevention of sexual harassment will have members

representing employees of all Departments, including a member from the Management, External and a Representative from the H.R Department.

b. A woman would head the Committee and not less than half of its member would be women.

4. Procedure in the event of Sexual harassment:

The Recipient:

- If the recipient feels that the act is minor and the offender would permanently stop Indulging in the same if the recipient was to bring to the notice of the offender How the act is affecting the recipient, then the same may be communicated by the recipient to the offender.
- The Recipient should consider filing a formal complaint with any member of the Complaints Committee if the incident or behaviour is serious, absolutely unacceptable, or repeated (especially after telling the offender to stop).

Co-employees: If an Employee is approached by a friend or a co-employee who feels

him or her was discriminated against or sexually harassed then the Employee should



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informal resolution methods such as encouraging or assisting the recipient to approach the offending person directly.

- If feasible, the approached Employee should identify the offensive behavior to the harasser and request that it stop.
- If the incident is serious or if the above methods fail or would not stop such behaviour the approached Employee should guide and assist the recipient to file a formal complaint.
- If the recipient is a vendor or customer employee, the approached Employee should contact the vendor or customer supervisor as well as notify a member of the Complaints Committee.
- The approached Employee should take responsibility to see that sexual harassment is stopped and there is no reprisal.

Department Heads:

If a Department Head observes or is approached about discrimination or sexual harassment, the Department Head has to take the following course of action:

- Advise the recipient of his or her right to seek help through informal methods or through the Complaints Committee, depending on the severity of the case.
- Advise the offending person to stop immediately. If the offender is a senior person and the Department Head is unable to initiate any action, he has to report
- It immediately to any member of the Complaints Committee along with the recipient.
- Warn all parties involved in the incident that any further behaviour that may look like direct or indirect reprisal.



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Cognizance of Complaints:

- Committee member who is first informed of the incident or behaviour should bring it to the notice of the Head of the Committee.
- The Head of the Committee will immediately call for a meeting of the Committee members.
- The Committee will authorize one of the Committee members as an Enquiry Officer to hold
- An enquiry and investigate the complaint with the assistance of the concerned Department Head or a senior person in the Department. In the case of a vendor Or customer, with the assistance of the Vendor or Customer Manager.
- Corrective action will be taken as appropriate in the circumstances.
- The charges will be investigated with utmost discretion. However, in the course of the investigation, witnesses and any other appropriate parties may be notified and asked to participate as appropriate. Charges of sexual harassment shall be deal with on the lines laid down by the Government and amended from time to time.
- Appropriate action, including termination from the services of the hospital, if necessary, shall be taken against the offending employee, based on the report of the Enquiry Officer.
- Serious action will be taken against offenders for retaliatory behavior against individuals who make complaints of workplace harassment or who assist in any investigation of such complaints, apart from the action for the act of sexual harassment.

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- Any doubts or clarifications on the investigation process or its conduct, by the



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the Complaints Committee.

Corrective action by offending Persons:

- Stop and discontinue the behaviour immediately.
- Apologize to the recipient. If necessary the offending person should request another person, such as a co-employee or his Department Head or any member of the Complaints Committee to guide him in expressing regret for the incident or behaviour and to ensure that the confidence of the recipient in him and his relationship with the recipient is restored.
- Talk to the recipient and discuss how he could communicate more effectively.
- Avoid any reprisal whether direct or indirect.
- Seek help from family or friends or qualified counsellors who can assist and guide him in preventing from repeating such acts or behaviour.
- Take responsibility and work to ensure that sexual harassment are stopped.

9.0 REFERENCES:

Hospital Committees, Safety Manual

10.0 RECORDS AND FORMATS:

Minutes of meetings, Record of Quality Indicator with their Analysis, Internal audit reports,

Facility rounds report



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Hospital Wide Safety Manual

HOSPITAL WIDE SAFETY MANUAL



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DOCUMENT CONTROL PAGE

Document Name	HOSPITAL WIDE SAFETY MANUAL	
Document No	NABH / VMCHRI / HWSM	
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Document Control:

This is the Hospital wide safety manual of the Velammal Medical College Hospital and Research Institute.

The distributed copy shall be kept in safe custody of the in-charge of the department / HOD, who will be responsible to train the staff in this policy as applicable to particular category of staff.

All Amendments and additions to this manual will be endorsed at the appropriate page in the document by the custodian of the manual, who will authenticate the entry with his signature including the date and time of endorsement.

The Manual with original signature as above on the title page is considered as “Master Copy” and the photocopies of the Master copy for the distribution are considered as “

Controlled Copy”. However, controlled copy will also be signed.

AMENDMENT SHEET

Sl. No.	Section/ Chapter no	Revision no / Date	Details of amendment	Signature of the authorized official

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PURPOSE:

- 1.1 The management of Velammal Medical College Hospital & Research Institute is committed to provide a safe and secure environment and facilities to all patients, families, employees and visitors who utilize the hospital premises. In order to achieve this goal the hospital will: Appoint a safety committee which will develop, document and implement a “hospital wide safety programme”. This safety programme will be documented in the “Safety Manual”.

2.0 SCOPE:

- 2.1 This manual details the following:
 - 2.1.1 The responsibilities and the functions of the safety committee.
 - 2.1.2 The role of the management to ensure all safety laws and regulations are adhered to at all times.
 - 2.1.3 The role of the management in updating all amendments in these laws and regulations and to ensure all licenses and registrations are current at all times.
 - 2.1.4 Documentation of the operational and maintenance plan for the facility and the plan to ensure round the clock provision of safe water, electricity and medical gases and vacuum system to take care of the patients.
 - 2.1.5 Design, document and implement a plan for facility inspection rounds.
 - 2.1.6 The documentation of hazards and risks identified and corrective and preventive action



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appliances. Use Safety gloves (Rubber, PVC) while handling biomedical waste. Dump waste materials in appropriate places in backyard. Do not spill any hazardous waste on the road. Ensure easy access to fire extinguishers. Know the location of the nearest fire fighting equipment. Do not enter radiation room unless otherwise authorized by the department. While cleaning cobweb use ladder and helmet. Adhere to the policies and procedures as specified in Infection Control Manual.

24.0 Hot Works:

- 24.1 **Safety precautions:** All Flammable Materials cleared from site. Fire Watch to be informed about the work. Arc Welding – Proper Earthing to be ensured. Work at Heights – Safety Belt, Helmets to be used. Welding Shields / Goggles to be used by operators. Ensure Water and Fire extinguishers are available while working. No loose wires, two pin plug sockets are allowed. Ensure welding return cable connected to job only. Connect the ground clamp when using electrical is welding. The ground clamp should be connected as close to the work. Securing gas cutting and welding cylinders so that they will not be upset or damaged.

25.0 Working In Underground Sewage:

- 25.1 **Safety precautions:** Manholes are to be kept open for atleast 8 hours before any person starts

brought up after the day's work is over. The Contract Supervisor must be always available at site during the work. As soon as the work is over, ensure that the manholes are closed firmly.

26.0 Earthquakes:

- 26.1 During An Earthquake: Do not panic. Move away from overhead hazards.
- 26.2 IF YOU ARE INSIDE A BUILDING: Stay there! Do not try to exit. Do not use the elevators. Get under a sturdy table or desk or brace yourself in a doorway or corner. Move to an inside hallway when possible. Choose a location that will allow you air to breathe in the event the building collapses around you. Stay clear of windows, bookcases, shelves, cabinets, mirrors, hanging plants and other heavy objects. Watch out for falling ceiling tiles, ceiling fans, wallboard and plaster.
- 26.3 IF YOU ARE OUTSIDE: Move to an open area. Keep away from power lines & poles, trees, walls and chimneys. In all cases, try to stay calm and reassure others. After An Earthquake: Remain calm - reassure others. Use common sense and cooperate with others. Wait until all motion has stopped before proceeding with further action. Be prepared for significant aftershocks. Do not place yourself in danger. Do not use elevators. Administer First Aid to injured persons as needed. Do not attempt to move any seriously injured persons unless they are



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additional significant earthquake aftershocks, which may bring down or further, damage previously weakened structures. If possible, assess and establish a safe weatherproof shelter. Stay out of risk prone areas. Assist with requests from civil defense officers, police, fire fighting or other emergency and relief organizations. Wear sturdy shoes for protection from debris or broken glass. Check gas, water and electrical lines and devices for damage. Shut off, if appropriate. Do not approach downed power lines or objects touched by downed lines. Clean up spilled chemicals or other potentially harmful materials. Check water supplies. If water is off, use emergency water obtained from water heaters. Check to see that sewage lines are intact before flushing toilets or using other plumbing. Do not use telephones except for emergency calls to save lives. Keep roads clear for emergency vehicles. Do not use your vehicle unless there is an emergency.

27.0 Bomb Threats:

- 27.1 **Purpose:** To establish uniform procedures for management of any Bomb threats.
- 27.2 **Scope:** Hospital wide.
- 27.3 **Procedures:** Following points to be noted before informing the Security Officer / Security Control Room and other authorities. When a bomb threat is received by telephone: Listen, Be



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Should a device or suspect device be discovered: Do not touch or move it. Do not assume that it is the only one. Leave the area immediately. Notify the Security Control Room as soon as possible. Evacuation Guidelines: If necessary, the Fire Alarm system may be activated in order to initiate an evacuation. This will also bring the assistance of fire fighting personnel. Keep calm. Follow instructions of supervisors or other authorities. When evacuating, remove identified personal property, such as lunch containers, briefcases, purses, etc. Assist with requests from police, fire or other authorities in order to safely resolve the situation.

28.0 Crash Cart:

- 28.1 **Scope:** To insure availability of all drugs, equipment, and supplies necessary to initiate advanced life-support measures and ensure availability of carts throughout the hospital.
- 28.2 **Responsibilities:** Carts shall be stocked in accordance with an approved listing of drugs and supplies as established by the organization. Nursing department shall be responsible for maintaining and replacing drugs in Emergency carts. One Pharmacist will be present during the time of emergency.
- 28.3 **Use of crash cart:** A sealed Emergency Cart shall be located in designated clinical, patient care areas at all times for use in medical emergencies and resuscitation. Carts shall be stocked in



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