

FMS (Facility Management & Safety)		DH/ITSGN/SOP/FMS/01	
Implementation Date		Review Date	
Prepared By		Approved By	

FMS 1**Following statutory requirement is maintained:**

- Registration of Dental College
- State Fire Service regulations: Fire NOC
- AERB license for all imaging machines
- Pollution control board NOC: for air & water
- Bio-Medical Waste Management MOU
- Lift AMC

A record is maintained by administrative officer. He has the responsibility to renew/update licenses and certificates. The same is checked & ensured by Director-Administration.

FMS 2**Operational & Maintenance (Preventive & Breakdown) Plan****Operational Plan**

Only qualified and trained staff will operate any / all equipment. A person in-charge has been nominated for each equipment. He / she is responsible and accountable for correct operation of equipment under his / her charge.

The person in-charge is also accountable if any equipment under their charge is handled by another person and such handling leads to damage.

In case of a breakdown, the person in-charge will initiate process of repair of that equipment. In addition information about such breakdown will be given to administrative officer.

Each breakdown shall be recorded in 'Equipment Breakdown Register' (Annexure-I)

Equipment breakdown register shall be perused by Administrator once every fortnight.

Raising & Resolving Complaints

Complaint of equipment breakdown is made by concerned department on CMS. The same is attended to by in house technical staff in maximum 2 hours. If the requirement is urgent, it is attended immediately.

Complaint escalation matrix - Technical staff is the first resolver, if not resolved within 24 hours, the complaint goes to second resolver i.e. maintenance supervisor. If not resolved in another 24 hours, the complaint is escalated to third resolver i.e. administrative officer. If still not resolved in another 24 hours (4th day), the complaint goes to fourth resolver i.e. director-admin. On 6th day, unresolved complaint is escalated to the chairman.

A follow-up will be done till such time equipment is repaired.

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Time of completion of repairs shall be recorded to enable computation and monitoring of equipment down time.

Preventive Maintenance Plan

All major equipment not under warranty by the vendor has been placed under a Comprehensive Annual Maintenance Contract (CAMC). 'Equipment Inventory Register' of all equipment has been prepared and this record also contains information and validity details of warranty / CAMC terms.

In addition a list of all CAMCs is also recorded in the 'Legal/Statutory/MOUs Register'.

For applicable equipment, the CAMC vendor shall carryout Preventive Maintenance and a service report shall be kept as a record of Preventive Maintenance having been carried out. Calibration where applicable shall be included in Preventive Maintenance once a year.

All the major dental equipment including dental chairs are included under the maintenance plan.

Registers (Equipment Breakdown Register, Equipment Inventory Register, Legal/Statutory/MOUs Register) will be checked by Administrator once every month.

Dental chairs – a list is prepared for all parts of dental chair that are checked on regular basis. Dental chair maintenance schedule is made that ensures that 10 chairs are checked /technician /day.

Annual maintenance contracts (AMC) are in place for intra-oral X ray machines, OPG, CBCT, compressors, RO water unit, lifts, solar water plant, central air conditioning units and generators. Due dates are tracked by maintenance supervisor. Checklist of service parameters is made for each of the above equipment. Record of service reports as provided by vendors are maintained.

Up-to date-drawings, Signage

Site layout, floor plans and fire escape routes are updated & maintained by administrative officer. Floor plans and fire escape routes are displayed on each floor.

Signage are maintained at appropriate locations for convenience of patients & visitors. The same are bilingual so that they can be easily understood.

Space Provisions

Space is provided for clinical and non-clinical areas as per requirement of Dental Council of India.

Facility Inspection & Safety

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Administrative officer takes daily round of patient care areas. Findings are submitted to director administration. Required corrective & preventive action is taken. All complaints are logged in complaint management system which has resolvers at different levels. Resolving time can be tracked through the system.

Director-administration is member secretary of the safety committee. Points of significance are discussed in safety committee meetings.

Administrative officer coordinates biannual training of all staff on safety education. The following are the topics included: fire safety (mock drill once a year), emergency codes, spills management and sentinel event reporting.

Any prisoner/under trial patients are not mixed with general stream of patients. Such patients are treated in department of public health dentistry in a separate cubicle. The treatment is coordinated by administrative officer to ensure safety & security.

Smoking in premises of the institute is strictly not allowed.

Patient Safety Devices: The hospital has the following to ensure patient safety: ramps, hand rails along staircase, wheel chair with belt, bed with side rails, stretcher with belt, CCTV, physical restraint.

FMS 3

Support Service Equipment

All major equipment acquisitions are carried out only after the proposed acquisition meets the vision and strategic plan. Such decisions are taken by the administrator in consultation with user departments and requests are forwarded to management for final approval. Due care is exercised while considering such decisions that return on investment, operational issues, constraints, staff training and maintenance requirements etc. are examined. All such decisions will also need to be in line with growth plan of ITSDH.

All equipment once acquired will be taken on charge as under: -

Each item including all its accessories will be taken on charge and an Inventory Number shall be allotted.

Each major equipment shall have a log book which will contain following information

- Name, make and model of equipment
- Date of acquisition and cost
- Details of every CAMC with period of validity

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- Details of each repair, calibration, maintenance carried out Equipment Operation
- Only trained personnel will operate equipment.
- If sufficient trained personnel are not available arrangements will be made with supplier of the equipment to get additional personnel trained.

All repair, maintenance, inspection and testing of any equipment will be done by authorized personnel only.

It will be the responsibility of equipment in-charge to ensure timely repairs and annual calibration done.

Equipment replacement and disposal

Before an equipment is considered for replacement following factors shall be examined: -

- Whether the equipment has lived its useful life
- Whether the repairs shall cost more than 50% of the cost of equipment
- Whether the equipment has become obsolete
- Whether the equipment has such frequent breakdowns that a replacement is more prudent
- Equipment under CAMC shall be certified by the CAMC vendor regarding cost of repairs
- All replacement decisions will be approved by the administrator after consultation with secretary
- For disposal buyback by the OEM / vendor will be preferred
- In case the equipment has to be scrapped, the disposal shall be done by handing over to appropriate scrap dealers who can hand the process safely

I.T. Equipment

All IT hardware (PCs, Laptops, computers interfaced with biomedical equipment etc.) shall be acquired and managed as per equipment management procedures.

All software will be licensed. Pirated software will not be used.

All repair services shall be obtained through authorized service centres

FMS 4

Provision of water, electricity, medical gases & centralized compressor

ITSDH is energy efficient and environmental friendly hospital.

LED lighting is used. Staff is sensitized to keep an eye on electricity usage and all lights / electrical appliances not in use are switched off.

Potable water & electricity are available round the clock.

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Potable water. There is ground water & municipal water supply. Water is tested every 6 months for conformance with IS-10500. For drinking, the water is filtered by Reverse osmosis (RO) machines. Cold water for drinking is available during summers.

RO water is used for dental chairs.

The hospital has adequate electrical load sanctioned.

Alternate sources like solar system and generator back up are provided. These alternate sources are also covered under the AMC plan.

Piped gas supply system and medical gases are regularly checked.

AMC plan is in place for centralized compressor.

FMS 5

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

The organisation has a documented safe-exit plan in case of fire and non-fire emergencies.

Staff is trained for their role in case of such emergencies.

Fire Emergencies

Detection: Fire detection shall be achieved by direct observation and reporting. Any smoke, fire, slashes, sparks and burning smell will reported by staff on duty. On every such incidence thorough search will be made to identify the source / fire. In case of small fires action will be taken by reporting staff and fire –alarm will be raised by loud shouting of Fire! – Fire! – Fire! (आग! आग! आग!).

Abatement&Containment: Fire when detected will be doused by using nearest fire extinguisher. In addition all present staff and patients will be alerted. All firefighting extinguishers will be pressed in to use.

Rescue: Waiting patients and relatives will be evacuated using the escape routes. Staff will be evacuated next.

Prevention:

Open fires: No open fire is permitted anywhere in the clinic including use of incense sticks.

Electrical circuits. Circuits have been tested for overload and earthing. Whenever repairs are carried out overloading and earthing will be tested and verified.

Smoking. Hospital is a no-smoking area. No smoking is permitted.

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Marking of escape routes

Training of personnel in fire prevention, fire-fighting and rescue.

Non-Fire Emergencies

- Violence
- Terrorist actions
- Hostage situation

The non-fire emergencies listed above require handling by specialized agencies and if these agencies are not alerted quickly these situations can become a major law and order situations. Thus each of the situation listed above shall be detected and reported to Police by fastest means.

Contact phone numbers of local Police and Fire Station are displayed in Reception area.

FMS 6

No Smoking Policy

Smoking in premises of the institute is strictly not allowed. Government guidelines are followed for the same. Signage are placed throughout the campus to emphasize on no-smoking policy.

FMS 7

Hazardous Materials

HAZARDOUS MATERIAL SPILL

Purpose

Frame guidelines for the appropriate management of hazardous material spills.


Policy: Each area that uses hazardous chemicals, radioactive materials, or biological agents is responsible for following the procedures outlined in this policy, when an incident involving a hazardous material occurs. Staff is educated regarding the hazardous material in their work area. Supervisors are directly responsible for the safety of those who work or enter their areas.

Specific Information:

Chemical Spill Protocol: The range and quantity of hazardous substances used in work areas require preplanning to respond safely to chemical spills.

Minor Chemical Spill

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A minor chemical spill is one that:

- The staff is capable of handling safely without assistance.
- Staff has knowledge of the chemical
- A small quantity has been spilled
- Staff know how to properly clean-up the spilled material
- No immediate toxicity to staff exposed

Procedure

Alert people in immediate area of spill

Wear appropriate protective equipment, including safety goggles, gloves, and long-sleeve lab coat

Avoid breathing vapors from spills

Use appropriate spill kit or absorb the spill with tissue paper

Collect residue, place in a waste disposal bag.

Record: staff involved in the clean-up, department, phone number, and chemical contaminant

Clean spill area with water.

Major Chemical Spill (all other spills)

Procedure

Alert people in the area of spillage to evacuate.

If spilled material is flammable, turn off ignition, heat sources and do not switch on any light in the area Close doors to affected area

Notify the safety officer

Keep people away

Obtain MSDS on chemical

Have people knowledge of incident and work area available to assist emergency personnel.

NOTE: if unsure of proper cleanup of any hazardous material spill contact safety officer/duty manager on call

HAZARDOUS WASTE: HANDLING AND DISPOSAL

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Purpose: Frame guidelines for the handling or disposal of hazardous waste, including infectious waste, radioactive waste, chemical waste, and chemotherapy waste.

Policy

Staff shall use the following procedures in the safe handling or disposal of hazardous waste.

Specific Information:

Infectious Waste

The Infection Control Committee is responsible for the definition of infectious waste and is responsible for developing guidelines concerning the handling or disposal of infectious waste.

Waste items considered infectious include, but are not limited to, needles and sharps, items contaminated with blood or body fluids, isolation room waste, all microbiological waste, anatomical pathology, and surgical waste

Handling, Storage, and Transport

All items defined as infectious waste are segregated from noninfectious waste at the point of generation and handled separately.

The rooms where potentially infectious waste is stored are identified by signage with the biohazard symbol.

Infectious waste discarded in yellow bags is transported by designated housekeeping services to the autoclave in closed leak-proof containers with tight fitting covers.

Sharps containers, pathological waste, and body fluid collection devices which cannot be emptied are managed by incineration or autoclaving according to applicable state by a commercial medical waste vendor.

All needles and sharps are placed in color coded or labeled, puncture-resistant Sharps containers. Sharps containers must be checked and replaced as needed to prevent overfilling. They are then sealed when full. (NOTE: Sharps containers are not reusable.)

Blood and body fluids in easily emptied containers, such as suction canisters, may be carefully emptied into utility sinks, or commodes in a manner that minimizes splashing and splattering. Personal protective equipment is used since there is a reasonable likelihood for exposure. The containers are then discarded in yellow infectious waste bags.

Closed systems containing blood, such as pleura-vacs and blood collection/administration systems, cannot be emptied. A solidifying agent (e.g., Isolyzer gel) is added to these blood and

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body fluid collection systems and single use suction containers, causing blood and body fluids to gel prior to being placed in the biohazard waste container.

Pathologic waste includes tissues, placentas, organs, body parts that are removed during surgery and autopsy. Pathologic wastes must be incinerated by an offsite contracted biohazard waste disposal company. Pathologic waste is not placed in any regular yellow bag disposal container. Pathologic waste is bagged and placed in a designated yellow waste container.

Laboratory infectious waste is autoclaved prior to transport.

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Annexure – I**EQUIPMENT BREAKDOWN REGISTER**

S. No	Equip ID & Name	Problem	Date & Time of Breakdown	Vendor informed	Signature & Remarks