



MAHATMA GANDHI MISSION HOSPITAL
Sector-18, Kamothe, Navi Mumbai – 410 209
Tel.: 2743 7900/ 01, Fax: 91-22-2743 1723

CODE BLUE POLICY

OBJECTIVE

To provide a standard response pattern from the Code Blue Team for any cardio-pulmonary arrest or unresponsive of patient, visitor or employee in the Hospital. Optimum effort will be made in attempting to restore the patient's functional integrity by providing the necessary life support measures, under the American Heart Association Standards of Advanced Cardiac Life Support.

SCOPE

Hospital wide

PURPOSE

To provide a basis for an organized response to a cardio-pulmonary arrest within the Hospital.

POLICY

To provide a standard response pattern from the Code Blue Team for any cardio-pulmonary arrest situation in the Hospital. Optimum effort will be made in attempting to restore the patient's functional integrity by providing the necessary life support measures, under the American Heart Association Standards of Advanced Cardiac Life Support.

EQUIPMENT

- Emergency crash cart.
- Defibrillator
- Pulse oxymeter /Cardiac monitor
- Suction Machine



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PROCEDURE

1. In every indicated "CODE BLUE" situation, cardio-pulmonary resuscitation (CPR) will be initiated by any trained personnel in the vicinity.
2. The Doctor / Nurse /Patient attended on site shall call the specific Hospital number to alert the "CODE BLUE" team.
 - ✓ Message will be eg : “Code Blue 1st floor room No 9 .” Repeat 3 time .
 - ✓ The message will first be announced on PA system stating: “Code Blue 1st floor room no 9.” 3 time .
3. The nearest crash cart will be brought to the site immediately and positioned on the same side as the IV access. Area Doctor /nurse/Patient attendant will initiate the following as indicated till the code blue team arrives:
 - i. Bring the patient on Bed/clear surface, if required.
 - ii. Move unnecessary furniture out of the way.
 - iii. Pull curtains to provide privacy.
 - iv. Start with basic life support.

The Code Blue team will respond to the alert area in a rapid and organized manner with emergency kit.

The members of the Code Blue team are as follows:

JOB RESPONSIBILITIES

Anesthetist (The Code Captain/Code in-charge)

- CPR (ACLS & BLS)
- Intubate if necessary.
- Continuous assessment of patient.
- Calls Code end.



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Sr. Resident (Medicine)

- Helping in BLS/ACLS to anesthetist
- Defibrillation, Cardiac monitoring

Area Doctor

- Ensures proper documentation of all events and counter signs the reports.

ICU Nurse

- IV access
- Draws up medications. Administers as per doctor's orders.

Area Nurse

- Documentation and
- Notes all consumables, drugs used etc.

Security

- Managing crowd
- Halt left on floor (evidence floor) for patient shifting to ICU

Housekeeping personal

- Keep stretcher with oxygen for shifting of the patient to ICU

Nursing supervisor

- Council the patients relatives,
- Help in shifting of patient.

DOCUMENTATION

- Resuscitation Flow Record will be completed by code captain, Sr. Resident (Medicine) & Nursing supervisor.
- A copy of Resuscitation Flow Record to be sent to Medical superintendent, Code blue review team & Quality assurance cell.



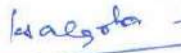
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COMMENTS

- Crash cart is cleaned and restocked immediately after use by the nurse to crash cart.
- Counter check all contents with the checklist to ensure its completeness.
- Ensures the defibrillator is put on charge mode.
- The drawers from 1 to 6 will be sealed after replenishment and not opened unless for a code.
- The inventory of the crash cart is maintained every Day for adequate stock as per checklist, functionality of defibrillator, laryngoscope, avoidance of over stock and cleanliness.
- The checklist and contents would be the same in all areas. If any additional items are to be kept it is done so with the permission of the code blue committee chairman and the items are included in the list as addendum.

ANNEXURE

- Crash cart check list.
- Code blue review form.



Medical Superintendent
M. G. M. HOSPITAL, KAMOTHE



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POLICY & PROCEDURE OF CODE GREY

(INTERNAL DISASTER)

OBJECTIVE

To provide a standard response pattern from the Code Grey Team for any incident in the Hospital.

Optimum effort will be made in attempting to save patients, visitors & employee's life & property of hospital.

SCOPE

Hospital wide

PURPOSE

To provide a basis for an organized response to Internal Disaster.

EQUIPMENT

- Torch.
- Hospital all exit doors keys.
- Elevators Key.
- Wheel chairs and stretchers in situation of evacuation.

DEFINATION

CODE GREY

M.G.M. Hospital, Kamothe code grey is designated for the Internal Disaster.

It includes:-

1. Earthquake



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2. Flood
3. Bomb threat
4. Building collapse
5. Terrorist attack

POINTS TO REMEMBER IN CASE OF INTERNAL DISASTER:

- Dial Emergency Number.
- Identify yourself.
- Give the exact location.
- Given the nature of disaster.
(E.g: Ms. Lisy staff Nurse from MICU ceiling fall)
- Open exit door.

PROCEDURES

1. Code will be announced.
2. All emergency Doors will be open by Area Nurses/Doctors/Housekeeping personnel by using key which is secured near, by the doors.
3. Medical Superintendent (Sr. Causality Medical Officer) will take a decision of evacuation after the discussion with Command Nucleus.

4. Evacuation will be announced by telephone operator.

“LADIES AND GENTLEMEN, YOUR ATTENTION PLEASE.THERE IS AN EMERGENCY IN THE BUILDING. PLEASE EVACUATE BY THE NEAREST STAIRCASE. FOLLOW ALL INSTRUCTIONS GIVEN BY THE STAFF. REMEMBER DO NOT USE THE LIFTS. THANK YOU”

In case of mock drill staff, under mentioned announcement to be made:

“LADIES AND GENTLEMEN, YOUR ATTENTION PLEASE. WE ARE CONDUCTING MOCK DRILL PRACTICE FOR OUR EMPLOYEES.

ALL EMPLOYEES ARE REQUESTED TO PROCEED TO ASSEMBLY AREA VIA NEAREST EXIT. DO NOT USE THE ELEVATORS.

THANK YOU”.



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5. Priority of evacuation is as under;-

- ICU patients
- OT patients
- IPD & OPD patients
- Attendants and visitors
- Own and contractual staff

6. Command Nucleus will call Police Station and DCP office for providing adequate manpower to control traffic and crowd.
7. In case of terrorist attack Command Nucleus will inform RAF (Rapid Action Force) station for help.
8. After assessing condition Command Nucleus may call external agency for trained guard for evacuation of patients, visitors & staff.
9. All available emergency lights and torches to be moved by Security Supervisor especially to the exit routes when there is total power failure
10. Incharge – Emergency Medicine will do the triaging of patients and injured personnel.
11. Posted doctors will receive give first aid as per requirement.
12. Medical superintendent will contact nearby Hospital for Shifting of patients & injured personnel. (1st preference is M.G.M. Hospital Belapur, Vashi & Kalamboli.)
13. Hospital Administrator will arrange ambulances for shifting of patients to nearby Hospital.
14. All HOD will take a position to handle casualties as per their specialty.
15. Trained security supervisors along with two persons each to go around entire building including the terraces and check for any trapped/ unconscious persons and to assist in evacuating them.
16. After the emergency will over command Nucleus along Medical Superintendent will assess the status.
17. Assistant administrative officer – HRD will take a roll call of employee.
18. If everything is ok Code Grey cleared will be announced or intimated to employees.



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TEAM COMPOSITION

1. COMMAND NUCLEUS

Day

Chief Security officer

Night & Holidays

On Duty Security supervisor till chief security officer arrive to the Hospital

2. MEDICAL SERVICES HEAD

Day

Medical Superintendent

Night & Holidays

Sr. Causality Medical officer till Medical Superintendent arrive to the Hospital

3. Patient Evacuation Team

Day

Area HOD (As directed by Medical Superintendent)

Matron

Area Doctor

Staff Nurses (As directed by Director of Nursing)

Area Sister Incharge

Housekeeping personnel (As directed by Housekeeping Supervisor)

Night & Holidays

Area Sr. Resident Doctors

Nursing Supervisor

Area Nurses

Housekeeping personnel



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4. Assembly area Incharge

Day

Incharge – Emergency Medicine

Hospital Administrator

Night& Holidays

Night Hospital Administrator till the Incharge – Emergency Medicine & Hospital Administrator arrive to the Hospital

5. Patient transfer or shifting Incharge

Day

HOD – Anesthesia

HOD - Emergency Medicine

HOD – Medicine

HOD – Surgery

(Under the guidance of Medical Superintendent)

Night & Holidays

Sr. Resident doctor – Anesthesia

Sr. Resident – Emergency Medicine

Sr. Resident Doctor – Medicine

Sr. Resident – Surgery

(Under the guidance of Sr. Causality Medical officer)

Till the Day Team arrives.

RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS

Director:

- Liaison with the Press, TV News and outside media agencies.
- Coordinating, organizing & assigning duties to Head of department.



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- Liaison with the Press and outside agencies – to release information to the media as and when required
- Control of the release of all photographs as per discretion of hospital authorities

Dean:

- Helping hand to Director and Medical superintendent
- Coordinating, organizing & assigning duties to Non-teaching staff.
- Coordination of various hospital activities through the heads of Administrative and Medical services.

Chief Security officer /Command Nucleus:

- Liaison with the top government agencies regarding provision of necessary services
- Ask for help from local police and volunteer organizations as deemed necessary.
- Assigning additional responsibilities to various heads of departments through Director, Dean & Medical Superintendent.
- Periodic review of the arrangements.

Site Engineer (On duty Engineer):

- He will always carry Emergency Elevator keys.
- Chief Engineer will be member of Core Emergency Command Team.

Medical Superintendent:

- Authorize announcement of evacuation.
- Coordinating, organizing, communicating and assigning duties to medical Staff. Where required the ambulances and the medical team may be asked to go to assembly area.
- Inform other Hospital regarding the shifting of Hospital Patient.
- Liaison with Government Hospitals for inter facility shift of patients
- Periodic review of the arrangements.



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- Coordinating, organizing & assigning duties to the all Doctors & technical staff's.

Incharge Emergency Medicine

- Take a charge of assembly area.
- Assign Doctors as per specialty to assess patients.
- Assign Doctors for shifting of patients to other hospitals.

Hospital Administrator

- Assembly area Incharge for Non-Medical Care.
- Helping Hand to Medical Superintendent.
- Instructing Bio-medical Engineers for support where ever required.
- Arranging and supervising Medical consumable supply (Medical Gases) to Assembly area.

Administrative officer:

- Activate all resources to handle the situation.
- Ensure smooth co-ordination of all additional non-medical services.
- Assign PWOs (public welfare officer) (PWO nominated persons from HR department) to attend to emotionally disturbed relatives/casualties & Employees.
- Assign PWOs for liaison between attendants, HODS and hospital.
- Organize systematic evacuation of inpatients whenever the situation demands under the strict supervision of doctors, Nurses and patient attendants using all available own and contractual staff.
- Crowd control using own security and police personnel.

Assist. Admin:

- Establishing information services for relatives and friends.
- Take an in house patients list with relative's details.
- Take roll call of patients



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- Keeps a track of patient shifting to other hospitals.
- Centralizing information about the casualties and is responsible for updating the casualty list.
- Organizing press conference, if order by Director.
- Informing the external agencies as per Director's order.

Assist. Administrative officer – HRD

- Take a print of on duty staff
- Take a roll call at assembly area

Director of Nursing

- Arrange nursing manpower for proper nursing care.
- Arrange required consumables and drugs as per requirement.

Security:

- Cordon off area affected.
- Regulate entry and exit of personnel to ensure smooth functioning of emergency services.
- Ensure Ambulance and other emergency services vehicles are allowed exit and entry freely.
- Smooth Traffic Control. Any unidentified /suspicious vehicle registration number to be noted down and forwarded to the police if required.
- Unwanted traffic and public gathering shall be controlled by Security till local police help available.
- To safeguard all the belongings of the disasters victims.
- All emergency lights to be kept ready.
- Responsible to handle the situation more efficiently.
- Lady Supervisor & Lady Guard to be posted for handling all ladies.(Outsourced)
- Help of the police department to be taken for crowd control.
- Open all the emergency exit doors in case evacuation is required



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Housekeeping:

- Proper waste disposal and sanitary supervision.
- Be sure all hallways or traffic areas are clear of cleaning carts, equipment etc.
- Helping hand to Nursing and Doctors.
- Helping hand in evacuation of patients.

Kitchen Manager

- Arrange dietary requirement of Patients, Patients relatives, Doctors and All staff
(Teaching & Non-Teaching)

ASSEMBLY AREA

Garden opposite to Medical College

ANNEXURE

001 – Emergency Number List

002 – Nearby Hospital Number list

Isaegola -

Medical Superintendent
M. G. M. HOSPITAL, KAMOTHE



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POLICY & PROCEDURE OF CODE PINK

(CHILD ABDUCTION)

OBJECTIVE

To provide a standard response pattern from the Code Pink Team for any Child Abduction or Patient Missing in the Hospital.

SCOPE

Hospital wide

PURPOSE

To provide a basis for an organized response to Child Abduction and Patient Missing within the Hospital.

EQUIPMENT

- Hospital all Exit Door Keys,

DEFINITION

CHILD ABDUCTION

Child abduction is the unauthorized removal of a minor (a child under the age of legal adulthood) from the custody of the child's natural parents or legally appointed guardians.

POINTS TO REMEMBER TO PREVENT CHILD ABDUCTION

- Child's parents or legal guardian should always be present with the child.
- Assigned Nurse should keep a watch on child.
- Assigned Nurse should check ID band.

POINTS TO REMEMBER IN CASE OF CHILD ABDUCTION:



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-
- Assigned Nurse & Sister Incharge - Screen for the child in washroom.
 - Assigned Nurse & Sister Incharge - Screen for the parents/legal guardian.
 - Sister Incharge or Sr. Nurse will close the main door and exit door of the department.
 - Inform to on duty Supervisor.
 - On duty Doctor will inform the incident to HOD.
 - Dial Emergency Number
 - Identify yourself
 - Give the exact location
(E.g: Ms. Lisy staff Nurse from MICU)
 - Telephone operator will announce the code 3 times
E.g. Code Pink MICU 3rd floor
Code Pink MICU 3rd floor
Code Pink MICU 3rd floor

PROCEDURES

1. Assigned Nurse & Sister Incharge - Screen for the child in area and wash room.
2. Assigned Nurse & Sister Incharge - Screen for the parents & legal guardian.
3. Once team arrives, assigned Nurse will give a description of the missing child.
4. Director of Nursing will take care of Parents/ legal guardian.
5. Command nucleus will assign the work to team.
6. Command nucleus will be present in area to control team.
7. IT manager will screen the CCTV footage along with Nursing Supervisor.
8. Security supervisor will close all doors and start frisking.
9. All outgoing personnel (Patients, Patients relatives, visitors, Employees, Housekeeping personal) will be checked including all vehicles.
10. If child is found, he/she will be handed over to Sister Incharge of the area.
11. If child is not found, Medical Superintendent will inform to Director.
12. As per Director's orders, Police will be informed accordingly.



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TEAM COMPOSITION

1. COMMAND NUCLEUS

Day

Chief Security officer

Night & Holidays

On duty Security Supervisor

2. FRISKING TEAM

Day

Security Supervisor

Security personal

Area Security

Area Nurses

Area Doctor

Area Housekeeping

Night & Holidays

Security personal

Area Security

Area Nurses

Area Doctor

Area Housekeeping

3. Director of Nursing

4. Nursing Supervisor

5. Medical Superintendent



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RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS

Director:

- Coordinating, organizing & assigning duties to Head of Departments as and when required.
- Guide Medical superintendent about information to Police.

Chief Security officer /Command Nucleus:

- Assess the situation.
- Assign duties to security personal according to situation.
- Inform to Medical Superintendent about the situation.
- Periodic review of the arrangements.
- Announce Code Pink clearly if baby found or as per Medical superintendent Instruction.

Medical Superintendent:

- Coordinating, organizing, communicating and assigning duties to medical Staff where ever required
- Periodic review of the arrangements.
- Updating incident to Director.
- Informing Police under the guidance of Director.

Director of Nursing (In Night & Holidays – Nursing Supervisor)

- Arrange nursing manpower for wherever required.
- Counseling and taking care of parents/legal guardian.



Medical Superintendent
M. G. M. HOSPITAL, KAMOTHE



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POLICY & PROCEDURE OF CODE ORANGE

(EXTERNAL DISASTER)

OBJECTIVE

To provide a standard response pattern from the Code Orange Team for any External Disaster in the Hospital.

Optimum effort will be made in attempting to save Patients lives.

SCOPE

Hospital wide

PURPOSE

To provide a basis for an organized response to External Disaster.

EQUIPMENT

- Disaster cupboard

DEFINATION

CODE ORANGE

Code Orange is designated for the External Disaster in M.G.M. Hospital, Kamothe

It includes:-

Mass Causality

- Train accident,
- Bus accident,
- Poisoning cases,
- Food poisoning at social gathering or school.



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- Industrial accident cases.
- Bomb blast
- Biological threat

PROCEDURES

1. Information will come through external agencies to telephone operator.
2. Telephone operator will write down the name of calling person, contact number of Caller, area of incident, type of incident & expected Number of patients.
3. Telephone operator will inform to Medical superintendent (Sr. Causality officer in Night or Holiday)
4. Medical superintendent will confirm the disaster by calling caller.
5. Medical superintendent will alert the Incharge – Emergency Medicine regarding the information.
6. After the discussion with Incharge – Emergency Medicine, Medical Superintendent will call telephone operator to announce code orange.
7. Telephone operator will announce **CODE ORANGE** three times on Public address System.
8. Command Nucleus will alert the team to handle code orange.
9. Chief security officer will instruct the main Gate security to guide only ambulance to Hospital building and rest all vehicle needs to park in other parking area.
10. Medical Superintendent will inform all HOD regarding the incident and HODs will instruct to be present in their Ward/Area to receive the patients after the stabilization from Emergency room (Causality)
11. Director of Nursing will move manpower to Emergency room as per requirement.
12. Nursing Supervisor will take charge of Mortuary after the instruction form Medical Superintendent & Director of Nursing.
13. Housekeeping supervisor will move manpower to Emergency room as per requirement.
14. For triaging procedure refer COP/004 (Policy for Provision of Triaging)
15. Medical superintendent will assess the status of code orange and inform to Director and Dean accordingly.



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16. Once situation is under control Command Nucleus will inform to Medical Superintendent that code Orange is clear.
17. Medical Superintendent will instruct to telephone operator to announce code Orange clear.
18. Telephone operator will announce **CODE ORANGE CLEAR** three times on public address system.

TEAM COMPOSITION

1. COMMAND NUCLEUS

Day

Incharge – Emergency Medicine

Night & Holidays

On Duty Sr. Casualty officer till Incharge – Emergency Medicine arrive to the Hospital

2. Medical Services Head

Day

Medical Superintendent

Night & Holidays

Sr. Resident - ICU till Medical Superintendent arrive to the Hospital

3. Triage Team

Sr. Resident – Emergency Medicine

Jr. Resident – Emergency Medicine

Sr. Resident – Anesthesia

Sr. Resident – Medicine

Sr. Resident – Surgery



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Sr. Resident – Orthopedic

Emergency Room Staff Nurses

Emergency room Sister Incharge

On duty Nursing Supervisor

4. Patient transfer or shifting Incharge

Day

Jr. Resident - Medicine

Jr. Resident - Surgery

Jr. Resident – Anesthesia

Staff Nurse

Housekeeping

Assistant Director of Nursing

(Under the guidance of Incharge – Emergency Medicine)

Night & Holidays

Jr. Resident - Medicine

Jr. Resident - Surgery

Jr. Resident – Anesthesia

Staff Nurse

Housekeeping

(Under the guidance of Sr. Causality Medical officer)

RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS

Director:

- Liaison with the Press, TV News (Media) and outside agencies
- Coordinating, organizing & assigning duties to Head of department
- Liaison with the Press and outside agencies – to release information to the media as and when required



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- Control of the release of all photographs as per discretion of hospital authorities

Dean:

- Helping hand to Director and Medical superintendent
- Coordinating, organizing & assigning duties to Non-teaching staff.
- Coordination of various hospital activities through the heads of Administrative and Medical services.

Incharge – Emergency Medicine /Command Nucleus

- Lead code orange,
- Co-ordinating with various departments for proper and smooth handling of code orange.
- Instruct triage team to be presented in area and give treatment as per protocol.
- Supervising the casualties and treatment given.
- Supervising on the shifting of the patients to wards/area.
- Supervising the mortuary.
- Supervising on maintenance to important documents (E.g. : patient case history , vitals , patient records etc.)
- Updating Medical Superintendent about the status of code orange.

Chief Security officer:

- Ask for help from local police and volunteer organizations as deemed necessary.
- Periodic review of the arrangements.
- Controlling the crowd.
- Supervising traffic & Parking provision.
- Any other work assign by Medical superintendent.



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Medical Superintendent:

- Authorize announcement of Code.
- Coordinating, organizing, communicating and assigning duties to medical Staff. Where required the ambulances and the medical team may be asked to go to Emergency Room.
- Liaison with Government Hospitals for inter facility shift of patients if required.
- Periodic review of the arrangements.
- Coordinating, organizing & assigning duties to the all Doctors & technical staff's.

Hospital Administrator

- Incharge for Non-Medical Care.
- Helping Hand to Medical Superintendent.
- Instructing Bio-medical Engineers for support where ever required.
- Arranging and supervising Medical consumable supply (Medical Gases) to area.

Administrative officer:

- Activate all resources to handle the situation.
- Ensure smooth co-ordination of all additional non-medical services.
- Assign PWOs (public welfare officer) (PWO nominated persons from HR department) to attend to emotionally disturbed relatives/casualties.
- Assign PWOs for liaison between attendants, HODS and hospital.
- Organize systematic transfer of patients whenever the situation demands under the strict supervision of doctors, Nurses and patient attendants using all available own and contractual staff.
- Crowd control using own security and police personnel.

Assist. Admin:

- Establishing information services for relatives and friends.
- Keeps a track of patient shifting to other hospital.



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- Centralizing information about the casualties and is responsible for updating the casualty list.
- Organizing press conference, if order by Director.
- Informing the external agencies as per Director's order.

Director of Nursing

- Arrange Nursing manpower for proper Nursing care.
- Arrange required consumables and drugs as per requirement.
- Instruct/Guide Nursing supervisor to take charge of Mortuary

Security:

- Regulate entry and exit of personnel to ensure smooth functioning of emergency services.
- Ensure Ambulance and other emergency services vehicles are allowed exit and entry freely.
- Smooth Traffic Control. Any unidentified /suspicious vehicle registration number to be noted down and forwarded to the police if required.
- Unwanted traffic and public gathering shall be controlled by Security till local police help available.
- To safeguard all the belongings of the disasters victims.
- All emergency lights to be kept ready.
- Responsible to handle the situation more efficiently.
- Lady Supervisor & Lady Guard to be posted for handling all ladies.(Outsourced)
- Help of the police department to be taken for crowd control.

Housekeeping:

- Proper waste disposal and sanitary supervision.
- Helping hand to Nursing and Doctors.
- Helping hand in transferring of patients.



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Kitchen Manager

- Arrange dietary requirement of Patients, Patients relatives, Doctors and staff.

Pharmacy Incharge/Manager/ Pharmacist / Store Incharge

- Ensuring smooth supply of drugs and consumable as per the requirement.
- Maintaining the record of medicine and consumable dispatched to Emergency room/Ward/area.

Incharge – Blood Bank, laboratory, Radiology services

- Ensure the smooth delivery of their department services as an required.
- Incharge – Blood Bank should check & verify the stock and inform to Medical superintendent accordingly.
- Incharge – Blood Bank should intimate nearby blood banks for the extra blood and blood product requirement.

Isaigola -

Medical Superintendent
M. G. M. HOSPITAL, KAMOTHE



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POLICY & PROCEDURE OF CODE PURPLE

(PHYSICAL FIGHT)

OBJECTIVE

To provide a standard response pattern from the Code Purple Team for any physical fight the Hospital.

SCOPE

Hospital wide

PURPOSE

To provide a basis for an organized response to physical fight among the two or more patients, relatives, patient to Doctor, patient to Hospital staff or within Hospital staff.

DEFINATION

CODE PURPLE

Code purple is designated for any Physical Fight in M.G.M. Hospital, Kamothe.

It includes:-

- Physical fight in-between two patients, relatives, Patient and / or relatives with Doctor, in-between doctors and in-between staff.
- Serious argument which may turn in to Physical Fight.



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PROCEDURES

1. Any staff finds any serious argument or physical fight in ward / area should call the On-Duty Nursing Supervisor.
2. On Duty Nursing Supervisor will try to resolve the problem. If not, then she / he will call telephone operator to announce 'Code Purple' (E.g. Ms. XYZ calling code purple on 1st floor orthopedic ward near Nurses station)
3. Telephone operator will announce 'Code Purple' three times on public address system
Code Purple 1st floor orthopedic ward Near Nurses Station
Code Purple 1st floor orthopedic ward Near Nurses Station
Code Purple 1st floor orthopedic ward Near Nurses Station
4. Code Purple team will respond to area within 5 minutes and try to resolve the problem.
5. If problem is solved, the command nucleus will call the telephone operator to announce code clear.
6. Telephone operator will announce three times **CODE PURPLE CLEAR** on public address system.
7. If problem is not solved command Nucleus will inform situation to Medical Superintendent, and Medical Superintendent will try to solve the problem if not, he / she will inform to Director and take guidance for informing the Police.
8. Police will be intimated accordingly and the case / situation will handed-over.



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TEAM COMPOSITION

1. COMMAND NUCLEUS

Day

Chief Security officer

Night & Holidays

On-Duty Security Supervisor.

2. Physical Fight resolving Team

Sr. Security supervisor

Security

On duty Nursing Supervisor

Area Incharge/staff Nurse

RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS

DIRECTOR:

- Guiding Medical Superintendent for any further action.

CHIEF SECURITY OFFICER / COMMAND NUCLEUS:

- Try to resolve the problem.
- Updating Medical superintendent.
- Guiding team for smooth and proper functioning and handling code.
- Any other work assigned by Medical superintendent.
- Announcing **Code Purple Clear** once situation is under control.



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Medical Superintendent:

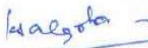
- Assessing status of code purple.
- Informing police after the instruction from Director.

On duty Nursing Supervisor

- Give information to telephone operator to announce code.
- Try to resolve the problem.

Telephone operator

- Announce code purple after the intimation from on duty Nursing supervisor,
- Announce code clear after the intimation from command nucleus.



Medical Superintendent
M. G. M. HOSPITAL, KAMOTHE



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POLICY & PROCEDURE OF CODE RED

(FIRE EMERGENCY)

OBJECTIVE

To provide a standard response pattern from the Code Red Team for any Fire incident in the Hospital.

Optimum effort will be made in attempting to save Patients', visitors' & employees' life & property of hospital.

SCOPE

Hospital wide

PURPOSE

To provide a basis for an organized response to a Fire incident within the Hospital.

EQUIPMENT

- Fire extinguishers,
- Torch,
- Hospital all exit doors keys,
- Elevator Keys.
- Wheel chairs and stretchers in situation of evacuation.



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DEFINATION

FIRE:

Fire can be technically defined as: The rapid oxidation of a material in the chemical process of combustion, releasing heat, light, and various reaction products.

The flame is the visible portion of the fire and consists of glowing hot gases. If hot enough, the gases may become ionized to produce plasma. Depending on the substances alight, and any impurities outside, the color of the flame and the fire's intensity might vary.

Fire in its most common form can result in conflagration, which has the potential to cause physical damage through burning. Fire is an important process that affects ecological systems across the globe. The negative effects of fire include decreased water purity, increased soil erosion, an increase in atmospheric pollutants and an increased hazard to human life.

COMPONENTS OF FIRE:

- Combustion takes place when Oxygen, Source of Heat & Combustible Material combine together & reach The Ignition Temperature.
- Hence for a fire reaction to take place, it requires a source of heat, flammable material and oxygen to complete the chain.
- The same principle has been shown below as the fire triangle.



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FIRE TRIANGLE:



CLASSIFICATION OF FIRE:

Depending on the source, fire can be classified into 5 categories.

- ➔ **“A” Class Fire** – General / Domestic Fire: Fire involving ordinary combustible materials like wood, paper, textile etc.
- ➔ **“B” Class Fire** - Liquid (Oil) Fire: Fire involving inflammable liquids like oil, organic solvents, petroleum products, varnish, paints, etc.
- ➔ **“C” Class Fire** - Gaseous Fire: Fire Involving Gaseous Substances Like L.P.G. , Ammonia, Methane Etc
- ➔ **“D” Class Fire** - Metallic Fire: Fire Involving Burnings & Powders Of Combustible Metals Like Magnesium, Aluminum , Zinc Etc. where the burning is reactive to water . It Requires Special Extinguishing Agent to extinguish this type of Fire. Usually this type of Fire is encountered in industries.
- ➔ **“E” Class Fire** - Electric Fire: Fire involving electrical equipment with live electric current flowing in the equipment



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METHODS OF EXTINGUISHING FIRE:

The major three types of extinguishing a fire are:

- **Starvation**
- **Smothering system**
- **Cooling system**

Starvation: - The method of removing combustible material from the fire is known as starvation. Combustible material is the food of any class of fire. Therefore this method is applicable in all classes of fires wherever it is possible to remove the combustible materials from the vicinity of fire.

Smothering system - The method of cutting off oxygen supply from the fire by blanketing is known as smothering. It can be done by a Fire blanket, Foam type extinguisher or Dry Chemical Powder, Carbon Dioxide (CO₂)

Cooling system - The method of cooling down the temperature, the source of heat is known as the cooling system. E.g. spraying water on burning wood.

FIRE EXTINGUISHER:

A fire extinguisher is an active fire protection device used to extinguish or control small fires, often in emergency situations. It is not intended for use on an out-of-control fire, such as one which has reached the ceiling, endangers the user (i.e. no escape route, smoke, explosion hazard, etc.), or otherwise requires the expertise of a fire department. Typically, a fire extinguisher consists of a hand-held cylindrical pressure vessel containing an agent which can be discharged to extinguish a fire.



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TYPES OF FIRE EXTINGUISHER:

Depending on the type of fire, appropriate fire extinguisher is to be used to put out the fire.

- **Water type** fire extinguisher for type A fires where Cooling system works as the principle to put of the fire.
- **Carbon di oxide (CO₂)** can be used for B, C & E classes of fire and it works on the principle of smothering.
- **Foam type** fire extinguisher to be used only for Class B fire where it works on the principle of Smothering effect.
- **Dry Chemical powder** is a type of fire extinguisher where it can be used for all four classes of fire.

HOW TO USE A FIRE EXTINGUISHER:

In case of any fire, the appropriate type of fire extinguisher to be used based on the principle

PASS:

- P** - Pull the pin
- A** - AIM Low (Aim the nozzle at the base of the fire)
- S** - Squeeze the handle
- S** - Sweep from side to side & discharge the contents of the extinguisher.



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FIRE FIGHTING SYSTEM IN OUR HOSPITAL:

- 1. Fire Hydrant System**
- 2. Fire alarm System**
- 3. Fire Extinguishers**
- 4. Smoke Detectors**

POINTS TO REMEMBER TO PREVENT FIRE EMERGENCY

- Always switch “off” the electrical appliances after use.
- Always keep emergency pathways clear.
- Always extinguish match sticks before disposal.
- Follow the Hospital No Smoking Policy (Do not smoke in Hospital premises).
- Do not leave any equipment unattended when they are “on” or left on over a heat source.
- Do not keep linen near electrical panels.
- Do not use any electrical equipment without proper plug top.
- Do not allow temporary electrical connections.
- Do not overload electrical circuits.
- Do not use multi plugs.
- Do not ignore fire alarms.

POINTS TO REMEMBER IN CASE OF A FIRE:

- Dial Emergency No
- Identify yourself
- Give the exact location
- Given the nature of fire (what is burning?)

(E.g: Ms. Lisy staff Nurse from MICU Fire on Patients bed)



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- If possible fight the fire, ensuring your safety. If not wait for the fire team arrival.
- Open exit door

PROCEDURES

Minor Fire

1. Individual discovers the fire.

The individual discovering the fire will take the following actions:

- I. Dials --- at Telephone reception and give details of fire with exact location of fire.
 - II. 'PICK UP FIRE EXTINGUISHERS FROM THE CLOSEST FIRE POINT'.
 - III. Starts immediate action to fight the fire (without panic) & with the assistance of colleagues in the close vicinity.
2. Telephone operator announce code Red with the help of Public Address System.
 3. Team will move to location of fire.
 4. Fight the fire with the assistance of others in the vicinity.
 5. Site Engineer (Electrical, Electronic and Civil) Engineer will ensure adequate water supply, alert engineer control room incase oxygen / electric supply is to be switched off.
 6. When the fire is extinguished, Fire Safety officer will assess the damage and submits a preliminary report to Medical superintendent.

NOTE: -

Equipment to be carried at time of Code Red by staff:

- Security -- a torch.
- Security Personnel – Security personal of Emergency room will keep the Key of all the floors.
- Extra Fire extinguishers



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Major Fire (Without Evacuation)

- Even after fire fighting, if the fire is not contained / extinguished, Chief security officer (On duty security officer for Night & Holidays) will inform local fire brigade (Fire Fighting station) for an external Help.

NOTE:-

- Medical Superintendent (Sr. CMO – in night or holidays) will instruct to announce :
There is a confirmed fire-----type, at-----location, on PA system
- HODs (Sr. Staff Nurses and on duty Doctors – Night & Holidays) will be informed so that preparations for the evacuation start in case of fire are going out of control, in a later stage.
- Only the code red team who are already available on the floor of fire will start fighting the fire without any delay.
- Chief security officer and Dy. Director of Nursing will divide employee into 04 teams:
 - Core firefighting Team
 - Rescue Team
 - Cordon Team
 - Salvage Team
- Security Supervisor will lead all the 04 teams to the location of fire.
- All present at location of fire will fight the fire.

MAJOR FIRE (With Partial/full evacuation)

In case of a major fire a decision will be made by Chief security officer (Security supervisor – Night & Holidays) after consulting Medical superintendent (Sr. Causality Medical officer – Night & Holidays) as to whether to evacuate the Hospital or not. Three decisions, which can be made, are as follows: -

1. NOT TO EVACUATE

This could be because the fire has been extinguished or can be extinguished by

Code Red Team, without any further spreading to new area.



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2. PARTIALLY EVACUATE

This could be because there is no danger of the fire spreading but there is sufficient smoke to cause discomfort to patients in the immediate area or because it is not certain that **Code Red Team** will be able to bring the fire under control without further spreading.

A partial evacuation would normally be up to 02 floors above and 01 floor below the floor of fire

3. FULL EVACUATION

Based on the fact that the fire is fully out of control

NOTE:-

The final decision to evacuate the hospital will be made by Director / Medical Superintendent /Sr. Causality Medical officer (In night & Holidays) after consulting with Chief Security officer/ Site engineer/ Administrator on duty.

TEAM COMPOSITION

1. COMMAND NUCLEUS

Day

Chief Security officer.

Night & Holidays

On Duty Security supervisor till chief security officer arrive to the Hospital.

2. MEDICAL SERVICES HEAD

Day

Medical Superintendent.

Night & Holidays

Sr. Causality Medical officer till Medical Superintendent arrive to the Hospital.



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3. Fire Fighting Team

Day

Fire safety officer

Site engineer

Security personal

Area Security

Night & Holidays

Security supervisor

On duty Engineer

Security personal

Area Security

4. Patient Evacuation Team

Day

Area HOD (As directed by Medical Superintendent)

Matron

Area Doctor

Staff Nurses (As directed by Director of Nursing)

Area Sister Incharge

Housekeeping personal (As directed by Housekeeping Supervisor)

Night & Holidays

Area Sr. Resident Doctors

Night Nursing Supervisor

Area Nurses

Housekeeping personal

5. Assembly area Incharge

Day

Hospital Administrator



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Night& Holidays

Night Hospital Administrator till the Hospital Administrator arrive to the Hospital.

6. Patient transfer or shifting Incharge

Day

HOD – Anesthesia

HOD - Emergency Medicine

HOD – Medicine

(Under the guidance of Medical Superintendent)

Night & Holidays

Sr. Resident doctor – Anesthesia

Sr. Resident Doctor – Medicine

Sr. Resident – Surgery

(Under the guidance of Sr. Causality Medical officer till the Day Team arrives.)

RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS

Director:

- Liaison with the Press, TV News (Media) and outside agencies
- Coordinating, organizing & assigning duties to Head of department
- Liaison with the Press and outside agencies – to release information to the media as and when required
- Control of the release of all photographs as per discretion of hospital authorities



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Dean:

- Helping hand to Director and Medical superintendent
- Coordinating, organizing & assigning duties to Non-teaching staff.
- Coordination of various hospital activities through the heads of Administrative and Medical services.

Chief Security officer /Command Nucleus:

- Liaison with the top government agencies regarding provision of necessary services
- Ask for help from local police and volunteer organizations as deemed necessary.
- Assigning additional responsibilities to various heads of departments through Director, Dean & Medical Superintendent.
- Arranging Fire tender as an external help.
- Periodic review of the arrangements.

Fire Safety officer:

- Team leader in firefighting.
- Identify the cause of fire and instruct the team on fighting.
- Report the status of fire to command nucleus for further decision.
- Report the status of fire to medical superintendent if evacuation required.

Site Engineer (On duty Engineer):

- He will always carry Emergency Elevator keys.
- Chief Engineer will be member of Core Emergency Command Team.
- Cut off power to the affective area.
- Cut off A/C supply.
- Ensure water availability to the concerned floor
- Take part in fighting the fire.
- Engineering plant room should be manned all the time by a Responsible person.
- All AHU'S, fresh air units, exhaust fans should be switched off immediately.



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- Other/ rest of engineering staff should reach the site of fire with firefighting equipment & tools.
- Switch off electricity in effected area, Activate generator if need arise.
- Ensure water & emergency power is in ready state to cater for emergency.

Medical Superintendent:

- Authorize announcement of evacuation.
- Coordinating, organizing, communicating and assigning duties to medical Staff. Where required the ambulances and the medical team may be asked to go to assembly area.
Liaison with Government Hospitals for inter facility shift of patients
- Periodic review of the arrangements.
- Coordinating, organizing & assigning duties to the all Doctors & technical staff's.

Head Emergency Services

- Take a charge of assembly area.
- Assign Doctors as per specialty to assess patients.
- Assign Doctors for shifting of patients to other hospitals.

Administrative officer:

- Activate all resources to handle the situation.
- Ensure smooth co-ordination of all additional non-medical services.
- Assign PWOs (public welfare officer) (PWO nominated persons from HR department) to attend to emotionally disturbed relatives/casualties & Employees.
- Assign PWOs for liaison between attendants, HODS and hospital.
- Organize systematic evacuation of inpatients whenever the situation demands under the strict supervision of doctors, Nurses and patient attendants using all available own and contractual staff.
- Crowd control using own security and police personnel.



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Assist. Admin:

- Establishing information services for relatives and friends.
- Take an in house patients list with relative's details.
- Take roll call of patients
- Keep a track of patient shifting to other hospital.
- Centralizing information about the casualties and is responsible for updating the casualty list.
- Organizing press conference, if order by Director.
- Informing the external agencies as per Director's order.

Assist. Administrative officer – HRD

- Take a print of on duty staff
- Take a roll call at assembly area

Director of Nursing

- Arrange Nursing manpower for proper Nursing care.
- Arrange required consumables and drugs as per requirement.

Security:

- Take charge of firefighting.
- Cordon off area affected.
- Regulate entry and exit of personnel to ensure smooth functioning of emergency services.
- Ensure Ambulance and other emergency services vehicles are allowed exit and entry freely.
- Smooth Traffic Control. Any unidentified /suspicious vehicle registration number to be noted down and forwarded to the police if required.
- Unwanted traffic and public gathering shall be controlled by Security till local police help available.
- To safeguard all the belongings of the disasters victims.



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- All emergency lights to be kept ready.
- Also responsible to handle the situation more efficiently.
- Lady Supervisor & Lady Guard to be posted for handling all ladies.(Outsourced)
- Help of the police department to be taken for crowd control.
- Open all the emergency exit doors in case evacuation is required

Housekeeping:

- Proper waste disposal and Sanitary supervision.
- Be sure all hallways or traffic areas are clear of cleaning carts, equipment etc.
- Helping hand to Nursing and Doctors.
- Helping hand in evacuation of patients.

Kitchen Manager

- Arrange dietary requirement of Patients, Patients relatives, Doctors and All staff
(Teaching & Non-Teaching)

Isaigola -

Medical Superintendent
M. G. M. HOSPITAL, KAMOTHE



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CODE OF CONDUCT OF THE EMPLOYEES

1. Rules, regulations and responsibilities of the employees

As part of the Hospital employee, must do his/her best to carry his/her responsibility, as the outcome of everyone depends on the care and service the patient will receive. The employee must appear to work on time and give whole-hearted attention to the job.

All employees have certain rules and regulations which help them to work together successfully. Because as the Hospital employees to which we belong is concerned with human life, our responsibility is to help, save and preserve it. Some of the rules and regulations that we must follow are necessary and more exacting than on other jobs. The patient's interest comes first, his/her welfare gets first consideration, and his/her needs your prompt action. For their sake we shall accept these restrictions.

It is responsibility of employees to abide by all rules and regulations set forth by MGM Hospital. All the instructions as mentioned in the appointment letter shall be deemed applicable to the employees and hospital expects employees to follow the same.

2. Rights of the Employees

The employees of the Hospital, will have all the rights as specified by Hospital management.

Every health care provider has certain rights, both, vis-à-vis the establishment as well as the user. He / She shall face ***no discrimination*** in matters concerning employment and conditions of employment on age, sex, economic status, place of residence, religion, caste, physical or mental ability, mental health status or HIV/AIDS status.

Every health care establishment shall provide ***measures to prevent any injury or damage*** to the person or property of all health care providers during the course of his/her employment.

It shall be the duty of the user to adhere to the rules of the health care establishment and behave with health care providers with dignity and respect.

3. Evaluation of the orientation of the employees:

To ensure that all the employees have been oriented to hospital policies, rules, regulations, necessary information to infection control, patients' rights, safety and other concerns, an orientation programme is conducted at the time of joining. They will be asked to fill an objective type questionnaire which will contain questions on various subjects related to hospital and its policies. Based on their response, sufficiency of **their orientation will be evaluated.**



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4. Performance evaluation

Performance shall be evaluated annually on the basis of conduct for the whole year. **All the events relating for the year shall be recorded in personal file.** Based on their annual evaluation their increment / promotion / training requirement and other decisions related to personal development will be taken.

5. Co-worker relationships

It is imperative that employees make every effort to work well with their co-workers. There are times when friction may arise between the employees. Do all in their power not to let this situation carry on and become apparent to others. If they find this impossible to do, then it is their duty to talk this over with their department head. If they are still dissatisfied, they should request to meet with the Medical Superintendent / Administrator.

6. Equal opportunity policy

It is the policy of the Hospital to hire job applicants and promote employees that it believes to be the best qualified. Employment selection and all other employment decisions are made without regard to race, colour, creed, religion, national origin, sex, disability or handicap, age, height, weight, veteran status, marital status, or any other reason prohibited by law.

7. Punctuality

All employees are expected to be punctual and report on time to their work area. Kindly report on duty 15 minutes prior. If there is a necessity to leave the Hospital during working hours, the employees must get permission from the Medical Superintendent/Admin/HR.

8. Harassment

Hospital prohibits harassment of any employee because of his/her race, colour, national origin, religion, sex, marital status, disability or handicap, age, height or weight or other characteristic protected by law. Such harassment is unlawful and is inconsistent with the Hospital's policies, practices and management philosophy. Disciplinary action may be initiated against the defaulter.

9. Uniforms

All employees, professional and non-professional, who are required to wear uniforms, must be in "full uniform" at all times while on duty, as prescribed by the respective departments. All employees are responsible for their own uniforms.



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10. Neatness in Dress

The grooming and dress of the employees reflects upon the image of the Hospital and all of the many daily contacts and activities as a health care institution. Therefore, it is necessary to maintain high standards for grooming dress. All employees are expected to be well groomed and conform to the dress codes of the Hospital.

11. Updates

In order to keep the employees informed of Hospital policies, personnel changes and other information pertinent to employment and hospital functioning, circular shall be issued in the name of their department head in such cases. They are expected to be proactive to keep themselves informed about such updates.

12. Absence and Tardiness

If the employees are absent or late for reporting to duty, notify their Department Head /admin / HR head as soon as possible so that arrangements can be made for coverage in that area.

13. Personal records of the Employees - (both manual and electronic)

The hospital administration can best serve them if their individual records are up to date. Any change such as new address, telephone number, change in marital status, number of dependents, achievement of new qualification or training etc., must be reported to the administrative office as soon as possible after the change occurs.

14. Training

Hospital organizes training Programs on identified training needs for various categories of staff from time to time. Information about this will be communicated to them through their department head/immediate superior. This is done to further improve their competency and specific areas as required by their job profile or for other hospital concerns. It is their responsibility to honour the training Program and gain maximum benefits out of it.

15. Grievance procedure

The grievance procedure is designed to bring satisfaction in all areas where there are problems to be solved or grievances to be aired and resolved.

The employees must first bring the problem to the attention of his/her supervisor. The supervisor will investigate the problem and attempt to resolve it. If he/she cannot resolve it, he/she will refer it to the department head and if the department head cannot resolve it, it should be brought to the attention of Hospital Management and has to be discussed in the grievance committee.



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16. The Conduct of the Employees

- Any employee whose actions are contrary to the best interest of the Hospital, its patients or employees will be subject to corrective disciplinary action.
- Loitering or idleness in halls, rooms, or other places is prohibited.
- Genuine consideration to the recovery of the sick means speaking in a subdued tone of voice, handling trays and dishes with care, and in general being as quiet as possible in patient areas. Disturbing voices and conversations hinder recovery.
- When corrective action is deemed necessary by their department head or supervisor, a written report as to the specific infraction that has occurred, the date of the incident and the action to be taken shall be completely discussed with them and submitted to the hospital management for inclusion in their personal files.

17. Smoking

Smoking is strictly **prohibited** in all areas of the Hospital. A necessary **disciplinary action** shall be taken against the person violating this policy.

18. Parking

The employees should not park their vehicles in places, which may affect the general and vehicular traffic movement or other such inappropriate places.

19. Lost and Found

Any articles found on property should be taken to the Admin office. All inquiries regarding lost articles should be made there. Every effort will be made to restore lost articles to their owners.

20. The following acts and commissions on the part of the employees shall amount to misconduct, as per Model Standing Orders provided under the Industrial Employment Standing Orders Act, 1946.

- a. Willful insubordination or disobedience, whether or not in combination with another or others, of any lawful and reasonable order of a superior;
- b. Going on illegal strike or abetting, inciting, instigating or acting in furtherance thereof;
- c. Willful slowing down in performance of work, or abetment or instigation thereof;
- d. Theft, fraud, or dishonesty in connection with the employers' business or property or the theft or property of another workman within the premises of the establishment ;
- e. Taking or giving bribes or any illegal gratification;
- f. Habitual absence without leave, or absence without leave for more than ten consecutive days or overstaying the sanctioned leave without sufficient ground or proper or satisfactory explanation;
- g. Late attendance on not less than four occasions within a month;



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- h. Habitual breach of any Standing Order or any law applicable to the establishment or any rule made thereunder;
- i. Collection without the permission of the Manager of any money within the premises of the establishment except as sanctioned by any law for the time being in force;
- j. Engaging in trade within the premises of the establishment;
- k. Drunkenness, riotous, disorderly or indecent behavior on the premises of the establishment;
- l. Commission of any act subversive of discipline or good behavior on the premises of the establishment;
- m. Habitual neglect of work, gross or habitual negligence;
- n. Habitual breach of any rules or instruction for the maintenance and running of any department, or the maintenance of the cleanliness of any portion of the establishment;
- o. Habitual commission of any act or omission for which a fine may be imposed under the Payment of Wages Act, 1936;
- p. Canvassing of union membership, or the collection of union dues within the premises of the establishment except in accordance with any law or with the permission of the Manager;
- q. Willful damage to work in process or to any property of the establishment;
- r. Holding meeting inside the premises of the establishment without the previous permission of the Manager or except in accordance with the provision in the course of his work;
- s. Disclosing of any unauthorised person any information in regards to the processes of the establishment which may come into the possession of the workman in the course of his work;
- t. Gambling within the premises of the establishment;
- u. Smoking or spitting on the premises of the establishment where it is prohibited by the employer;
- v. Failure to observe safety instructions notified by the employer or interference with any safety device or equipment installed within the establishment;
- w. Distributing or exhibiting within the premises of the establishment hand-bills, pamphlets, and such other things or causing to be displayed by means of signs or writing or other visible representation or any matter without previous sanction of the Manager;
- x. Refusal to accept a charge-sheet, order or other communication served in accordance with these Standing Orders;
- y. Unauthorised possession of any lethal weapon in the establishment;
- [(z) Sexual harassment which includes such unwelcome sexual determined behavior (whether directly or by implication) such as:-
 - i. Physical contact and advances; or
 - ii. a demand or request for sexual favours; or
 - iii. sexually coloured remarks; or
 - iv. showing pornography; or
 - v. any other unwelcome physical, verbal or non-verbal conduct of sexual nature.]



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SUSPENSION

i) What is suspension?

Suspension from duty means keeping an employee away from work-place temporarily for reasons of discipline. Suspension order does not mean removal from service. If a person is suspended, he continues to be in service but is in a state as it were of suspended animation.

ii) When to suspend?

The suspension of an employee from duty often arises under the following three different types of situations.

iii) Suspension pending domestic enquiry

If an employee has committed serious acts of misconduct such as assault, sabotage etc. and his presence inside the work premises poses a threat to the safety of the man and material, he may be kept under suspension immediately, pending investigations. This is called **Suspension Pending Domestic Enquiry**. At this stage, a suspension can not be called a punishment. The charge-sheet must follow within 10 days of issue of suspension order.

iv) Suspension Pending Courts Order

The Disciplinary Authority has the right to keep an employee under suspension, if he/she is accused in a court of law for any criminal offence, until the disposal of trial.

v) Suspension as Punishment

Even though an employee is not suspended pending enquiry, if it is decided to punish him by way of suspension for the acts of misconduct committed by him. the Disciplinary Authority may do so after the conclusion of enquiry in which case the suspended employee will not be entitled to any payment for the period of suspension since it is punishment imposed on him.

vi) Status of Suspended Employee

- a) During the period of suspension, the suspended employee shall not enter the work premises without the permission of the Disciplinary Authority or any other Authority competent to do so.



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- b) The suspended employee shall not leave the station without the written permission of the competent Authority.
- c) The employee suspended pending enquiry shall be paid subsistence allowance as admissible to him under Standing Orders which will increase or decrease depending upon the merits of the case if the period of suspension get prolonged.
- d) No leave shall be granted to the suspended employee during the period of suspension.
- e) The suspended employee will not be paid subsistence allowance if he is engaged in any other employment.
- f) If any employee suspended pending enquiry submits resignation, it is normally not accepted unless it is in the Hospital's interest.

vii) Subsistence Allowance

The rate of subsistence allowance payable to the employee suspended pending investigation or inquiry into complaints or charge of misconduct against him/her is:

- | | |
|---|--|
| a. For the first 90 days of the suspension period | 50 % of basic wages and dearness allowance |
| b. For 90 days to 180 days of the suspension period | 75 % of basic wages and dearness allowance |
| c. For the remaining days of the suspension period | 100% of basic wages and dearness allowance |

The payment of the above subsistence allowance will be subject to a written declaration by the employee concerned that he is not engaged in other employment.

If the suspended employee is found not guilty of the misconduct, he shall be paid the difference between the subsistence allowance already paid and the emoluments consisting of pay and allowances which he would have received if he had not been suspended.



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PRINCIPALS OF NATURAL JUSTICE:

- i) The procedure for taking disciplinary action against any delinquent employee must be based on the principles of “natural justice” which again are in conformity with the principles of a Welfare State.
- ii) To hold an enquiry in conformity with the natural justice the following conditions are to be met with :
 - a. The employee against whom enquiry is proceeded has been informed clearly of the charges levelled against him,
 - b. The witnesses are examined ordinarily in the presence of the employee in respect of the charges,
 - c. The employee is given a fair opportunity to cross-examine the witnesses,
 - d. The employee is given fair opportunity to examine his witness, including himself in his defence, if he so wishes;
 - e. The Enquiry Officer records his findings with reasons for the same in his report.

Punishments :

On the basis of the conclusions arrived at in the domestic enquiry, if it is found that the charges levelled against the employee are not proved, he/she may be exonerated and a letter to that effect may be issued. If any of the charges or all the charges are proved, then the appropriate punishment may be given to the employee. The minor and major punishments are given as under:

Minor Punishments :

- a) Warning
- b) Censure :
- c) Fine
- d) Stoppage of increment with or without cumulative effect
- e) Suspension without pay upto 4 days

Major Punishments:

- a. Demotion to junior post or lower grade.
- b. Discharge/ termination.
- c. Dismissal.



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Appeal:

An employee may appeal against an order of punishment awarded by the Disciplinary Authority. An appeal shall be preferred within one month from the date of communication of the order appealed against. The appeal shall be addressed to the Appellate Authority. The appellate Authority shall consider whether the findings are justified or whether the punishment is excessive or inadequate and pass appropriate orders within one month from the date of the appeal. The Appellate authority may pass an order confirming, enhancing, reducing or setting aside the punishment awarded to employee by the Disciplinary Authority. For this purpose, the Hon'ble Medical Director will be the Appellate Authority.

I _____ do hereby solemnly declare & certify that I have read carefully the information mentioned herein above. In break of any code of conduct, Hospital has full authority to take any legal & disciplinary action against me.

Date: _____ **Signature of the Employee:** _____

Place: _____ **Name of the Employee:** _____



Medical Superintendent
M. G. M. HOSPITAL, KAMOTHE