SUMMER TRAINING

AT

FORTIS ESCORTS HOSPITAL, JAIPUR

(FROM 10th MAY 2021 TO 10th JULY 2021)

A REPORT ON

AWARENESS LEVEL OF STAFF AND EMPLOYEE AT FORTIS ESCORTS HOSPITAL REGARDING HOSPITAL EMERGENCY CODES

By

Dr. GARIMA SINGH

1097

ACKNOWLEDGEMENT

With immense pleasure I express my heartfelt gratitude to IIHMR ,JAIPUR for giving me this wonderful opportunity to undergo an internship in such a renowned hospital. This summer internship has been a golden opportunity in midst of this pandemic for self development., learning an empowering our skill set to the right direction.

I am extremely thankful to all the professionals at *FORTIS ESCORTS HOSPITAL* JAIPUR, for open handedly sharing their knowledge and precious time and valuable knowledge which helped me to do best during summer training. I owe a great debt to Dr. Shrikant Swami (Medical Director) for providing me an opportunity to work under his dynamic supervision as a trainee in their organization, without whose active guidance and co-operation I would have not made headway in my training period. It has been my privilege to work under him.

Also I would like to thank Dr. AshishYagnik (DMS) and Dr. Jatinder Monga(Manager Medical Administration)who have been my guiding lamp during my course of training. And the entire medical administration team .

I am very delightful to each n every departmental heads and subordinate staff for excusing some time for me despite of their hectic working schedule. Without their cooperation it would not have been possible for me to fulfill my task.

And lastly I would like to thank Dr. Sheenu Jain my Mentor who always motivated me with her encouraging comments and kept me on the correct path by her helpful advice.

Dr. Garima Singh

HHM BATCH (2020-2022)

IHMR, Jaipur.

Fortis Escorts

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Ref./FEHJ/HR-Comm./TRN/091 **10-Jul-2021**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Garima Singh** from **IIHMR, Jaipur,** has done her Summer Internship with the Hospital in Department of **Medical Administration** from **10-May-2021 to 10-Jul-2021.**

Her performance during the period in the department was good. She has sound subjective knowledge. She comes across as a willing, sincere and intelligent person who has a strong drive and zeal for learning.

We wish her all the best for all her future endeavors.

Fortis Hospitals Limited JAIPUR

Authorized Signatory

IIHMR UNIVERSITY

The IIHMR University, Jaipur

Performance Evaluation for Summer Training

1. Name of the Organization : FORTIS ESCORTS HOSPITAL, JAIPUR
2. Name of the Trainee student(s) : Dr. GARIMA SINGH
3. Date of joining the summer training : 10th MAY - 2021
4. Date of completing the summer training : 10th JULY - 2021
5. Are you planning to visit IIHMR for Final Placement for 2020-22 Batch: Yes/No YES
6. Please grade the students by putting √ against each of the following indicators:

Indicators	Your assessment		
	Highly satisfactory	Satisfactory	Not satisfactory
Regular attendance	✓		
Punctuality	✓		
Learning interest	✓		
Sense of discipline	✓		
Commitment to work	✓		
Behavior and conduct	✓		
Leadership skills	✓		
Communication skills	✓		
Ability to work with others	✓		
Performance in assigned task/project	✓		

7. Any specific contribution made by the student during the training:
Focused on Task with continous working / efforts to complete the same.

8. Comments on the strengths of the student:
Keen to learn and Logical discussion

9. Comments on the weaknesses of the student:
• Need to learn skills about prioritization of multitasks.

Your Name: DR. Shri Kant Swami
Designation: Director - Medical Operations **Signature and Date:**

(Dr. Shri Kant Swami)
Medical Director
Fortis Escorts Hospital
JLN Marg, Malviya Nagar, Jaipur-17

TABLE OF CONTENT

ABBERIVIATIONS

- ALOS - Average Length of Stay
- CMD - Chief Medical Director
- COO - Chief Operating Officer
- CGHS - Central Government Health Scheme
- CSSD - Central Sterile and Supply Department
- CT - Computerized Tomography
- ECG - Electro Cardiogram
- TMT - Treadmill Test
- EEG - Electro Encephalography
- EDP - Electronic Data Processing
- FMO - Front Office Manager
- FOE - Front Office Executive
- HOD - Head of Department
- HRD - Human Resource Department
- ICU - Intensive Care Unit
- IPD - In Patient Department
- MRD - Medical Records Department
- MLC - Medico Legal Case
- NICU - Neonatal Intensive Care unit
- OPD - Out patient Department
- OT - Operation Theatre

INTRODUCTION

Summer training has always been an integral part of hospital and health management program. as a part of the curriculum , I was required to undergo 8 weeks training with reputed organization to learn daily operational management and address some identifies issues/ problems related with some specific operational area. The main purpose of the training is to get exposure to functioning of the organization. .

Fortis Healthcare Ltd is one of the largest private healthcare companies in India. it is a multi-specialty hospitals centers providing tertiary healthcare to patients in areas such as cardiac care, orthopedics, neurosciences, oncology, renal care, gastroenterology and mother and child care. They are delivering quality healthcare services to patients in modern facilities using advanced technology it is also recognized as a center of excellence for providing excellence care , and research facilities of high order in the field of medical sciences. My main aim of doing internship in such a renowned hospital was to get the best exposure and learn about the function of various department and managerial functioning of the overall hospital. The experience of working provided me the opportunity to gain real world experience.

At the bigning of my internship I was asked to acclimatized myself with the working pattern of the medical admin department by closely observing the various functioning taking part in the hospital. Along with this I was fortunate enough to be able to give my contribution in the re- accreditation process of Fortis escorts hospital, jaipur , as preparation of NABH was going on. Auditing and checking for the compliance was the major part of it. All the medical record in the MRD department were reviewed to it was insured that all needed documents are present.. Also I worked closely with the vaccination drive that was organized by the hospital.

OVERVIEW

- Summer training was undertaken with a view for orienting ourselves to the functioning of hospital.
- Objective was to learn the functioning of the various administrative and support services departments and also to develop an understanding of the clinical departments both outpatient and inpatient.
- To accomplish these objectives In my course of summer training program I have participated in variety of day to day activities in the hospital . I worked significantly with the co-workers and was involved in managerial activities broadly classifying the various aspects of patient's safety.
- To identify various issues and problems related with specific departments

PROJECT REPORT

- To study the awareness level of staff regarding different emergency codes amongst the staff and employee of the hospital.

PROFILE OF FORTIS ESCORTS HOSPITAL

In Rajasthan, Fortis Escorts Hospital Jaipur (FEHJ) is the first NABH (National Accreditation Board for Hospitals & Healthcare Providers) Accredited Hospital, since July 2008. It is one of the proud recipient of Nursing Excellence from NABH in 2016. These accreditations ensure that the highest and uncompromising patient safety standards are followed. Enhance It is the veritable torch bearer of super specialty centers of excellence across the country. Along with more than 245 beds, this tertiary care hospital has established itself as one of the best tertiary care hospitals in the region.

Vision:

"Saving & Enriching Lives"

Mission:

"Mission is to become globally respected healthcare organization known forits Clinical Excellence and Distinctive Patient Care"

ORGANISATIONAL LEARNING

At the bigning of my internship I was asked to acclimatized myself with the working pattern of the medical admin department by closely observing the various functioning taking part in the hospital. Along with this I was fortunate enough to be able to give my contribution in the re- accreditation process of fortis escorts hospital, jaipur , as preparation of NABH was going on. Auditing and checking for the compliance was the major part of it. For the purpose of understanding , working and functioning of various departments of the hospital. Most of the learning was done via observations. Both types of Observations- Participative and Non Participative were used in learning the function and working of various departments. Non Participative observation was used mainly to learn the general things about the hospital like location of different departments, behavioral aspects of employee , working of the units.

Radiology :- Radiology department was in the transition phase during my course of summer training which affected overall entire radiology services provided to the patient. Being a trainee in medical admin it was our duty to make sure there was no pending investigation in the entire day. Coordinating with the sonologist and radiologist was the major task and imbibing the outsources ct reports was also a point of concern. Daily morning evening rounds of each n every floor of the hospital was taken by me to ensure there is no delay or pendency n if any then to report to the concern department and make it work through. The technician studies the requisition form. The radiology department maintains all records and documents

MRD:- A medical record department is the hub of all health records of the existing and previous patient visited. It contains all systematic documentation of a patient's individual medical history and care , medical records are highly personal documents. In my course of training I conducted random auditing to review all the records and ensured that all needed documentation are present and the standards are according to the standard sequence.

PHARMACY :- The pharmacy Department in Fortis has a key purpose of ensuring that patient can receive the right medicine at right time in an efficient and economical way. IP prescriptions are made by the nurses as per the consultants orders and sent to the pharmacy. Order wise, the medicine is put in the bags with the MRN sticker of the patient. This is put in bins with the ward name and sent to the respective wards. open Audits were conducted for checking compliance of medication error. In which it was

found that majority of the medication error was because of the typographic error made while indenting the medicine from various departments by the nursing staff and dispensing error occurred at the time of procuring the drugs.

ICU :- Intensive care unit is the heart of the hospital. Fortis has 12 ICUs. In daily morning evening rounds the most commonly found challenges was during the handovers of nursing staff and residents. The leaving staff was always in hurry so that used to cause lots of issue as there was lack of proper communication and coordination while shifting. To overcome this a proper checklist was made which was asked to fill before leaving by every nurse and residents. Nursing supervisor were asked to monitor daily for the same.

VACCINATION DRIVE :- To work in midst of the pandemic it was my privilege to be a part of world's biggest vaccination drive. Fortis was the first private hospital to come up with vaccination drive program in jaipur, we successfully vaccinated over 40k people so far in the hospital .To check for the verification process was my part of job. conducting such a vast drive was itself a task in this pandemic situation.

DEPARTMENT PROFILING

Basement	HR Dept	Marketing	Finance	IPD Pharmacy	MRD	F&B	Laundary	medical Engineering Dept	Housekeeping	Security	Quality	
Ground Floor	Emergency	OPD 1&2	Cardiology & Neurology OPD	LA FEMME OPD	Cardiology Lab	X-Ray & CT ,MRI	Blood Bank	Lab Services	MICU I & II	Food Court	OPD Pharmacy	Executive Dinnig
First Floor	Cath LAB	CCU I & II	NSW	Physiotherapy	IT Dept	Dental/Opthalamology	Medical Admin Block	Library	Training Hall	Doctor's Lounge	Pediatric OPD	MICU III
Second Floor	Operation Theaters	SICU I,II,III,IV	Transplant Unit	CSSD								
Third Floor	Semi private rooms	Private Rooms	PICU	Pediatric Ward								
Fourth Floor	private rooms	Private Rooms										
Fifth Floor	FEMME											
Sixth Floor	Semi private	Private Rooms	Wards	Gastroentrology/Endoscopy	Nephrology	Dialysis						
Seventh Floor	Presedential Suite Rooms	Super Deluxe Rooms										

(Table 1.1) Pictorial representation of the location of the department (departmental profiling)

AWARENESS LEVEL OF STAFF AND EMPLOYEE OF THEHOSPITAL REGARDING HOSPITAL EMERGENCY CODES

INTRODUCTION

Hospital Emergency Codes/ Emergency codes :- . An emergencies are unalarmed event that can happen anywhere and at any given time .To handle such situation one should always have own emergency preparedness plans. As we say

"TO BE PREPARED IS HALF THE VICTORY"

An emergency code is an alarming code that says there is some event that requires immediate action to be taken **.** These are being used in hospitals for alerting staff in case of different emergencies. They are used mainly to convey essential information faster & with minimum misunderstanding to staff present that time and also preventing stress and panics among those who are visiting hospital. Usually hospital emergency codes may vary from hospital to hospital, depending on the administration. They are enabled a concise means of ensuring staff receive a common message, signaling the need for an urgent response without unnecessarily alarming patients, residents, or visitors. Hospital is a place to heal ,they should always be armed to fight any situation only then n then they can insure a healthy atmosphere for their patient. Every hospital must have these emergency codes. In case of any emergency these codes are meant to be activated at the first priority. Each and every working staff member/ employee must be aware of these & should know what steps is to be taken next without creating chaos.

TYPES OF EMERGENCY COLOUR CODES:-The color codes used in FORTIS ESCORTS HOSPITAL, Jaipur are as follows –

S.NO	TYPE OF EMERGENCY	CODE	EXTENTION NUMBER
1	INDIVIDUAL DISASTER	CODE BLUE	55
2	EXTERNAL DISASTER	CODE RED	56/ 4942
3	INTERNAL DISASTER	CODE GREY	56 /4942
4	BABY MISSING	CODE PINK	56 /4942
5	FIGHTING DISASTER	CODE PURPLE	56 / 4942
6	HAZMART SPILL	CODE ORANGE	4916

(Table 2.1) Types of codes in Fortis hospital

COMMAND NUCLEUS: (for code grey and red)

S.NO.	DESIGNATION	EXTENTION NUMBERS
1	Facility Director	4120
2	Medical Superintendent	4104
3	Head administrator	4107
4	Chief Security Officer	4975
5	Head Emergency	4050
6	Chief Engineer	4901
7	Head H.R.	5903
8	Head Finance	4921
9	Head Marketing	4923
10	Nursing Superintendent	4013

(Table 2.2) command nucleus table

The SAFETY MANUAL contains all the standard operating procedures for all the codes. This safety manual is prepared by Chief Security Officer and reviewed by Head Administrator and then approved by Facility Director.

DISASTER MANAGEMENT PLANS:

The Hospital has disaster management plans for external and internal disasters in place which have the approval of Hospital safety committee.

(a)External Disasters: It is a disaster that occurs in a community and is due to a natural or manmade emergency. In these situations there are many patients requiring urgent medical care. The external disaster is named CODE RED and all actions shall be initiated on its declaration.

(b) Internal Disaster: It is a disaster that occurs within the institution which includes Fire, Building collapse, Bomb threat, Chemical spills etc. that can cause internal disaster and is called CODE GREY.

CAPACITY FOR CASUALTY TREATMENT:

As part of the corporate social responsibility, hospital shall always be prepared for treatment of up to 20 total patients with arrangements for 10 patients in critical condition.

INDIVIDUAL DISASTER MANAGEMENT (CODE BLUE) :

"Code Blue" is used to indicate a patient requiring resuscitation or otherwise in need of immediate medical attention, most often as the result of a respiratory arrest or cardiac arrest. When called overhead, the page takes the form of "Code Blue, (floor), (room)" to alert the resuscitation team where to respond. In a hospital, as a part of its disaster plans, it is mandatory to set a policy to determine which units provide personnel for code coverage. In theory any medical professional may respond to a code, but in practice the team makeup

is limited to those with Advanced Cardiac Life Support/ critical care team or other equivalent resuscitation training.

COMMUNICATION:

The EPABX is the Hub of all communications. One can **dial 55** for informing about the condition of code blue.

It has the following contact number:

1. On activation of code Red operator shall announce it over the Public Address System of the hospital.
2. Announcement shall be made 3 times at a time after every 30 seconds, at least thrice.
3. Operator shall ring up each member of the command nucleus on extension as well as cell number.
4. Operator shall ring up Resident (Emergency) on duty after informing command nucleus.
5. Operator shall remain alert after that, for communication of any information as and when required. When there is shift change, all the information is passed on in detail

EXTERNAL DISASTER MANAGEMENT PLAN: (CODE RED)

The members of the command nucleus shall immediately gather at **Emergency gate** after declaration of the code.

Activation of contingency plan:

(a) Information for any external disaster may be received at Electronic Private Automatic Branch Exchange (EPABX) through external phone number or any senior Hospital personnel may be informed by the affected people.

(b) On receiving information of emergency, the operator on duty shall identify the person who is giving the information and then ask about the nature and magnitude of the emergency, location, time, possible number of victims and approximate time of arrival.

(c) Operator will then immediately inform the Director on his internal number or cell number.

(d) The Director shall assess the situation and activate the External Disaster Plan by declaring Code Red.

COMMUNICATION:

The EPABX is the Hub of all communications.

It has the following contact number:

(a)External contact number: 2547000

(b)Internal contact number : 56 / 4942

1. On activation of code Red operator shall announce it over the Public Address System of the hospital.
2. Announcement shall be made 3 times at a time after every 30 seconds, at least thrice.
3. Operator shall ring up each member of the command nucleus on extension as well as cell number.
4. Operator shall ring up Resident (Emergency) on duty after informing command nucleus.
5. The following Department Heads shall be informed:

- Blood Bank
- Pharmacy
- Bio-Medical Engineering
- House keeping
- Food & Beverage
- Marketing
- Transport
- Nursing
- Lab-medicine
- Radiology

6. The Head of Clinical Department shall then be intimated.
7. Operator shall remain alert after that, for communication of any information as and when required. When there is shift change, all the information is passed on in detail.

ACTION PLAN:

(a) Administrative:

- Once code red is announced, members of the command nucleus shall meet near the Emergency Reception to ensure efficient management and proper communication.
- Triage shall be immediately established in the Emergency waiting area and all the designated beds and supplies shall be moved to the area.
- All departments shall activate their established procedures to provide immediate and necessary support. Additional staff and beds should be assigned and management.

(b) Clinical:

- Patients shall be received in Emergency Triage according to colour coding.

MANAGEMENT OF CASUALTIES:

(a) Patients with hyper acute conditions shall be sent for Treatment to the casualty area.

(b) Seriously ill requiring surgery should be directed to OT/ ICU after being seen by casualty Resident.

(c) Emotionally disturbed people shall be kept under watch and counseled by P.W.O.

(d) Dead on arrival should be sent to Morgue.

(e) Those patients who may be discharged shall be directed to the billing.

(f) Clinical Services:

-Radiology and Pathology not to be done as routine.

-Services like Blood, X-ray, Ultrasound, Echo etc shall be activated.

Only the Director is authorized to announce an All-clear indicating the termination of the disaster status.

The Internal Disaster Management Plan coordinates the response of Fortis Escorts Jaipur personnel to an internal situation that may jeopardize the safety and wellbeing of patient, visitors, and staff personnel

TYPES OF INTERNAL DISASTERS AND ACTIONS:

This plan shall normally apply to following situation:

Fires: implement the R.A.C.E. plan

Bomb Threat: Contact security immediately

Chemical spills: Contain the spill if possible, contact the Hazmat team. The action shall be taken immediately without waiting for declaration of CODE GREY.

RESPONSE OF HOSPITAL PERSONNELS TO INTERNAL EMMERGENCIES:

a. Remove individuals from areas of risk.

b. Ring up number 56 and report the incident.

c. Contact your supervisor before leaving your work area.

d. Command nucleus shall be established as per the location of the incident.

e. Security shall secure the hospital exits and entrances.

f. Report to your department Heads for instructions.

g. Assist in damage control.

COMMAND NUCLEUS:

The internal disaster may be declared by FD/ MS/ MD/ CSO. The internal disaster may be communicated by announcement of CODE GREY on the Hospital Public Address System by the operator on duty. Contact no. for declaration of CODE GREY is 56

COMMUNICATION:

1. On activation of code, operator shall announce it over the Public Address System of the hospital.

2. Announcement shall be made 3 times at a time after every 30 seconds, at least thrice.

3. Operator shall ring up each member of the command nucleus on extension as well as cell number.

4. All department Heads shall be informed:

5. The Head of Clinical Department shall also be intimated.

6. Operator shall remain alert after that, for communication of any information as and when required. When there is shift change, all the information is passed on in detail.

   ACTION PLAN: The Chief Security Officer shall be responsible that the following teams are activated immediately:

- Fire Fighting Team
- Rescue Team
- Evacuation Team
- Cordon Team

a. Once CODE GREY is declared, the members of the Command Nucleus shall meet at the incident site to ensure that the disaster is managed efficiently.

b. The Public Information Center shall be set up to release information authorized by command nucleus to the press and the relatives of the affected.

c. All departments shall activate their established procedures to provide immediate and necessary support.

d. Causalities, if any, shall be dealt with as per the protocols laid in external disaster plan.

e. In case of Fire, the protocols laid down in Fire Safety Manual shall be followed.

f. Evacuation, if required, shall be done as per Hospital Evacuation plan.

g. In case of Bomb Threat, the Hospital Bomb Threat Protocols shall be followed.

h. In case of Chemical Spillage, the Hazmat protocols shall be followed.

   The MD/ CSO is authorized to announce an ALL-CLEAR, indicating the termination of the disaster status.

   Smell of Smoke
   If there is no smoke/fire visible but you can smell smoke, call the local Emergency Number and report smell of smoke, your name and location.
   A Code Red is not announced for a smell of smoke.
   Subsequently, if in case you see smoke/fire implement the REACT protocol.

   In FORTIS we follow R.A.C.E principle, which means:

- **R**escue
- **A**larm
- **C**onfine
- **E**xtinguish or **E**vacuate

  Code Red alarm is a Stage 1 alarm identified with approximately 20 bells per minute.

It is Fire Emergency Alert signal & is always accompanied by an overhead announcement. Prepare to evacuate your area but wait for additional information.

There are 4 types of teams in Fire Control Mission:

- FIRE FIGHTING TEAM
- CORDON TEAM
- RESCUE TEAM
- EVACUATION TEAM

FIRE FIGHTING TEAM:

The CHIEF SECURITY OFFICER is the in charge of firefighting team. In his absence, the CHIEF ENGINEER performs this duty. The team consists of:

- Chief security officer
- Chief engineer
- Electrician
- Plumber
- A/C technician
- All available security guards.

DUTIES:

a. Proceed to the scene of fire with appropriate Firefighting equipment.
b. Assess the gravity of Fire and call the City Fire Brigade if required.
c. Extinguish Fire under the supervision of officer in-charge of the team.
d. Ensure minimum loss to Life and Property.
e. Be available with the officer in-charge of the Fire Fighting team.
f. Do not allow crowd to gather around the scene of Fire.

CORDON TEAM:-The team consists of HOUSEKEEPING STAFF. Its function is to form a ring around the scene of Fire and ensure that the functioning of the Fire Fighting Team is not hampered. It also assist the Fire Fighting Team if required.
RESCUE TEAM:-Engineering shift in-charge and technicians are part of this team. Its duties are to remove all combustible items from the scene of Fire and move all important papers and equipments to a safe area.
EVACUATION / FIRST AID TEAM:-It consists of all the Doctors, Nurses, Medical technician and Ward boys. The team is responsible for all the First Aid Treatment and Evacuation procedures.

HOW TO USE AN EXTINGUISHER:
Determining the class of Fire is important to extinguish it in least possible time.
The classes of Fire are as follows:

CLASSES	TYPES
Class A	General Fire
Class B	Oil Fire
Class C	Gas Fire
Class D	Metallic Fire
Class E	Electrical Fire

(Table 2.3 class of fire)

The hospital has appropriate type of Extinguishers located at necessary locations which are regularly checked and Refilled.

REPORTING A FIRE

• Dial 56.

• Mention your name and Designation e.g. Nursing supervisor

• Then the location of the fire should be addressed, what is burning, & situation in respect to patients.

• Stay calm do not shout or panic this may cause confusion, try and keep other calm.

• Wherever possible try and isolate any oxygen by closing the shut-off valve..

HAZARDOUS CHEMICAL SPILL:

Hazardous spills are the spills that contain ingredients that are harmful to health. These contain materials that are lethal and non- lethal, corrosive, toxic, irritant, sensitizing, mutagenic, teratogenic or carcinogenic.
Fortis Hospital consider following spills under the Hazardous Spill category:

- **Chemical Spill**
- **Blood or Body Fluid Spill**
- **Mercury Spill**

CLASSIFICATION OF SPILL:

Minor spill: spill less than 30 ml.
Major spill: spill more than 30 ml.

ACTION PLAN:

a. If the spill is manageable, then it has to be cleaned by the area staff members or the Housekeeping worker.

b. If the spill is not manageable and staff doesn't feel competent enough to manage it then they should call the HAZMAT Team by dialing extension no. 4916.

c. The Hazmat Team should reach the area within 5 min with the Hazmat kit.

d. Stop the circulation of the area.

e. Cordon off the area by marking the area.

f. The Hazmat team should reach the incident place within 5 min. and will take over the charge

BOMB THREAT:

1. This may also be called CODE BLACK.

2. Any bomb threat is taken seriously and it is important to quickly search a building to validate the threat.
3. Evacuation of an area or building occurs when there is imminent danger.
4. If evacuation is deemed necessary a Code Green Stand By or In Effect would be announced.

For all areas:
a. Complete a visual search and sweep of your area

b. Note any unusual items

c. Report negative findings.

d. Report positive findings to the local Emergency Number.

CODE PINK:

The code pink shall indicate the possibility of a missing/ abduction of a child. After assessing the situation, the area in charge will immediately inform the CSO/Security staff on duty, who in turn will call the EPABX to announce the code. The EPABX will inform the Command Nucleus Team.

COMMAND NUCLEUS (for code pink):

- Facility Director
- Medical Superintendent
- Head Administrator
- Chief Security officer
- Nursing Superintendent

ACTION PLAN:

a. After assessing the situation, the CSO will immediately instruct to announce CODE PINK in consultation with Facility Director/MS.

b. All the guards on duty will be informed through walkie-talkie.

c. The guards will immediately lock/secure all entry and exit gates.

d. Security at the main gate will not allow entry of any vehicle except Ambulance/ Emergency cases.

e. All the attendants and visitors will be requested through Public Address System to get collected in the Waiting area of main lobby and in OPDs.

f. The hospital staff will continue to carry on their routine work.

g. Once the attendant and the visitors have moved to the specified area, the Security team will start the search operation till the complete hospital building is searched from one end to other.

h. The area around the hospital is also searched simultaneously.

i. If the missing child is traced, the CSO will stop the search by giving an ALL CLEAR signal and the visitors and attendants are set free.

j. If the child is not traced, the Police may be informed.

CODE PULPLE:

An internal hostage situation has been identified.. This Code might not be paged overhead unless directed by the Incident Manager.If you are made aware of the situation follow the direction of Security or your supervisor.. Follow the Lockdown protocol for your area if you are in close proximity to the event.On instruction by the Chief Security Officer, the EPBAX operator on duty shall announce CODE PURPLE and repeat 3 times on the hospital public address system. The operator will inform the Command Nucleus Team members.

COMMAND NUCLEUS (for code purple)

- Facility Director
- Medical Superintendent
- Head Administrator
- Chief Security officer
- Nursing Superintendent

ACTION PLAN:

a. On receiving the information, the EAPBX will inform the CSO and the security guards on walkie-talkie asking them to rush to the site of incident.

b. The CSO immediately reaches the site and with the help of security guards will separate the people involved in the fight peacefully and if required, even by force.

c. Other people are not allowed to gather around the site or disburse.

d. Once the people involved in the fight are separated, they are immediately taken away to an isolated place.

e. All-Clear will be instructed by the CSO.

f. POLICE may be called with the permission of the Facility Director.

g. On arrival of the local police, the CSO will brief them and help them in their proceeding.

RESEARCH METHODOLOGY

Aim : The aim of the study was to check the Awareness level of the hospital staff and employees regarding the EMERGENCY CODES AND SAFETY PROCEDURES followed in the Fortis Escorts Hospital.

Objective: In course of my summer training at FORTIS ESCORTS HOSPITAL, I conducted a survey study on emergency codes competency of the staff and employees of the hospital.

Sample size :-101 employees

Type of study :-Descriptive cross sectional study

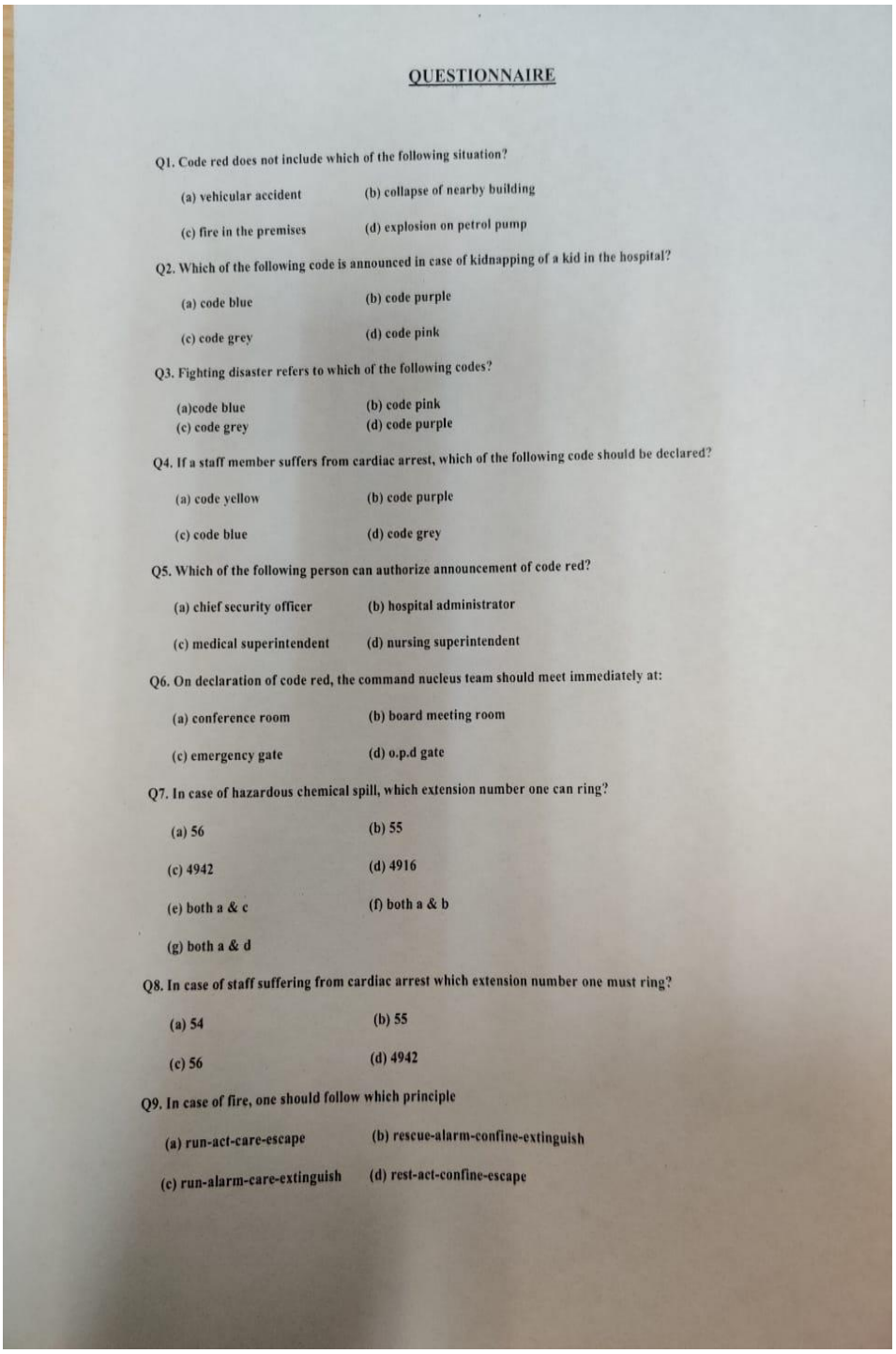
Data collection tool :-Self-prepared questionnaire

Data Collection method:-A sample of 101 employees was taken from the hospital staff and a structured questionnaire was prepared .The Questionnaire contained 9 questions involving all the emergency codes followed in FORTIS ESCORTS Hospital. Based on the questionnaire, personal interview was taken from staff in the sample. On the basis of the interview, Primary Data Collection was done. This primary data was analyzed and interpreted and Emergency Codes Awareness Level of the Staff and Employees was checked.

DEPARTMENTS COVERED :

For sampling data almost all the departments of the hospital were covered for eg: billing , nursing, pharmacy, housekeeping etc.Being a hospital employee /staff it is much needed to know about the various emergency codes prevailing in the hospital. So at the time of any emergency / calamities one should be prepared as to what actions are to be taken based on the information received. And understand the information received without further extensive explanation. And minimizing the scope of casualties.

QUESTIONNAIRE USED :-



QUESTIONNAIRE

Q1. Code red does not include which of the following situation?

(a) vehicular accident (b) collapse of nearby building

(c) fire in the premises (d) explosion on petrol pump

Q2. Which of the following code is announced in case of kidnapping of a kid in the hospital?

(a) code blue (b) code purple

(c) code grey (d) code pink

Q3. Fighting disaster refers to which of the following codes?

(a)code blue (b) code pink
(c) code grey (d) code purple

Q4. If a staff member suffers from cardiac arrest, which of the following code should be declared?

(a) code yellow (b) code purple

(c) code blue (d) code grey

Q5. Which of the following person can authorize announcement of code red?

(a) chief security officer (b) hospital administrator

(c) medical superintendent (d) nursing superintendent

Q6. On declaration of code red, the command nucleus team should meet immediately at:

(a) conference room (b) board meeting room

(c) emergency gate (d) o.p.d gate

Q7. In case of hazardous chemical spill, which extension number one can ring?

(a) 56 (b) 55

(c) 4942 (d) 4916

(e) both a & c (f) both a & b

(g) both a & d

Q8. In case of staff suffering from cardiac arrest which extension number one must ring?

(a) 54 (b) 55

(c) 56 (d) 4942

Q9. In case of fire, one should follow which principle

(a) run-act-care-escape (b) rescue-alarm-confine-extinguish

(c) run-alarm-care-extinguish (d) rest-act-confine-escape

(Fig 1. Questionnaire)

SAMPLE STRUCTURE & OBSERVATIONS

S. No	DEPARTMENT	QUESTION NUMBERS								
		1	2	3	4	5	6	7	8	9
1	F & B	1	1	1	1	0	1	0	1	1
2	F & B	1	1	1	1	1	1	1	1	1
3	F & B	1	1	1	1	1	1	0	1	1
4	F & B	1	1	1	1	1	1	0	1	1
5	F & B	1	1	1	1	1	1	0	1	1
6	F & B	1	1	1	1	0	0	1	1	1
7	Purchase	1	1	1	0	1	1	0	1	1
8	Purchase	0	1	1	1	1	0	1	1	1
9	Purchase	1	1	1	1	1	0	1	1	1
10	Finance	1	1	1	0	0	0	1	0	1
11	Finance	1	1	1	0	0	0	1	0	1
12	Finance	1	1	1	1	1	0	0	1	1
13	Finance	1	1	1	1	1	0	1	0	1
14	Finance	1	1	1	1	1	0	1	0	1
15	I P Pharmacy	1	1	1	1	0	1	1	1	1
16	I P Pharmacy	0	1	1	1	0	0	1	0	1
17	I P Pharmacy	1	0	1	0	0	1	0	0	1
18	I P Pharmacy	1	1	1	1	1	1	1	1	1
19	M R D	1	1	1	0	1	1	0	1	1
20	Doctor	0	1	0	1	1	0	1	1	1
21	Research	0	0	0	1	0	1	0	1	0
22	Research	0	1	0	0	0	1	0	1	0
23	Research	0	1	0	1	0	1	1	1	0
24	Research	0	1	1	0	1	1	0	0	0

25	**Research**	**0**	**1**	**0**	**0**	**0**	**1**	**1**	**1**	**0**
26	**Research**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**1**
27	**Research**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
28	**Research**	**0**	**1**	**1**	**1**	**1**	**0**	**0**	**1**	**1**
29	**Credit cell**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**0**	**1**
30	**Credit cell**	**1**	**1**	**0**	**1**	**1**	**1**	**0**	**1**	**1**
31	**Credit cell**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**
32	**Credit cell**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
33	**Engineering**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
34	**Engineering**	**0**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
35	**Engineering**	**1**	**1**	**0**	**0**	**0**	**0**	**1**	**0**	**1**
36	**Engineering**	**0**	**1**	**1**	**1**	**0**	**0**	**0**	**1**	**1**
37	**Engineering**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**
38	**Engineering**	**0**	**1**	**0**	**1**	**0**	**0**	**1**	**0**	**1**
39	**B M E**	**0**	**1**	**0**	**1**	**0**	**0**	**1**	**0**	**1**
40	**B M E**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**0**	**1**
41	**Engineering A.C.**	**0**	**1**	**1**	**0**	**1**	**1**	**1**	**0**	**0**
42	**Engineering HOD**	**0**	**1**	**1**	**1**	**0**	**0**	**1**	**1**	**1**
43	**Library**	**0**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
44	**Quality**	**1**	**1**	**0**	**1**	**1**	**1**	**1**	**1**	**1**
45	**Housekeeping**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
46	**Billing**	**0**	**1**	**1**	**1**	**0**	**0**	**1**	**1**	**1**
47	**Billing**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**
48	**Billing**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
49	**Billing**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
50	**H R**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**

51	**Marketing**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**
52	**Marketing**	**1**	**1**	**1**	**1**	**0**	**0**	**0**	**1**	**1**
53	**Marketing**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
54	**Coordinator**	**0**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**1**
55	**Blood Bank**	**0**	**1**	**1**	**0**	**0**	**1**	**0**	**1**	**0**
56	**Blood Bank**	**0**	**1**	**1**	**1**	**0**	**0**	**0**	**1**	**1**
57	**Blood Bank**	**0**	**1**	**1**	**1**	**0**	**1**	**1**	**0**	**1**
58	**Blood Bank**	**0**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
59	**Blood Bank**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**
60	**Dental**	**0**	**1**	**1**	**1**	**0**	**0**	**1**	**1**	**1**
61	**Dental**	**0**	**1**	**1**	**1**	**0**	**0**	**1**	**1**	**1**
62	**Nursing**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
63	**Nursing**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
64	**Nursing**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
65	**Nursing**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**
66	**Nursing**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**
67	**Nursing**	**0**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
68	**Nursing**	**1**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**1**
69	**Nursing**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**
70	**Nursing**	**0**	**1**	**1**	**1**	**0**	**0**	**0**	**1**	**1**
71	**Nursing**	**0**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**
72	**Nursing**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**
73	**Nursing**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**
74	**Nursing Education**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
75	**Nursing Education**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**
76	**G.D.A**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**

77	**G.D.A**	**1**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
78	**N.G.W**	**1**	**0**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
79	**Dietetics**	**1**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**1**
80	**Dietetics**	**0**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
81	**Dietetics**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**0**	**1**
82	**Dietetics**	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**1**	**0**
83	**Front office**	**1**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**1**
84	**Front office**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
85	**Physiotherapy**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**0**	**1**
86	**Physiotherapy**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
87	**Physiotherapy**	**0**	**1**	**0**	**0**	**1**	**1**	**1**	**0**	**1**
88	**Resident**	**0**	**1**	**1**	**1**	**0**	**1**	**1**	**0**	**0**
89	**Resident**	**1**	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**1**
90	**Resident**	**0**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**1**
91	**Resident**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**
92	**Resident**	**1**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
93	**Resident**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**1**	**0**
94	**Resident**	**0**	**1**	**0**	**1**	**1**	**1**	**0**	**1**	**1**
95	**Resident**	**1**	**1**	**1**	**1**	**0**	**1**	**0**	**0**	**1**
96	**Resident**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
97	**Resident**	**0**	**1**	**0**	**1**	**1**	**0**	**1**	**1**	**1**
98	**P.W.O**	**0**	**1**	**0**	**1**	**1**	**0**	**0**	**0**	**1**
99	**Pt. Care**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
100	**P.W.O.**	**1**	**1**	**1**	**1**	**0**	**1**	**1**	**1**	**1**
101	**CTVS**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**

(Table 2.4 result of the above mentioned questionnaire)

ANALYSIS

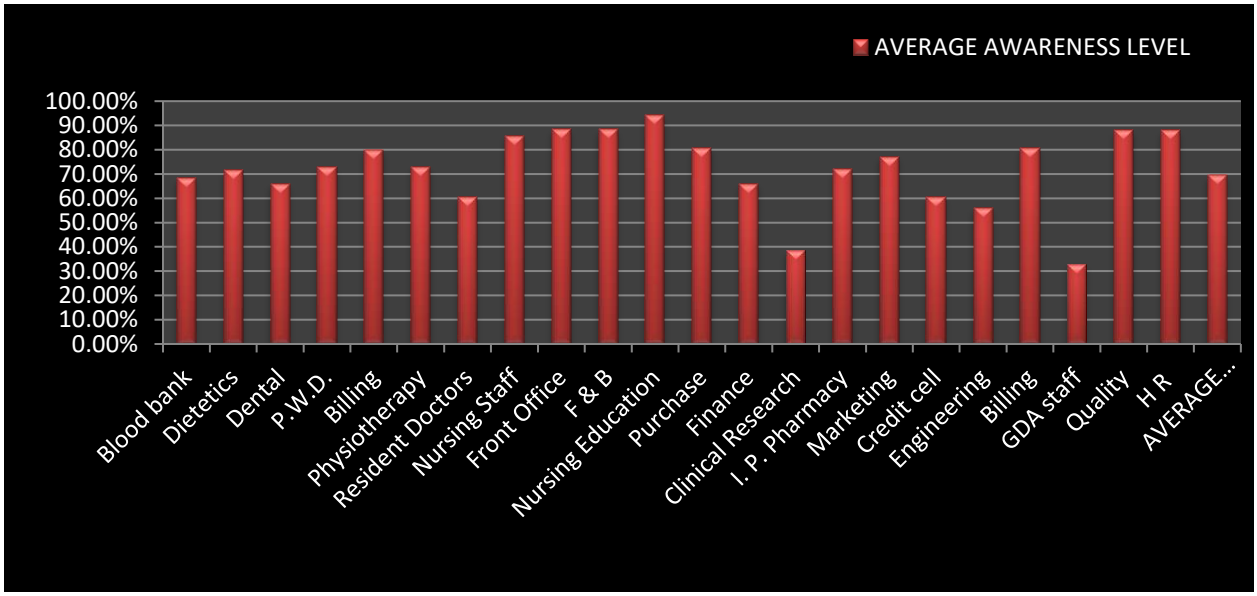
Based on above Data, the awareness level of the Employees and Staff of the FORTIS ESCORTS HOSPITAL was analyzed ,The Primary Data received was analyzed in different manners which are illustrated below.

1. Firstly an Average of Emergency Codes Awareness Level of the staff on the basis of their Departments is calculated

S. NO	DEPARTMENT	AVERAGE AWARENESS LEVEL
1	Blood bank	68.20%
2	Dietetics	71.50%
3	Dental	66%
4	P.W.D.	73%
5	Billing	80%
6	Physiotherapy	73%
7	Resident Doctors	60.60%
8	Nursing Staff	85.69%
9	Front Office	88.50%
10	F & B	88.20%
11	Nursing Education	94.00%
12	Purchase	80.66%
13	Finance	66%
14	Clinical Research	38.50%
15	I. P. Pharmacy	71.75%
16	Marketing	77%
17	Credit cell	60.50%
18	Engineering	56%
19	Billing	80.66%
20	GDA staff	33%
21	Quality	88%
22	H R	88%
23	*AVERAGE EMERGENCY CODES AWARENESS LEVEL OF FORTIS JAIPUR STAFF*	69.42%

S

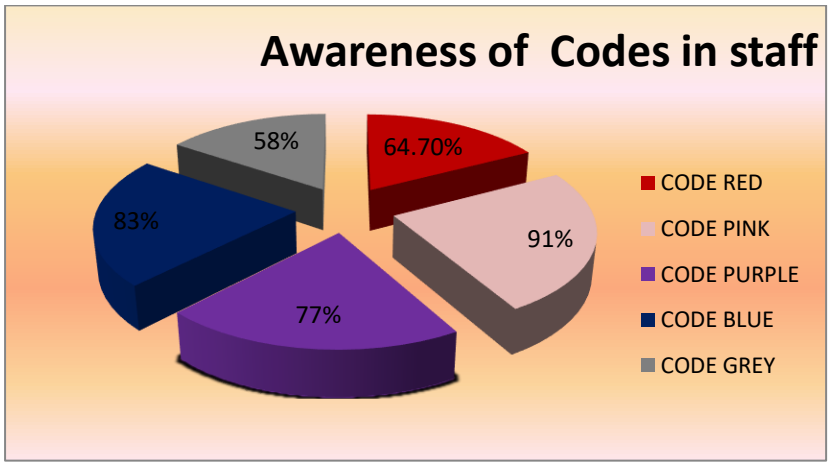
(Table 3.1 showing results of the questionnaire an Average of Emergency Codes Awareness Level of the staff on the basis of their Departments)



(Fig 2. Graphical representation of an Average of Emergency Codes Awareness Level of the staff on the basis of their Departments)

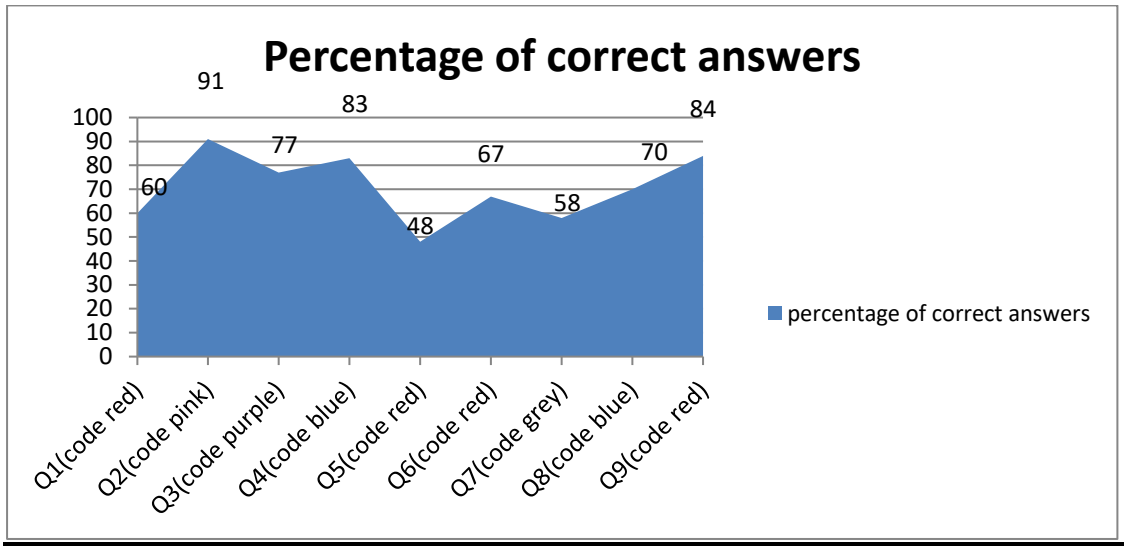
Secondly Emergency Code Awareness Level depending on different types of codes is being evaluated.

S.NO.	EMERGENCY CODE	AWARENESS LEVEL
1	CODE RED	64.70%
2	CODE PINK	91%
3	CODE PURPLE	77%
4	CODE BLUE	83%
5	CODE GREY	58%



(Fig. 3 pictorial representation of Emergency Code Awareness Level depending on different types of codes.

Thirdly the Emergency Codes Awareness Level on the basis of number of correct answers out of 100 of each question is being evaluated.

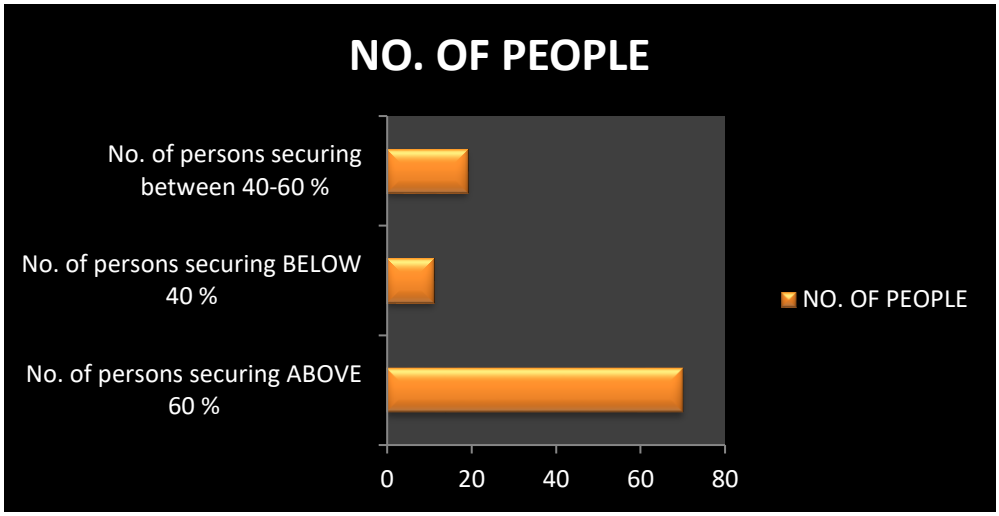


(Fig. 4 Pictorial representation of Emergency Codes Awareness Level on the basis of number of correct answers out of 100 of each question)

Fourthly the Emergency Codes Awareness level of the hospital staff on the basis of their grades secured is being evaluated

RANGE	NO. OF PEOPLE
No. of persons securing ABOVE 60 %	70
No. of persons securing BELOW 40 %	11
No. of persons securing between 40-60 %	19

(Table 3.2 Showing the Emergency Codes Awareness level of the hospital staff on the basis of their grades secured)



(Fig .5 showing the Emergency Codes Awareness level of the hospital staff on the basis of their grades secured)

INTERPRETATION

From the above analysis we can interpret that some of the Department's Awareness level about Emergency Codes is below standards. These departments are mentioned below according to their level of performance:

1. G.D.A. Staff
2. Clinical Research Department
3. Engineering Department
4. Credit Cell
5. Resident Doctors

- We can also conclude that the Average Emergency Codes Awareness Level of Fortis Escorts Hospital, Jaipur is **69.42** which is also below expectations from a NABH accredited hospital.
- We can also conclude that the Awareness Level about CODE GREY is minimum among the employees followed by CODE RED
- We can also see that number of persons securing below 60 % is 30 out of 100. This number is very big and is unexpected

RECOMMENDATIONS:

1. Continuous Emergency Codes Education and Orientation classes should be conducted from time to time.
2. Mock Drills should be conducted to practice the protocols and get trained.
3. New Recruited Staff members should be educated about Emergency Codes in their Induction Training.
4. The Safety Manual and the Emergency Codes followed at Fortis should be updated regularly to match with other leading Hospitals.
5. All the Emergency Exits and Fire Exits should be regularly checked and should not be blocked.
6. Surprise departmental Tests should be conducted from time to time based on the Emergency codes.
7. Regular Audit of the Emergency Management System should be performed.
8. Risk Reassessment and Potential Risk Auditing should be done.
9. The Emergency Triage Area should be expanded and enlarged to cater more number of patients and should be regularly updated with more advanced machines and equipments.
10. Separate Entry for Ambulance should be made available and should be free from routine traffic.
11. Public Announcement Speaker system should be extended to whole of the hospital and regularly checked for its functioning (Example places like: library, administrative corridor, dining room, toilets, changing rooms etc) so that information can reach everybody
12. The hospital should develop its Emergency Management system as its specialty as it has an edge over other hospitals in-location,-accreditation, -quality, -reputation, -standards etc.
13. There should be a separate Lift for cases of Emergency, which should not be routinely used.
14. More number of Closed Circuit TV Cameras should be installed in the Hospital.
15. In future, Air Ambulance Arrangement can be made to cater for V.I.P. patients and Emergency.

16. A separate sloping path for patient beds and wheelchair traffic should be made which can be used in case of lift failure.

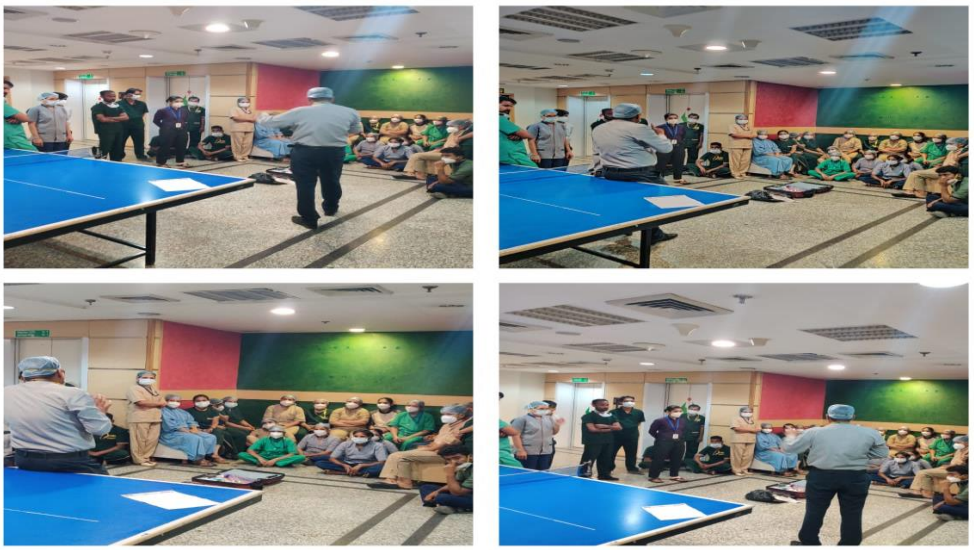
17. Some Security personals should be equipped with canes and guns to control the situation in emergency.

18. Security checking of each and every individual entering the hospital should be performed.

IMPLEMENTATION:-

After the analytical feedback, Fire and other drills were conducted in more intensified manner in various departments of the hospital for better understanding and training of the staff casualty.

(Fig.6Fire drill conducted for staff)



(Fig. 7 Hazmart drill conducted for GDA staff.)

ANNEXURE

ANNEXURE				
S.NO	NAME OF THE DEPARTMENT	DATES OF VISIT	TIME SPENT	INTERACTED WITH (NAME & DESIGNATION)
1	MEDICAL ADMINISTRATION	10th MAY 2021	30 DAYS	Dr. Shrikant Swami (M.D), Dr. Ashish P.Yagnik(D.M.S), Dr. Jatendra monga (Medical administertation manager)
2	QUALITY	11th JUNE 2021	2 DAYS	Mrs.Nihar Bhatiya (HOD)
3	OPERATION THEATRE	13th JUNE 2021	1 DAY	Mr. Kedar Singh
4	PATIENT INFORMATION	14th JUNE 2021	1 DAY	Mrs. Nihar Bhatiya (HOD)
5	BLOOD BANK	15th JUNE 2021	2 DAY	Dr. Himanshu sharma (HOD)
6	BIOMEDICAL ENGINEERING	17th JUNE 2021	1 DAY	Mr. Praveen singh (HOD)
7	FRONT OFFICE/ IPD /OPD	18th JUNE 2021	3 DAYS	Mrs. Nihar Bhatiya (HOD)
8	MRD	21st JUNE 2021	1 DAY	Mrs.Taruna Chauhan (Head)
9	PHARMACY	22nd JUNE 2021	5 DAYS	Mr. Varun Singh Bhati (HOD)
10	HUMAN RESOURCE	27th JUNE 2021	1 DAY	Mr. Shubroto Das (HOD)
11	BMW	28th JUNE 2021	1 DAY	Mr.Yogesh Gupta (Head)
12	FOOD & BEVERAGES	29th JUNE 2021	1 DAY	Mr. Navrang Poojari
13	SECURITY	30th JUNE 2021	1 DAY	Mr. Naveen Bajpai
14	HOUSEKEEPING	1st JULY 2021	1 DAY	Mr. Bhanu Shrivastav
15	CSSD	2nd july 2021	1 DAY	Mr. Vishvendra Singh

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