EMERGENCY RESPONSE PLAN FOR 100 BEDED ANNEXUE AND PMRD BUILDING

1. Purpose

- Protect life and property.
- Ensure safe evacuation or sheltering of patients, staff, and visitors.
- Minimize disruption to medical services.
- Coordinate effectively with external emergency services.

2. Scope

Applies to:

- All hospital staff
- Doctors and nurses
- Security personnel
- Fire & Safety Team
- Housekeeping
- Engineering/Maintenance
- Patients and visitors
- Contractors

3. Emergency Control Organization

Include:

- Fire Safety Supervisor
- Nursing In-charge
- Security Supervisor
- Engineering Team (Electrical and Maintenance)
- Communication Officer
- Evacuation Team
- First Aid Team
- Search and Rescue Team

4. Emergency Situations Covered

- Fire
- Medical gas leakage
- Oxygen cylinder incident
- Electrical fire
- Earthquake

- Flood/Cyclone
- Bomb threat
- Violence or security threat
- Hazardous chemical spill
- Lift entrapment
- Mass casualty incident
- Power failure

5. Emergency Resources

- Fire extinguishers
- Hose reels
- Hydrant system
- Fire alarm panel
- MCPs
- Smoke detectors
- Emergency lighting
- Exit signs
- Stretchers and wheelchairs
- Generator backup
- Medical gas shut-off valves

6. Evacuation Strategy

Hospitals should use:

- **Horizontal Evacuation** (preferred first)
- Vertical evacuation if necessary
- Full building evacuation only when directed

7. Assembly Point

- Clearly marked outside the building.
- Head count of staff and patients.
- Report missing persons.

8. Communication Plan

Notify:

- Security
- Fire Safety Supervisor

- Hospital Administration
- Local Fire Brigade
- Ambulance
- Police (if required)

9. Training

- Fire drills every six months (or as required by regulations)
- Monthly fire equipment inspection
- Staff induction training
- Mock evacuation

Standard Operating Procedures (SOPs)

SOP 1 – Fire Emergency

1. Discover fire.
2. Raise alarm immediately.
3. Activate nearest MCP.
4. Inform Fire Control Room.
5. Call Fire Brigade.
6. Use suitable extinguisher if trained.
7. Close doors to contain smoke.
8. Stop lifts.
9. Begin horizontal evacuation.
10. Account for all occupants.

SOP 2 – Smoke Detector Alarm

- Verify alarm location.
- Send Fire Safety Supervisor.
- Check for smoke/fire.
- If false alarm, reset system.
- Record incident.

SOP 3 – Medical Gas Leak

- Inform engineering.
- Close isolation valve.
- Remove ignition sources.
- Evacuate affected area.
- Monitor oxygen levels if applicable.

SOP 4 – Electrical Fire

- Switch OFF power.
- Use CO_2 extinguisher.
- Never use water.
- Inform maintenance.

SOP 5 – Patient Evacuation

Priority:

1. Operation Theatre
2. General Wards
3. OPD
4. CABIN

Use:

- Wheelchairs
- Stretchers
- Evacuation sheets
- Evacuation chairs

SOP 6 – Lift Entrapment

- Inform engineering and security.
- Reassure trapped occupants.
- Do not force doors open.
- Rescue only by trained personnel.

SOP 7 – Bomb Threat

- Stay calm.
- Inform security.
- Do not touch suspicious objects.
- Inform police.
- Evacuate only on official instruction.

SOP 8 – Earthquake

- Drop, Cover, Hold.
- Stay away from glass.
- Do not use lifts.
- Evacuate after shaking stops if instructed.
- Inspect for damage and hazards.

SOP 9 – Power Failure

- Start DG backup.
- Ensure critical equipment remains powered.
- Check OT and emergency lighting.
- Restore normal supply safely.

SOP 10 – Mass Casualty Incident

- Activate Hospital Incident Command System.
- Set up triage area.
- Mobilize additional staff.
- Prioritize patients by triage category.
- Coordinate with ambulance services and authorities.

SOP 11- Cyclone Phase (Pre cyclone phase)

- Secure the Facility**:** Check backup generators, clear roof drains, trim nearby trees, and close storm shutters.
- Stockpile Supplies**:** Secure minimum 72-hour reserves of potable water, emergency food, medical gases, and essential drugs.
- Discharge**:** Discharge stable patients and postpone elective procedures to free up bed capacity

(**During the Cyclone) (Response)**

- Move Critical Zones: Relocate patients from lower floors (if flood/storm-surge prone) and glass-heavy rooms to interior core areas.
- Maintain Power**:** Switch seamlessly to generator power if municipal grids fail; monitor fuel consumption.
- Lockdown Access**:** Restrict entry to essential personnel only; seal external doors and windows.

(**Post-Cyclone Phase**) (**Recovery**)

- Damage Assessment**:** Inspect structural integrity, water contamination levels, and electrical safety before re-entering compromised areas.
- Mass Casualty Triage**:** Open external triage areas for incoming storm injuries while managing secondary infection risks (e.g., waterborne diseases)

Roles and Responsibilities

Position	**Responsibilities**
Medical officer	Overall Emergency command
Fire Safety Supervisor	Fire response, evacuation, equipment operation
Nursing Superintendent	Patient evacuation and ward coordination
Security Supervisor	Access control, traffic management, crowd control
Engineering Team	Utilities, electrical systems, medical gases, DG set
Housekeeping	Clear evacuation routes, support spill cleanup
Doctors	Patient stabilization and medical decisions
Ward In-charge	Ensure all patients, attendants, and staff are evacuated safely

Emergency Contact List

The ERP should include an up-to-date contact list with:

- Nursing supervisor
- Fire Safety Supervisor
- Security Control Room
- Engineering Department
- Local Fire Service
- Police
- Ambulance Service
- Electricity Utility

- Medical Gas Supplier

Documents to Attach

- Building evacuation plans (Ground, First, Second, and Third Floors)
- Fire equipment layout
- Assembly point map
- Emergency contact directory
- Fire drill report format
- Incident report form
- Emergency equipment inspection checklists

Emergency Resources available in hospital

(FIRE EXTUINGUISHERS)

(HOSE REEL AND HYDRANT SYSTEM)

(MANUAL CALL POINT)

(FIRE ALARAM CONTROL PANEL)

(FIRE SIGNAGE)

(WHEEL CHAIR)

(STRECHTER)

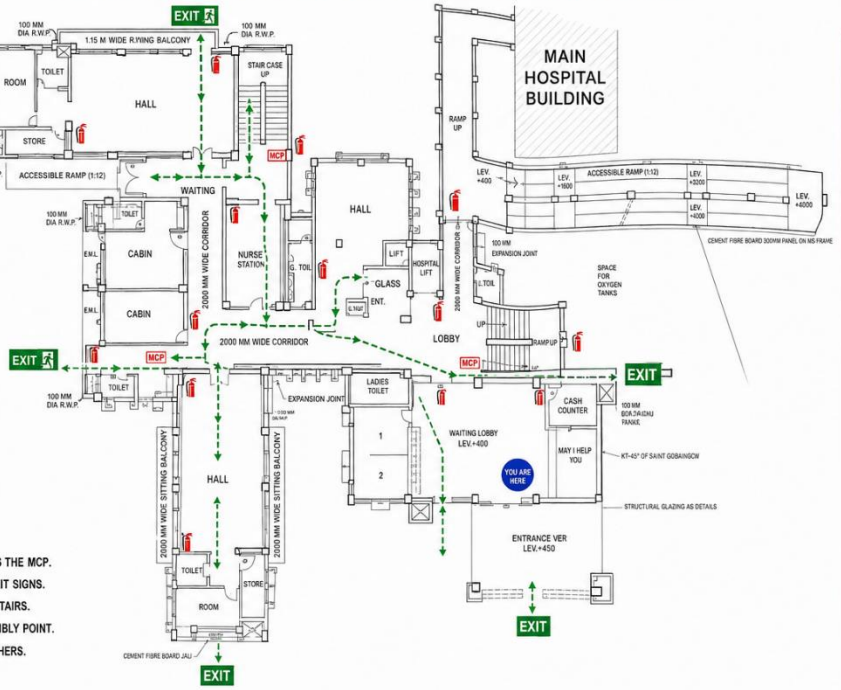
(BACK UP GENERATOR)

(SMOKE DETECTOR)

(4 WAY FIRE BRIGADE INLET WATER POINT)

EMERGENCY EVACUATION PLAN

SV NIRTAR 100 BEDED HOSPITAL – GROUND FLOOR



NOTES:

1. IN CASE OF FIRE, PRESS THE MCP.
2. FOLLOW THE GREEN EXIT SIGNS.
3. DO NOT USE LIFT, USE STAIRS.
4. PROCEED TO THE ASSEMBLY POINT.
5. DO NOT PANIC, HELP OTHERS.

LEGEND

- EVACUATION ROUTE
- EXIT (EMERGENCY EXIT)
- MCP — MANUAL CALL POINT (MCP)
- FIRE EXTINGUISHER
- ASSEMBLY POINT
- LIFT
- STAIRCASE

ASSEMBLY POINT

ASSEMBLY POINT
AT FRONT OPEN AREA

IN CASE OF EMERGENCY CONTACT:
FIRE : : 101
AMBULANCE : 102

EMERGENCY EVACUATION PLAN

SV NIRTAR 100 BEDED – 1ST FLOOR

LEGEND

- EXIT ROUTE
- EXIT
- MCP — MANUAL CALL POINT
- FIRE EXTINGUISHER
- HOSE REEL
- STAIRCASE
- LIFT

EMERGENCY INSTRUCTIONS

1. ON DISCOVERING FIRE PRESS THE NEAREST MANUAL CALL POINT (MCP) AND RAISE ALARM.
2. EVACUATE THE BUILDING USING THE NEAREST EXIT AND FOLLOW THE EXIT ROUTES.
3. DO NOT USE LIFTS IN CASE OF FIRE.
4. ASSEMBLE AT THE DESIGNATED ASSEMBLY POINT AND REPORT TO THE IN-CHARGE.

ASSEMBLY POINT

ASSEMBLE AT THE FRONT OPEN AREA

IN CASE OF EMERGENCY
DIAL : FIRE – 101
AMBULANCE–102

1ST FLOOR PLAN

* THIS PLAN IS FOR EMERGENCY GUIDANCE ONLY. DO NOT USE FOR OTHER PURPOSES.

EMERGENCY EVACUATION PLAN
SV NIRTAR 100 BEDED HOSPITAL
SECOND FLOOR

NOTE:
- DO NOT RUN OR PANIC
- HELP OTHERS IF POSSIBLE
- FOLLOW INSTRUCTIONS OF SAFETY PERSONNEL

LEGEND

→	EVACUATION ROUTE
FIRE EXIT	FIRE EXIT
MCP	MCP (MANUAL CALL POINT)
	FIRE EXTINGUISHER
	ASSEMBLY POINT
●	YOU ARE HERE

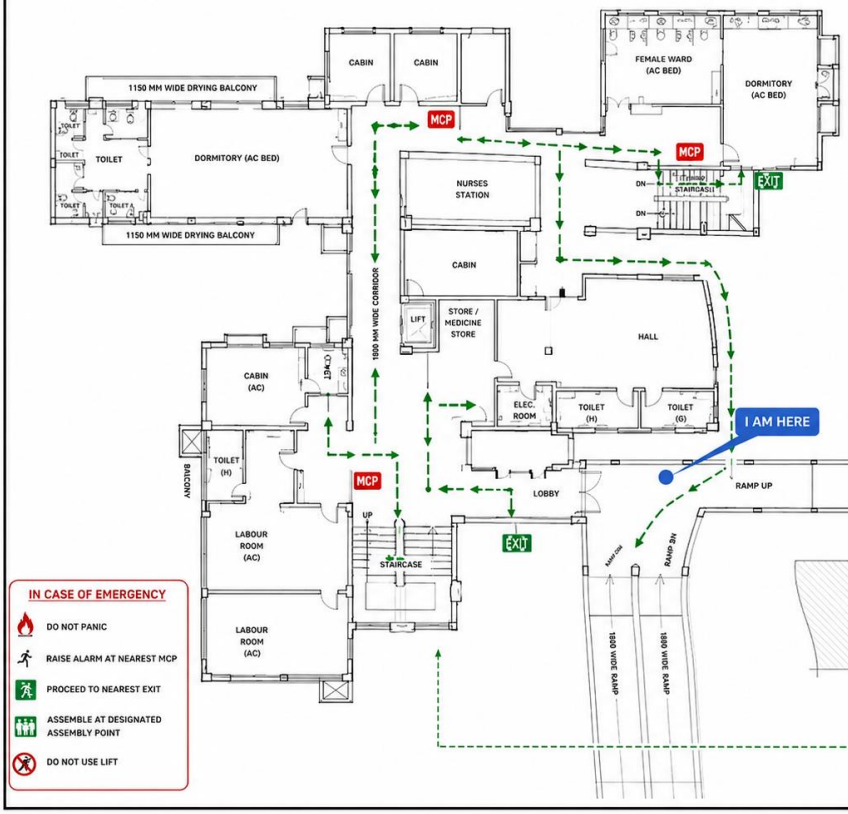
IN CASE OF EMERGENCY

1. PRESS THE NEAREST MCP (MANUAL CALL POINT)
2. USE NEAREST EXTINGUISHER IF SAFE TO DO SO
3. FOLLOW THE GREEN ARROWS TO THE NEAREST FIRE EXIT
4. DO NOT USE LIFT USE STAIRCASE
5. PROCEED TO THE ASSEMBLY POINT

ASSEMBLY POINT

ASSEMBLY POINT IN FRONT OF MAIN HOSPITAL BUILDING

EMERGENCY EVACUATION PLAN – THIRD FLOOR
SV NIRTAR 100 BEDED HOSPITAL BUILDING



LEGEND
- EVACUATION ROUTE
- EXIT
- STAIRCASE
- MCP — MANUAL CALL POINT
- ASSEMBLY POINT

ASSEMBLY POINT

ASSEMBLY POINT IN FRONT OF MAIN HOSPITAL BUILDING

IN CASE OF EMERGENCY
- DO NOT PANIC
- RAISE ALARM AT NEAREST MCP
- PROCEED TO NEAREST EXIT
- ASSEMBLE AT DESIGNATED ASSEMBLY POINT
- DO NOT USE LIFT

ASSEMBLY POINT IN FRONT OF MAIN HOSPITAL BUILDING