



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Facility Management Safety (FMS)		
Document:	Plan		
Title:	FMS Plan		
Applies To:	Hospital Wide		
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1. PURPOSE:

- 1.1 To protect patients, visitors, and protects hospital property from fire and smoke damage. Also provides safe and proper use of medical equipment and utility system in the premises of the hospital and provide a good security services to visitors, staff, patients, and protect the hospital property from theft or tampering. Also prepare all hospital staff to deal with emergency and reduce risk of hazardous materials used in hospital.
- 1.2 The FMS program defines processes through which the hospital provides plans for:
 - 1.2.1 Safety
 - 1.2.2 Security
 - 1.2.3 Hazardous materials and waste
 - 1.2.4 Emergency
 - 1.2.4.1 External emergency preparedness
 - 1.2.4.2 Internal emergency preparedness
 - 1.2.5 Fire safety
 - 1.2.6 Medical equipment and devices
 - 1.2.7 Utility system
- 1.3 This program covers all hospital facilities.

2. DEFINITONS:

- 2.1 **Facilities management** can be defined as monitoring, updating and reporting on facilities by identifying critical information about their hazard operations in distinct buildings, individual rooms, labs, and workstations.

3. POLICY:

- 3.1 Ensure proper operation of fire detection, alarm, and suppression systems through a program of inspection, testing, and maintenance.
- 3.2 Ensure proper maintenance of other built and installed life safety features, such as fire doors.
- 3.3 Provide and maintain portable fire extinguishers according to established criteria for type, placement, inspection, maintenance, and use.
- 3.4 Ensure that acquisitions such as curtains, furniture, waste baskets, bedding, and other equipment meet established fire safety criteria.
- 3.5 Investigate and recommend actions to correct deficiencies, failures, and user errors that may impact fire prevention or safety.
- 3.6 Ensure that all employees and others working within the building understand the building's life safety features and their roles in fire prevention and response.
- 3.7 Ensure that fire response procedures address institutional and departmental/area needs.
- 3.8 Establish processes for identifying deficiencies and collecting data regarding fire prevention and life safety processes and staff compliance.

- 3.9 Procurement of medical equipments.
- 3.10 Developing risk criteria (physical and clinical risk).
- 3.11 Inspecting, testing, adding to inventory of medical equipment, proper tagging PM scheduling and corrective maintenance program.
- 3.12 Studying Hazard notices and recalls.
- 3.13 Monitoring and reporting medical device incidents resulting in death, serious illness as per safe medical device act.
- 3.14 Conducting orientation and educational program.
- 3.15 Adapting emergency procedures.
- 3.16 Removal Medical Equipment from service.
- 3.17 Ensure the operational reliability associated with utility systems through inspection, testing and maintenance of critical components and the education of users and maintainers of the utility system.
- 3.18 Develop and maintain a current utility system, including labeling of controls for Partial or complete emergency shut down to each utility system.
- 3.19 Ensure that staffs are trained to use utility systems that affect business operations and patient care effectively.
- 3.20 Ensures the selection, operation and maintenance of appropriate utility services and infrastructure.
- 3.21 Evaluate annually the objectives scope, performance and effectiveness of the documented system management plan.
- 3.22 The utility management program is to produce a zero (0) occurrence of serious injury or death to a patient or staff member, and visitors resulting from malfunction of defined critical utility system.
- 3.23 Hospital is committed to the promotion of good health and security services to visitors and staff.
- 3.24 Ensure all staff know plan for internal and external emergency and there routes during emergency.

4. PROCEDURE:

- 4.1 **Fire Alarm Systems:** The fire alarm system is inspected, tested, and maintained by main contractor and sub contractor through a service contract. The established program includes, but is not limited to:
 - 4.1.1 Daily testing of all panel of fire alarm.
 - 4.1.2 Quarterly testing of all circuits.
 - 4.1.3 Annual preventive maintenance of all components
- 4.2 **Automatic Fire Extinguishing Systems:** The Hospital maintains outside contracts for inspecting, testing, and maintaining the automatic fire extinguishing systems. The MCPPD Preventive Maintenance Manager oversees the program and maintains documentation.
- 4.3 **Portable Fire Extinguishers:** The Fire safety Office provides portable fire extinguishers for hospital facilities. The portable fire extinguisher program has been established in compliance with NFPA standards. Fire extinguishers within the Hospital are identified, placed, maintained, and used in compliance with these standards. The fire safety services inspect all fire extinguishers annually. Hospital representatives inspect all fire extinguishers monthly.
- 4.4 **System Monitoring and Transmission of Signal:** In Control room there is one person stay her to monitor the fire alarm system for the purposes of identifying location of alarm, reset, and other internal functions. The facility has established a contract with Simplex-Grinnell to act as a central station to monitor and automatically transmit the fire alarm signal to the fire department.
- 4.5 **Building Maintenance Program:** The Hospital has an ongoing building maintenance program designed to resolve life safety code deficiencies as they are identified whenever possible, rather than creating projects for their long-term resolution. The goal of the building maintenance program is to ensure that at least 95% of the life safety features function properly at all times. The inspection schedules for each life safety feature have been established based on historical maintenance data to help ensure at least 95% compliance rate for that item. The program's effectiveness is evaluated by regular inspections and by monitoring the work order documentation.

4.6 **Medical equipment and devices:**

4.6.1 Procurement of medical equipment:

4.6.1.1 A special request will be completed by each department for the replacement or for the requirement of new medical equipment and forwarded through medical Director for primary approval. Further it will be forwarded to hospital biomedical director to review them technically.

4.6.1.2 The biomedical director will determine the availability of appropriate space requirements, load, voltage and phase requirements, minimum safety standards of 3 wire AC line cord with hospital grade plug, appropriate warranties and manufacturer's reliability prior to purchase. If the equipment does not meet any of the above specifications, it may not be recommended to order. After reviewing the request of said item or items will be the accumulated in the list of medical equipment, which required to be made replacement or to be supplied new equipment/s, will be forwarded to the department of Tajhizat in Directorate of Health Affairs through the hospital Director.

4.6.2 Developing risk criteria (physical and clinical risk):

4.6.2.1 All mechanical and electrical patient care equipment will be evaluated prior to use, based on function including diagnosis, care, treatment and monitoring; physical and clinical risks associated with it for both patients and operators.

4.6.3 Inspecting, testing, adding to inventory of medical equipment, proper tagging PM scheduling and Corrective maintenance program.

4.6.3.1 All new equipment shall be inspected, tested & inventoried prior to use for patient care or any other use according to approved specifications. Equipment that fails electrical safety tests shall not be approved for use until the deficiencies have been corrected. Updating inventory of all equipment included in the equipment management program in appropriate interval of time.

4.6.4 Studying Hazard notices and recalls:

4.6.4.1 All product safety alerts, hazard notices and recalls will be directed to the Director of Biomedical Department. The Director of Biomedical Department will check the medical equipment inventory to screen for equipment matches and will evaluate the severity of the risk. In most cases, the notices may be addressed without removing equipment from service. In the event equipment must be removed from service, the suggestion will be made to the hospital director to replace the equipment with a safe & effective substitute.

4.6.4.2 The Biomedical Department will mark those equipment/s to be removed from use due to recall notices until it can be repaired & returned in safe mode.

4.6.5 Monitoring and reporting medical device incidents resulting in death, serious illness as per safe medical device act.

4.6.5.1 The Safe Medical Device Act of 1990 requires that device user facilities (including hospitals, outpatient diagnostic and treatment facilities, nursing homes, ambulatory surgical facilities) report incidents to the device sole agent or the manufacturer when the facility determines a device has or may have caused or contributed to the death or serious injury of an individual.

4.7 **Utility system:**

4.7.1 The utility system shall be evaluated annually by all maintenance department staff. This evaluation shall be based on equipment function, risk and reliability.

4.7.2 The Maintenance Department develops and maintains an operational plan for each utility.

4.8 **Security:**

4.8.1 Full knowledge of the hospital and the various sections and departments, doctors, staff and phone numbers and instructions in force in all the time.

4.8.2 Receiving visitors and guide them to the different sections of the hospital on the dates of the visits.

4.8.3 Overseeing the implementation of the policy of the hospital in terms of non-admission of any prohibited materials which will be mentioned later.

- 4.8.4 Those who wish to visit patients in the non-visiting hours are forwarded to the management of the affairs of the patients in the case to allow him by the competent authority with an official document given visitor card and registers his name in the record of visits and time of the visit.
- 4.8.5 Document and coordinate the entry and exit devices of all kinds to and from the hospital, warehouses and coordination in this regard with the engineering management in relation to devices and equipment. While retaining the basis of the emergency.

4.9 Emergency:

- 4.9.1 **Fire Drills:** Fire drills, totaling at least 1 per shift per quarter, are conducted in all Hospital healthcare occupancies, according to an established schedule. All fire drills are unannounced. Only trained evaluators from each service area have access to the established schedule. Fire drills exercise all primary elements of the fire plan, including employee knowledge of:
 - 4.9.1.1 Use and function of fire alarm systems
 - 4.9.1.2 Transmission of alarms
 - 4.9.1.3 Containment of smoke and fire
 - 4.9.1.4 Transfer to area of refuge
 - 4.9.1.5 Fire extinguishers and other life-safety features
 - 4.9.1.6 Fire response duties
 - 4.9.1.7 Extinguishing fires
 - 4.9.1.8 Building evacuation
- 4.9.2 All fire drills are evaluated by trained monitors at the drill site, a smoke compartment on the same floor and adjacent to the drill site, and a smoke compartment either immediately above or below the drill site. Safety Training Coordinators or their designees evaluate other areas as deemed necessary by past performance or the need for performance improvement.

4.10 Education:

- 4.10.1 Orientation to new hires and newly-deployed employees of subcontracted service provider, students and trainees.
- 4.10.2 Re-orientation to non-patient care staff and regular updates on fms program . safety education is mandatory for all staff at MCH and linked with their annual employment contracts and performance.
- 4.10.3 Training program about signed of hazardous material (Toxin - Harmful substances - Oxidizing substances - flammable material).
- 4.10.4 Training program about fire safety (how to use fire extinguishers –code read).
- 4.10.5 Educational training for Medical Staff and Biomedical Staff when (New Equipment installed - Relocation of any medical equipment within the facility area).
- 4.10.6 The maintenance Supervisor will ensure the orientation, seminar and training of all maintenance staff as per policy of the Hospital.
- 4.10.7 Training all security staff about all hospital policy and main route in case of any disaster.

5. MATERIAL AND EQUIPMENT:

- 5.1 Fire Alarm Systems
- 5.2 Automatic Fire Extinguishing Systems
- 5.3 Portable Fire Extinguishers
- 5.4 System Monitoring and Transmission of Signal
- 5.5 Medical equipment and devices
- 5.6 Utility system
- 5.7 Telephone and pager

6. RESPONSIBILITIES:

6.1 Hospital Director:

- 6.1.1 Review and approve FMS program.
- 6.1.2 Appoint, in writing the chairperson to the safety committee.

- 6.1.3 Review the reports provided by the chairperson, safety committee, when necessary direct the allocation of resources our emphasis to fulfill program requirement.
- 6.1.4 Report annually, or as frequently as necessary the hospital executive committee on the activity of the safety committee.
- 6.2 **FMS Director:**
 - 6.2.1 Examine safety management issues.
 - 6.2.2 Report annually or as frequently as necessary, the safety program status to hospital director and quality management.
 - 6.2.3 Approve, monitor and review for each of the safety standard.
- 6.3 **Safety and Security Director:**
 - 6.3.1 Coordinate with the appropriate staff to implement recommendation and monitor their effectiveness.
 - 6.3.2 Report to the safety committee on finding, recommendation, action taken and results of measurement.
 - 6.3.3 Review summaries of occurrences, deficiencies, problem, failures and user errors related to the FMS standard and report finding and trends, if any, to the safety committee.





7. APPENDICES:

7.1 NA

8. REFERENCES:

8.1 Life Safety Code (LSC) and (NFPA) standards.

9 APPROVAL:

	Name	Title	Signature	Date
Prepared by:	Mr. Mishari Fahad Al Mutairi	Facility Management Safety Manager		January 08, 2025
Reviewed by:	Mr. Thamer Nasser Al Anizi	Support Services & Maintenance Director		January 12, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hezam AlShammari	Hospital Director		January 22, 2025