

Standard Intent:

To ensure safe evacuation during emergencies, hospitals must maintain the integrity of its fire exits (including exit routes, exit doors, exit stairs and landing to a safe outside public area) through the following:

1. Fire exits are available and are properly located in the hospital.
2. Fire exits are not locked.
3. Fire exits are not obstructed.
4. Fire exits have panic hardware.
5. Fire exits are fire resistant.
6. Fire exits are clearly marked with illuminated exit sign.

FMS.24 The hospital and its occupants are safe from fire and smoke.

FMS.24.1 The hospital implements a strict “No Smoking” policy.

FMS.24.2 There are no obstructions to exits, fire extinguishers, fire alarm boxes, emergency blankets, safety showers, and eye wash stations.

FMS.24.3 Emergency lighting is adequate for safe evacuation of the hospital.

FMS.24.4 Storage areas are properly and safely organized:

FMS.24.4.1 Shelves and racks are sturdy and in good condition.

FMS.24.4.2 No items stored directly on the floor (a minimum of ten centimeters is left to manage spills).

FMS.24.4.3 Items should be stacked on a flat base.

FMS.24.4.4 Heavier objects are close to the floor and lighter/smaller objects are higher.

FMS.24.4.5 Items are not stacked so high to block sprinklers or come in contact with overhead lights or pipes (a minimum distance of fifty centimeters from ceiling level).

FMS.24.5 Fire rated doors are available according to the hospital zones with no separation between walls and ceiling to prevent smoke spread between rooms and areas.

Standard Intent:

To ensure that hospitals and its occupants are safe from fire hazards, there are number of measures needed to be implemented. This includes:

1. Adopting a strict No-Smoking policy that clearly defines smoking, states the hospital's policy, specify smoking designated areas and any exceptions.
2. Ensure free access to exits, fire extinguishers, fire alarm boxes, emergency blankets, safety showers, and eye wash stations.
3. Provision of necessary emergency evacuation lighting.
4. Follow safe storage practices all-over the organization.
5. Installing necessary Fire rated doors.

FMS.25 The hospital has a biomedical equipment plan to ensure that the medical equipment are regularly monitored, maintained, and ready for use.

FMS.25.1 The hospital has adequate number of qualified biomedical staff.

FMS.25.2 There is a written biomedical equipment plan that covers the following:

FMS.25.2.1 A comprehensive inventory of medical equipment with their corresponding locations.

FMS.25.2.2 Preventive maintenance program that conforms with the manufacturer's instructions.

FMS.25.2.3 The program specifies, for each equipment, the frequency of checks, methods of checks, acceptance criteria, and actions to be taken in the event of unsatisfactory results.

FMS.25.2.4 The program includes the process for investigation and follow-up of equipment failure that addresses reporting of failure, immediate remedial actions, assessment of the failure effect on reported results and services (needs alignment), and requalification of the equipment.

FMS.25.2.5 Electrical safety testing for patient related equipment.

FMS.25.2.6 History record for the maintenance schedule, failure incidence, and repairs done.

FMS.25.3 Technical service manuals for all equipment are available at the biomedical workshops.

FMS.25.4 Operator manuals are available at all departments using the equipment.