



Change Adapt Improve

Quality and Accreditation Institute

Centre for Accreditation of Health and Social Care



GUIDELINES FOR ACCESS ROUTES AND PATHWAYS WITHIN THE HEALTHCARE FACILITY

**FIRST EDITION
JULY 2024**

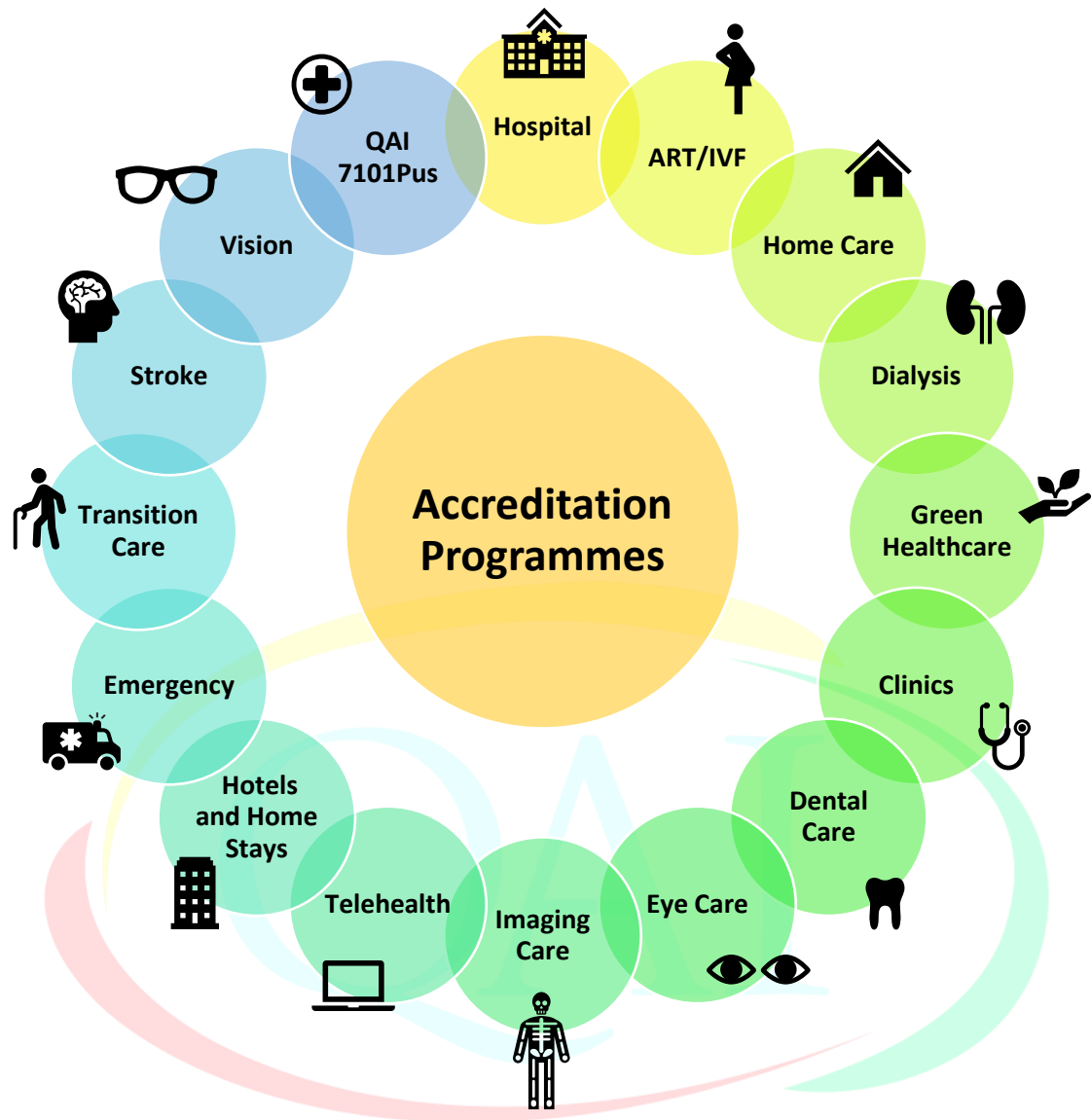
These guidelines are developed to support applicant/ accredited Health Care Facilities (HCFs). These guidelines constitute addendum to the requirements under various QAI accreditation standards and are applicable to applicant/ accredited HCFs. All applicant/ accredited HCFs may like to adopt and comply with these guidelines.

QAI assessors of various accreditation programmes under the Centre for Accreditation of Health & Social Care (CAHSC) should check the adherence to these guidelines during assessments.



1. These guideline covers an important aspect of safety relating to access routes and pathways (including stairs, lifts, escalators etc) in the Healthcare Facility (HCF). These are applicable to all HCFs covered under all QAI accreditation programmes. Access routes and pathways can be for:
 - (a) Access from outside the HCF
 - (b) Access & movement within the HCF
 - (c) Movement during medical emergencies requiring shifting of patient within or to another HCF
 - (d) Escape routes for fire & non-fire emergencies
2. **Access from outside the HCF**
 - (a) Patient, visitor and staff access shall be smooth, unhindered and facilitated.
 - (b) Provisions for disabled such as – wheelchairs, ramps, railings, lighting, human help etc. shall be provided. This must be in line with the scope of services being provided at the HCF.
 - (c) Appropriate alternatives will be provided in case provisions given at 2(b) cannot be provided due to structural limitations.
3. **Access within the HCF**
 - (a) Internal pathways will be adequate to meet the needs of patients, visitors and staff to ensure that all movements are smooth and unhindered. Where necessary the movement will be facilitated.
 - (b) Provisions for disabled such as wheelchairs, ramps, railings, lighting, human help etc. shall be provided. This must be in line with the scope of services being provided at the HCF.
 - (c) Appropriate alternatives will be provided in case provisions given at 3(b) cannot be provided due to structural limitations.
 - (d) Access to toilets and conveniences shall be similarly arranged.
4. **Movement during medical emergencies**
 - (a) It will be ensured that movement during medical emergencies is facilitated and supported. Where necessary provisions/ protocols must be in place to clear the routes and pathways.
 - (b) The HCF must be able to demonstrate evacuation of an unconscious patient within the HCF and to another HCF. The evacuation process and provisions must take into account the needs of the patient in such an event, and these needs must be met.
 - (c) Innovative equipment and methods can be deployed but these must ensure safety of the patient, including meeting the care needs of the patient during the entire process.
 - (d) In the *Home Care* settings, home care provider is encouraged to ensure that necessary arrangements such as arranging an emergency medical help including facilitating to an ambulance.
5. **Escape routes for fire & non-fire emergencies**

Escape routes shall be in line with the fire & life safety requirements as locally mandated by the fire department and applicable to the building housing the HCF. 'QAI Guidelines No. CAHSC 054_Fire Safety Requirements' are also applicable.



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