



SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

CHIKKARAYAPURAM, NEAR MANGADU, CHENNAI – 600069

SAFETY COMMITTEE

Chairperson:Dr. Kasinathan B, Dean

Co-Chairperson:Dr. Ganesan Muruga Perumal, Vice Principal

Co-coordinator:Dr. Lakshmi Mani, CCMO& NABH Coordinator

Role of Co-ordinator: To conduct periodic committee meeting and to maintain committee related documents including Minutes of Meeting (MOM).

Terms for Reference: The members are appointed for a period of 4 years from date of 1st committee meeting. Members will be rotated or replaced after the completion of 4 years or any other members retire or resign during their tenure.

This committee will function on monthly basis under the Chairperson and Coordinator. The Coordinator will be responsible for organizing the committee meeting and minutes recorded.

Frequency: Monthly once

Quorum: 50% of the members should be present for the Committee meeting

Roles & responsibilities:

1. To identify the potential safety and security risks to patients, staff and visitors in all phases of activities (including the areas of WHO patient safety solutions).
2. To coordinate for development, implementation and monitoring of the safety plan, policies and procedures
3. To conduct facility inspection rounds to ensure safety (minimum twice a year) in patient care area and minimum once in a year in non patient care area.
4. To identify root causes, to take appropriate corrective/preventive action for the gaps identified through facility inspection rounds.
5. Surgical events – implement patient Safety first, WHO guidelines for surgical safety
6. Labour ward - Implement WHO guidelines for safe child birth
7. Case management events
8. Criminal events
9. To study process failure, Sentinel events and Near Misses take appropriate actions.
10. To conduct an exercise of Hazard Identification and Risk Analysis (HIRA) associated with (but not limited to) the following:
 - a. Sharp bends in passages
 - b. Protruding or dangling in passage way
 - c. Sudden swing or swing doors
 - d. Ramps

- e. Hazardous materials management (eg: ETO gas leakage, spillage of blood samples, spillage of acids, etc.)
 - f. Patient Transport (Internal & External)
 - g. Variation of floor heights which may cause fall/injury
 - h. Electrical hazards in work places (eg: working with autoclaves, electrical cautery machine, etc)
- 11.To analyze, interpret and disseminate data arising out of Internal Quality Audit/ Inspection Rounds and to recommend remedial measures and to ensure follow up action.
- 12.To monitor Patient Safety Device Management including identification, procurement, installation, utilization, updation and maintenance.
- a. (Example of Patient Safety Devices – grab bars, bed rails, sign posting, safety belts in stretchers and wheel chairs, alarms both visual and auditory where applicable, warning sign like radiation or biohazard, call bells, fire safety devices, etc)
- 13.To ensure staff are educated on safety through training program and such training program are effective.
- 14.To submit recommendation to chairman, if any.
- 15.Plans & provisions for early detection, abatement, and containment of fire and non fire emergencies (national building code).
- 16.Maintenance plan for fire related equipments.

Radiation Safety Committee (Part of Hospital Safety Committee)

Roles and Responsibilities:

1. To ensure that all individuals who work with or in the vicinity of radioactive materials have sufficient training and experience to perform their duties safely and in accordance with AERB and established guidelines.
2. To ensure that usage of radioactive material is conducted in a safe manner and in accordance with AERB guidelines.

3. To be familiar and comply with the applicable laws and regulations with respect to radiation activities.
4. To ensure that the staff work with or in the vicinity of radioactive materials are trained adequately on radiation safety aspects.
5. To ensure appropriate management of equipment and manpower for the radiation activity performed in the institute.
6. To be responsible for monitoring the institution's program to maintain individual and collective doses as low as reasonably achievable.
7. To review quarterly the occupational radiation exposure records of all personnel giving attention to individuals or groups of workers whose occupational exposure appears excessive and take adequate action.
8. To recommend remedial action to correct any deficiencies identified in the radiation safety program; working with radioactive material, and all incidents involving radioactive material with respect to the cause and the corrective actions taken.
9. To ensure that the radioactive material licenses are amended if required prior to any changes in facilities, equipment, policies, procedures and personnel

Disaster Management Committee (Part of Hospital Safety Committee)

Roles and Responsibilities:

1. To establish and review the Disaster Management Plan of the institution.
2. To ensure adequate training of the staff on Disaster Management Plan.
3. To ensure availability of adequate resources for Disaster Management.
4. To test the documented disaster management plan (mock drills) and take appropriate corrective/preventive action.

EMERGENCY PREPAREDNESS

- Prepare policy on prevention management and control of emergency situations in hospital

- Supervising training and mock drills Policy for emergency medicines & Equipment and materials

Responsibilities, meeting frequency, reporting hierarchy

Frequency: Once a month

Responsibilities:

- To develop policies and procedures to ensure HCO's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
- To conduct a check list based facility and safety inspection rounds twice a year in clinical areas and once a year in non clinical areas.
- To document the potential safety risks that have been identified in an inspection report and take necessary corrective and preventive measures.
- To develop, document and implement a laboratory safety programme.
- To develop, document and implement a radiation safety programme
- To develop, document and implement a clinical patient safety programme.
- To develop, document and implement programme for clinical support equipment management.
- To ensure the provisions for safe water, electricity, medical gases and vacuum system.
- To ensure plans or current and existence for managing fire and non fire emergencies
- To develop policy and procedures for handling of community emergencies epidemics and other disasters. To develop and document a policy and procedure for handling of hazardous material in the hospital
- To identify and develop content for training of staff, patient and visitors in safety related topics.
- The safety manual shall be updated periodically based on new inputs and the committee shall resolve and suggest amendments.

Committee members:

Name of the members	Designation and Department
Chairperson: Dr.Kasinathan B	Dean
Co-Chairperson: Dr.Ganesan Muruga Perumal	Vice Principal
Co-ordinator: Dr.Lakshmi Mani	CCMO&NABH coordinator
Mr.Akash	Managing Director
Mrs. Thangamariammal	Nursing superintendent
Mrs Kalaivani	ANS
Mrs.Gracy	ICU in charge
Mrs.Lalitha	OT in charge
Mrs.Karpagavalli	Pharmacy in charge
Mrs.Durga Devi	CSSD in charge
Ms Mary	Bio Medical Engineer
Ms Priya	RSO
Mr Manikkam	Fire Safety Officer
Mr Hemachandran	Civil Engineer
Mr Gubendiran	Electrical Engineer
Mr Dhamodharan	Security officer
Mr.Sivakumar	Housekeeping in charge