



**Dr. D. Y. Patil Medical College, Hospital and Research Centre**

Pimpri, Pune: 411 018

NABH/NABL Accredited Hospital

**Dr. D. Y. Patil Vidyapeeth, Pune**

**(Deemed to be University)**

**(Accredited (3<sup>rd</sup> Cycle) by NAAC with CGPA of 3.64 on four-point scale at  
"A++" Grade)**

(ISO 9001:2015 and 14001:2015 Certified University)

Ref. No: DYPMC/DO/4747/2024

Date: 03/07/2024

## **SAFETY COMMITTEE**

### **OBJECTIVE**

- To address hospital safety through a multi-hazard and inter-disciplinary approach.
- To ensure that all professionals involved in the day-to-day operation of hospitals are prepared to respond to disasters; and,
- Provide a structure for the mitigation, preparation, response, and recovery related to emergencies that may impact the hospital.
- Adopt an all-hazards approach to emergency management to address a range of emergencies regardless of cause.
- To identify the potential safety and security risks to patients, staff, visitors in all phases of activities (including who patient safety solutions).
- To conduct facility inspection rounds to ensure safety in patient care area and non-patient care area.
- To conduct hazard identification and risk analysis.
- To do root cause analysis for process failure, sentinel events and near misses, to take appropriate corrective/preventive actions.
- To develop, implement and monitor the safety plan, policies, and procedures.
- To ensure staff are educated on safety through effective training program.

### **FUNCTION OF COMMITTEE**

- Shall identify potential safety and security risks to staff, patients, and visitors.
- Shall conduct an exercise of Hazard Identification and Risk Analysis (HIRA) and ensure that necessary steps are taken to eliminate or reduce such hazards and related risks.
- Shall develop, implement, and monitor the Safety Plan and Policies
- Shall conduct facility inspection rounds to ensure safety. These rounds shall be conducted monthly in patient care areas and non-patient care areas.
- The inspection reports shall be documented, and corrective/preventive measures undertaken.
- Shall develop and implement disaster management plan.
- Shall conduct safety education program for all staff.
- Shall develop safety manual and the same shall be revised annually by safety committee.

## **MEMBERSHIP**

- Dean(chairperson)
- Principle Director & CEO
- CEO
- Medical Director
- Medical Superintendent.
- Director Operations
- Deputy Registrar
- Representative of Medicine and allied.
- Representative of Surgery and allied.
- Pharmacovigilance Officer
- Administrative officer.
- Blood Transfusion officer
- Clinical Safety Officer
- Infection control officer
- Patient safety officer (secretary)
- Safety officer (hospital facility)
- Radiation safety Officer
- Blood transfusion safety officer
- Representation from Engineer (electric/civil/MGPS etc)
- Nursing Director/representative
- Facility Head
- Quality and safety Champions
- Biomedical engineering Head
- Emergency medicine /casualty representative.
- Laboratory HOD
- Security officer
- Fire Safety Officer
- Housekeeping Manager
- Clinical pharmacist
- Quality Manager
- Quality Executives

## **FREQUENCY OF MEETINGS**

- The Committee shall meet every month and at the call of the Chair.

## **QUORUM**

- 50% of membership

## **MEETING VENUE**

- As decided by the chairperson.

## **CIRCULATION**

- Minutes are circulated to all Committee members and management within a week.

## **REPORTING RELATIONSHIP**

- Management through proper channel.

## **EVALUATION**

- Evaluation to be completed by the next meeting.

This Committee is amended & updated on 03/07/2024.



  
Dr. J. S. Bhawalkar

Dean