1. SAFETY COMMITTEE

OBJECTIVE

- 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 twice a year in patient care areas and once a year in non-patient care areas.
- The inspection reports shall be documented and corrective/ preventive measures undertaken.
- Shall conduct safety education program for all staff.
- Shall develop safety manual and the same shall be revised annually by safety committee.

MEMBERSHIP

- Director Medical Services (chairperson).
- Safety officer (Secretary).
- Dean
- CEO
- Medical Superintendent.
- Registrar
- Representative of Medicine and allied.
- Representative of Surgery and allied.
- Pharmacovigilance Officer.
- Administrative officer.
- GM operations.
- Blood Transfusion officer
- Patient safety officer

- Engineer (electric/civil)
- Nursing Director/representative.
- Facility Manager.
- Biomedical engineering Head.
- Emergency medicine /casualty representative.
- Laboratory HOD.
- Security officer.
- Quality Manager.

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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.

2. BLOOD TRANSFUSION COMMITTEE

OBJECTIVE

- To ensure blood is ordered appropriately and administered safely.
- To ensure wastage of blood components and products is minimized.
- To review reports of adverse reactions, incidents and complaints and make recommendations for their prevention to improve patient safety.
- To provide health care professionals in your facility with current information and education relating to blood transfusion.
- To develop criteria and review compliance with transfusion practice of blood and blood derived therapeutic products.

FUNCTIONS

- Establishes standards for appropriate utilization of blood products. Monitors blood utilization
- Reviews adverse events related to blood product utilization.

MEMBERSHIP

- Chairperson — HOD Blood Bank
- Secretary — Blood Transfusion Officer
- Members — Director Medical Services
  Nursing director/designee
  Patient Safety Officer
  Quality Manager

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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.

3. EMPLOYEE GRIEVANCE COMMITTEE

OBJECTIVE:

The objective of the committee is to prevent employee grievances / complaint / discrimination / injustice as far as possible but in case a grievance arises it will be speedily dealt with and redressed to satisfaction.

MEMBERSHIP

- Dean(chairperson)
- Professor ,department of psychiatry (Member secretary)
- CEO
- Registrar
- Medical superintendent
- Nursing Director
- Manager HR

FREQUENCY OF MEETINGS

- The committee shall convene when a grievance has been raised by a complainant.

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.

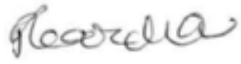
EVALUATION

- Evaluation to be completed by the next meeting

Method of grievance redressal

- The immediate supervisor of the employee is responsible for handling the grievance voiced by the employee and will find a solution to the same within a reasonable time period.
- If the same is not possible due to authority limitations of the supervisor, he may bring the same to the notice of the department head that will redress the same at that level.
- If the employee is still not satisfied with the outcome he may bring it to the notice of HR in writing. The HR department will enquire into the root causes of the grievance and will initiate suitable corrective action and communicate the same to the grievant employee. Counseling sessions may be conducted and mutual discussions will be held in a healthy manner to apprise the grievant employee of the facts pertaining to the case and the results of the enquiry.

- If the grievant employee is still not satisfied with the outcome he / she may appeal the decision to the Dean through HRD and the decision taken on the appeal will be binding to the grievant employee and all the parties connected with the issue.



4. CARDIO PULMONARY RESUSCITATION COMMITTEE

OBJECTIVE

- To Prepare and implement policies relating to resuscitation.
- To provide an advisory and resource services regarding resuscitation technique, equipment and teaching methods.
- To provide latest evidence based teaching on cardiopulmonary resuscitation.
- To prepare and implement policies relating to prevention of cardiac arrest
- To record and report the patient safety incidents in relation to resuscitation.
- To promote uniformity and standardization of resuscitation within the organization

FUNCTIONS

- Conducting the code according to current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS, Basic life supports (BLS).
- To regularly have meeting regarding the functioning of CPR team.
- To monitor the outcomes of resuscitation measures
- To take the corrective preventive measures based on the post event analysis.
- To make policies and SOPs regarding CPR.
- To make sure the members of code blue team have necessary training.
- To ensure that adequate and appropriate resources are provided.

MEMBERSHIP

- Dean
- Chief Executive Officer.
- Director Medical Services (chairperson).
- Medical Superintendent.
- Resuscitation officer, Anesthesiologist.(secretary)
- Representative of Medicine and allied.
- Emergency Medicine HOD/Representative.
- Representative of Paediatrics.
- Nursing representative.
- Manager Quality (passive member).

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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.

5. INFECTION CONTROL COMMITTEE

OBJECTIVES

- To establish and maintain a database describing endemic rates of HCAIs. Once endemic rates are known then the occurrence of an epidemic can be detected when infection rates exceed baseline values.
- To identify trends manifested over a finite period, such as shifts in microbial pathogen spectrum, infection rates, etc.
- To provide continuous observation of HCAIs cases for the purpose of prevention and control.
- To obtain useful information for establishing priorities for infection control activities.

FUNCTIONS

- Develops approves and implements policies and procedures related to prevention surveillance and control of infection.
- Ensure infection control practices are being followed across the various departments/ units of the hospital.
- Review the day-to-day infection prevention and control activities of the Infection control team.
- Facilitate surveillance process and detect outbreaks.
- Investigate all infection control related incidents and give recommendations based on evaluation.
- Shall develop Infection manual and the same shall be revised annually by HIC committee.

MEMBERSHIP

- Dean(chairperson)
- Director Medical Services
- Medical superintendent
- HOD Obstetrics and Gynaecology
- HOD Surgery
- HOD Medicine
- HOD Microbiology(secretary)
- HOD Orthopaedics
- HOD Anesthesiologist
- HOD Paediatrics
- HOD Emergency Medicine
- HOD Ophthalmology
- HICO
- Nursing Director
- GM Operations
- ICNs
- Quality Manager.

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year and at the call of the Chair.

QUORUM

- 50% of membership

MEETING VENUE

- As decided by the chairperson.

CIRCULATION

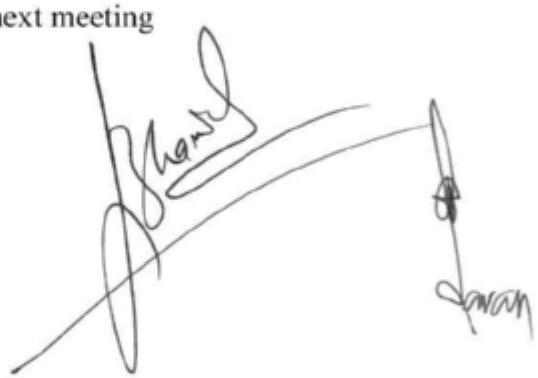
- Minutes are circulated to all Committee members and management within a week.

REPORTING RELATIONSHIP

- Management through proper channel.

EVALUATION

- Evaluation to be completed by the next meeting



6. QUALITY IMPROVEMENT COMMITTEE

OBJECTIVES

- To assure that quality assurance & continuous quality improvement activities of the Hospital are performed and that the highest possible level of health care is met and maintained through the hospital's Quality Management Program.
- To ensure the continuing high quality of patient care throughout Dr.D.Y.Patil Hospital.
- Provide leadership in promoting and supporting strategic plans designed to make overall improvements to quality of care and services.
- Ensure an effective process is established and applied for the communication of quality improvement and risk management initiatives between the Board, the organization and external stakeholders.
- Oversee the preparation and implementation of Accreditation activities including readiness for accreditation surveys and compliance with all applicable standards.

FUNCTIONS

- Quality Management Program
  - Shall develop, implement and maintain an established and documented Quality Management Program for the hospital which at minimum, monitors the quality and appropriateness of patient care and clinical performance and will facilitate problem/ deficiency identification and problem solving mechanisms.
  - Ensure that the Quality Management Program is comprehensive and addresses all major issues related to quality assurance and risk management. o Shall regularly evaluate the compliance to the quality management program, collect data, review the policies and take corrective actions when necessary.
  - Shall review the Quality Management Program every year including analysis of the key quality indicators and identify opportunities for improvement.
- Clinical and Non-clinical Department Performance Monitoring
  - For all practitioners providing services in the hospital contract and for all units/ departments functioning in the hospital, the Quality Management Program exercises a monitoring function.
  - Establish measurable indicators of quality through the use of established criteria for improving the quality and safety of hospital services.
  - Periodic assessment of information based on the indicators shall be carried out, take action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Functional Audits(Facility/System Review)
  - The Quality Management Program seeks to assure maximum compliance in terms of clinical facilities, equipment, and quality health care delivery systems.
  - Functional Audits at service units/ departments shall be conducted at periodic intervals to determine compliance to standards and Quality Management Program.
  - Each functional discipline will be applying formalized accreditation standards from NABH and other quality indicators.
  - They shall coordinate these findings with the Quality Office.
- Process Engineering
  - Review all functional & service delivery processes. Guide in detailed analysis of areas identified through various quality tool.

- Impart adequate training on Quality Management Program to all employees. Establish and support specific quality improvement initiatives. Discuss relevant quality issues at the committee meeting. Brainstorming to identify new means/ ideas for continual quality improvement aimed at building a strong quality culture in the hospital.
- Shall be responsible for the quality manual which needs to be annually reviewed.

MEMBERSHIP

- Vice-Chairperson/Management Representative.
- Dean
- Chief Executive Officer
- Director academics
- Registrar
- Director Medical Services.
- Medical Superintendent.
- HODs of Medicine and allied Subjects.
- HODs of Surgery and allied Subjects.
- HOD Biochemistry, microbiology, pathology.
- HR Manager.
- Administrative officer.
- Pharmacovigilance Officer.
- Hospital infection Control Officer.
- Safety Officer.
- Blood transfusion officer.
- Patient safety officer.
- Nursing Director.
- GM Operations Manager.
- Facility Manager.
- F&B Manager/Dietician.
- Medical records Officer.
- Radiology HOD.
- Laboratory HOD.
- Manager Pharmacy.
- Manager Purchase.
- Security Head.
- Manager Quality.

FREQUENCY OF MEETINGS

- The Committee shall meet approximately four times per year 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.

7. PHARMACO - THERAPEUTIC COMMITTEE

OBJECTIVE

- To formulate and implement the policies and procedure relating to pharmacy services and medication usage.
- To formulate and implement the hospital formulary and update the same at regular interval.
- To define and establish a frame work for reporting and analyzing of adverse drug events.
- To design and implement methods for ensuring the safe prescribing, distribution, administration, and monitoring of medication.
- To document the policies and procedures to guide the usage of narcotic drugs and psychotropic substances in the institution.

FUNCTIONS

- Shall be responsible for creating and maintaining a drug formulary, approves branded drugs and disposables
- Shall create policies and prescribe procedure for procurement, storage, formulary, prescription, dispensing, administration, monitoring and usage of all medications used in the organization.
- Shall ensure effective implementation of these policies.
- Shall meet once in a month.

MEMBERSHIP

- Dean
- Chief Executive Officer
- Director Academics.
- Director medical services.
- Medical Superintendent.
- Registrar.
- Representative of Medicine and allied.
- Representative of Surgery and allied.
- Pharmacovigilance Officer.
- Administrative officer.
- GM Operations.
- Pharmacy purchase officer.
- Manager pharmacy
- Pharmacist.
- Nursing representative.
- Manager Quality.

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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.

8. MEDICAL RECORD COMMITTEE

OBJECTIVE

- To develop policies and procedures relating to the Medical Records department, regularly review those policies and amend them as appropriate and ensure that all staff is aware of the policies and procedures and that appropriate training is provided.
- To develop, implement and regularly monitor standards for the Medical Records department and ensure that compliance with the standards is reported regularly to the committee.
- To oversee, evaluate and monitor Medical records documentation
- To ensure that Health Records audits are implemented on a regular, systematic basis.
- To encourage and monitor the development of multi-disciplinary records in order to support the development and use of the Electronic Health Record.

MEMBERSHIP

- Dean
- Chief Executive Officer
- Director Medical Services
- Medical Superintendent.
- Representative of Medicine and allied.
- Representative of Surgery and allied.
- HOD Community medicine.
- Statistician officer.
- GM operations.
- Medical record officer.
- Nursing representative.
- IT Officer.
- Manager Quality.

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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

9. INTERNAL COMPLAINT COMMITTEE

Objective : Constitution of internal complaint committee to prevent sexual harassment at their work place. Any unwelcome sexually determined behavior shall be notified to the internal complaint committee who will investigate the case.

Functions:

1. To ensure the prohibition of sexual harassment as defined at the work place. This should be notified, published and circulated in appropriate ways.
2. To ensure that appropriate work conditions are provided in respect to work, leisure, health and hygiene and to further ensure that there is no hostile environment towards women at work place and no woman employee should have reasonable grounds to believe that she is disadvantaged in connection with her employment.
3. To ensure if any complaint received would be investigated by the committee and the report be submitted to the cabinet committee for appropriate action.

The following are considered as sexually determined behavior

1. Physical contact and advances
2. A demand or request for sexual favors
3. Sexually coloured remarks
4. Showing pornography
5. Any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

Membership:

- Dr.Vatsalaswamy ,Director Academics, (Chairperson)
- Dr.RenuMagdum ,Professor and HOD ophthalmology , (secretary)
- Dr.Bal ,professor OBGY
- Dr. Sanjay Deo,professor and HOD orthopaedics
- Dr.ShaliniPawar ,GM Operations
- Dr. ShilpaArunkumarBellore,HR manager
- Adv. Dr. Ruby Chatwal ,NGO Member
- Adv.Trupti Satpute ,Advocate

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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

10. MORTALITY AND MORBIDITY COMMITTEE

OBJECTIVE

The Clinical Practice Morbidity Mortality Review Committee has been established to monitor and review clinical services in order to identify opportunities for improvement within the service

Functions

Assessment and Evaluation –

- To assess and evaluate the quality of health services, including the review of clinical practices.
- To conduct other quality activities or investigations as required time to time. These activities may include monitoring of performance indicators where there is a trend of significance, clinical audit including medical record audit, morbidity and mortality review and peer review and limited adverse event review.
- To ensure that in-depth analysis or root cause analysis for adverse events

Reporting and Recommending

Monitoring and Implementation - to monitor implementation of approved recommendations

MEMBERSHIP

- Dean (chairperson)
- Professor Gen.Medicine (Dr.PradnyaDiggikar)
- Director Medical Services
- Medical Superintendent
- Concern department HOD
- Special invitee

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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

11. DISASTER MANAGEMENT COMMITTEE

OBJECTIVES

1. To address hospital safety through a multi-hazard and inter-disciplinary approach;
2. To ensure that all professionals involved in the day to day operation of hospitals are prepared to respond to disasters; and,
3. Provide a structure for the mitigation, preparation, response and recovery related to emergencies that may impact the hospital.
4. Adopt an all-hazards approach to emergency management to address a range of emergencies regardless of cause.
5. Evaluate, exercise, and revise as appropriate emergency planning and response documents.

Functions

1. Develop policy
2. Assess vulnerability
3. Planning for disasters
4. Hospital disaster plan
5. Train and educate
6. Monitor and evaluate

MEMBERSHIP

- Dean
- Medical superintendent(secretary)
- Director Medical Services
- Registrar
- HOD medicine
- HOD surgery
- HOD orthopedics
- HOD Emergency Department(chairperson)
- GM operations
- Administrative officer
- Nursing Director
- Nursing Incharge of emergency
- Incharge guest relation
- Incharge store
- Incharge pharmacy
- Security head
- Communication Incharge

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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

12. OT MANAGEMENT COMMITTEE

OBJECTIVES

1. Ensure maximum standard of safety
2. Optimum utilization of OT and staff time
3. Optimize working conditions
4. Provide a smoothing environment

FUNCTIONS

1. Recommends and approves policy and procedures that are specific to the pre-operative areas, OT and Post Operative.
2. Governs allocation of resources between departments, and where appropriate, surgeons
3. Addresses efficiency and costs associated with OT operations
4. Provides Institutional oversight and direction for staff and faculty education related to operative and invasive procedures and care of the surgical patient
5. Ensures an effective process for patient and family education related to surgical care and informed consent.
6. Monitors data related to operative and other invasive procedures
7. Monitors adherence to policies and procedures

MEMBERSHIP

1. Dean
2. Professor and HOD anaesthesia (chairperson)
3. Director Medical Services(secretary)
4. HOD's form all surgical specialties
5. Medical superintendent
6. GM Operations
7. Nursing superintendent
8. DNS OT
9. HICO
10. CSSD Incharge
11. Facility manager
12. Manager pharmacy
13. Biomedical HOD
14. Quality Department representative

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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

13. NURSING MANAGEMENT COMMITTEE

OBJECTIVES

1. Facilitate the development of a comprehensive career pathway model/ process for all nursing staff
2. Facilitate the development of appropriate and current job descriptions and performance reviews for all nursing positions
3. Develop and maintain appropriate processes, policies and practices to support the management of nursing services and personnel
4. Identify trends and requirements of the nursing profession to meet changing models of care and workforce requirements
5. Advocate for resources to ensure nursing practice and professional needs across the organization are met
6. Investigate and make recommendations on issues of 'best practice'

FUNCTIONS

1. To provide leadership and promotion in the area of professional practice
2. To create a forum to facilitate and motivate nurses to participate in the recognition, implementation and evaluation of professional practice for nurses employed at the Dr.D.Y.Patil Medical College, Hospital and Research Centre.
3. To facilitate the development of a quality nursing service in the hospital.
4. To develop a culture that encourages nursing staff to identify and value their work and take pride in their professional role.

Membership

- Dean
- Director Medical Services
- Medical superintendent(chairperson)
- HR manager
- GM operations
- Nursing director
- Dy.NursingDirector
- Matron (Secretary)
- DNS
- ANS

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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

14. CREDENTIALING AND PREVILEGING COMMITEE

OBJECTIVE

- To develop, review and approve credentialing policies and procedures.
- Developing, reviewing, and revising credentialing and privileging forms and processes.
- To protect the community interests by credentialing competent clinicians

MEMBERSHIP

- Dean(Chairperson)
- Chief Executive Officer
- Director Academics.
- Registrar
- Director Medical Services.
- Medical Superintendent.
- Registrar.
- Concern departmental HOD
- Immediate reporting authority
- HR Manager(secretary).

FREQUENCY OF MEETINGS

- The Committee shall meet approximately four times per year 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.

15. CLINICAL AUDIT COMMITTEE

OBJECTIVE

- To improve the quality of clinical care at the Institutional level.
- Improve patients' access to quality health services ¾ Promote evidence based clinical practice
- Standardise clinical practice
- Reduce clinical errors
- Provide care that is respectful of human dignity and responsive to patients' needs and values
- Increase patients' participation in the clinical care process
- Improve efficiency in the utilization of health care resources
- Promote staff development

FUNCTIONS:

- Implement clinical audit and review programmes, which includes mortality and morbidity reviews, peer reviews, record and utilization reviews.
- Facilitate implementation of clinical standards and guidelines.
- Monitor all clinical audit and review activities within the Institution.
- Report quarterly on clinical audit and review activities within the Institution.
- Facilitate education and training programmes for all clinical audit staff within the Institution.

MEMBERSHIP

- Dean(chairperson)
- Director Medical Services
- Medical superintendent
- Patient safety officer(secretary)
- Representative from Medicine and allied
- Representative from surgical and allied
- Nursing director /designee
- Quality manager

FREQUENCY OF MEETINGS

- The Committee shall meet approximately four times per year 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.

16. Condemnation committee for biomedical equipment

Purpose: To evaluate medical equipment used in healthcare facility for Condemnation and disposed of based on recommendation from user department and biomedical department.

Membership:

• Dean	Chair Person
• Director corporate Service	Member
• Medical Superintendent	Member
• Registrar	Member
• HODs all Concern Departments	Member
• HOD Biomedical	Member
• Incharge biomedical	Member/secretary
• Purchase Manager	Member
• Accounts Head	Member
• Store Incharge	Member

FREQUENCY OF MEETINGS

- The Committee shall meet approximately four times per year 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.

17. RADIATION SAFETY COMMITTEE

OBJECTIVE:

- To be characteristics of the Radiation Safety Program.
- To be Review current Radiation Safety Program development.
- To be aware of the services offered by Radiation Safety staff.
- To be aware of regulatory licenses, registrations, and notices defining employee rights concerning radiation safety.
- To be aware of Atomic Energy Regulatory Board(AERB)

MEMBERSHIP:

- Chairman - Dr. S.G. Gandage
- Member Secretary - Dr. Rajesh Kuber
- Member - Mrs. Supriya Thakur
- Member - Mrs. Sheetal Ekhe
- Member - Dr. P. S. Garcha
- Member - Dr. Shalini Pawar
- Member - Dr. Vandana Bisnoi
- Member - Dr. Sunil Kulkarni

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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.

18. INSTITUTIONAL ETHICS SUB- COMMITTEE

OBJECTIVE:

The objective of this SOP is to contribute to the effective functioning of the Institutional Ethics Sub-Committee (IESC) so that quality and consistent ethical review mechanism for health and biomedical research is put in place for all proposals as prescribed by the ethical guidelines for biomedical research on human subjects of ICMR.

MEMBERSHIP:

- Chairman - Dr. A.L. Kakrani
- Member Secretary - Dr. N. R. Gandham
- Member - Dr. A.V. Tilak
- Member - Dr. D. Saldana
- Member - Dr. S. L. Jadhav
- Member - Dr. Vidya Gaikwad
- Member - Dr. Iqbal Ali
- Member - Dr. Pradnya Phalak
- Legal Expert - Adv. Trupti Satpute
- Layperson - Mr. N.K. Mandal

FREQUENCY OF MEETINGS

- The Committee shall meet approximately 4 times per year 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.