



Himalayan Hospital
(A Constituent unit of Swami Rama Himalayan University)



HOSPITAL SAFETY & EMERGENCY PREPAREDNESS COMMITTEE

w.e.f: 01.01.2026

Introduction: To ensure a safe, functional, efficient, and regulatory-compliant hospital environment through systematic planning, monitoring, and improvement of facility and safety systems for patients, staff, visitors, and service providers.

- Safety & Emergency Preparedness committee will look into improving the safety aspects related to patients, visitors and service providers.
- Disaster & Drill committee will look into various drills those required as per the NABH Standards.
- The objective of this committee is to develop policy on prevention, management, and control of emergency situations within and outside the hospital.
- Develop plan for handling fire and non-fire emergency situations, natural disaster.
- Supervise training and mockdrills.
- Implementation of policies / plans.

Composition:

S.No.	Committee Member	Designation	Current Position Holder
1.	Dr. (Brig) RS Saini	Chairperson	Dy. Medical Superintendent
2.	Dr. (Brig) DC Joshi	Member Secretary	Dy. Medical Superintendent
3.	Dr. Gurjeet Khurana	Member	Professor & Head- Anesthesiology Dept.
4.	Dr. Vinish Aggarwal	Member	Clinical Safety Officer
5.	Dr. Nupur Kaul	Member	Quality Manager- HDRL
6.	Dr. Sushant Khanduri	Member	Professor- Respiratory Medicine dept.
7.	Dr. Satish Uniyal	Member	Radiation Safety Officer-Radiology
8.	Mrs. Jaibunisha Riyaz	Member	Dy. Nursing Superintendent
9.	Mrs. Sunita Kumar	Member	Dy. Nursing Superintendent
10.	Mr. Girish Chandra Uniyal	Member	Head- Electrical & Mechanical Dept
11.	Mr. Vinod Juyal	Member	OPD Supervisor
12.	Mr. Arvind Kumar	Member	Assistant Nursing Superintendent cum Patient Safety Officer
13.	Mr. Vinod Juyal	Member	OPD Supervisor
14.	Mr. AR Uniyal	Member	Chief Radiographer
15.	Mr. Chandra Bhushan Anthwal	Member	Dy. Chief Security Officer
16.	Mr. Vaibhav Badoni	Member	Deputy Manager- Quality



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NABH COMMITTEES

2026-27

Term of Reference & Composition of Committees



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17.	Mr. Pravesh Kr. Rawat	Member	Fire Safety Officer
18.	Mr. Mohit Jaiswal	Member	Jr. Engineer- Civil Engg. dept
19.	Ms. Aachal Jaiswal	Member	Quality Executive
20.	Ms. Prachi Negi	Member	Quality Executive
21.	Mr. Pankaj Butola	Member	Assistant Manager- MMD dept.
22.	Mr. Gaurav Raturi	Member	Supervisor- Pharmacy dept
23.	On duty Public Relation Officer (PRO)	Member	PRO
24.	Mr. Shelwan Singh	Member	Assistant Manager- General Administration
25.	Mr. Amba Dutt	Member	Field Officer- Hospital Security
26.	Other Members (As invitee)		

Frequency: Once in a month

Responsibility:

1. Develop, implement, and review policies and SOPs related to facility and safety management.
2. Analyze, improve, and implement facility and safety measures within the organization, with a focus on:
 - Fire safety and infrastructure maintenance
 - Occupational safety in relation to facility and work practices
 - Healthcare worker safety, including:
 - Biomedical waste management
 - Laboratory safety
 - Radiation safety
 - Review and maintenance of fire safety infrastructure
 - Electrical Safety audit
3. Monitoring and ensuring completion of fire safety points under categories A, B, and C
4. Ensure department-specific implementation of Hazard Identification and Risk Analysis (HIRA).
5. Conduct regular safety audits, facility rounds, and inspections of the environment of care.
6. Identify and mitigate physical and environmental hazards.
7. Ensure patient safety with respect to infrastructure and safe intra-hospital transport.
8. Oversee the issuance and proper use of safety materials and personal protective equipment (PPE) for staff.
9. Implement and monitor compliance with patient safety goals.
10. Conduct periodic health evaluations of staff for occupational health hazards.



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11. Develop policies for the prevention, management, and control of emergency situations both within and outside the hospital.
12. Organize and evaluate emergency preparedness drills, including:
 - Implementation and Conduct of Emergency Code Drills.
 - Fire, Non-Fire, Non-Medical Emergency Drills (e.g., earthquakes, floods, Code Pink, Violet, and Red)
13. Review incident and accident reports (including near misses), perform root cause analysis, and ensure implementation of Corrective and Preventive Actions (CAPA).
14. Maintain updated documentation and ensure compliance with all statutory and regulatory requirements (e.g., fire NOC, pollution control board regulations, lift and boiler certifications)

Duration of Functioning

1. Tenure of committee once constituted will be for 3 Years.
2. At the end of 3 years there may be change of participants
3. Number of Meetings in a year:
 - To hold 12 meetings in a year
 - Each Member should attend at least 7 meetings in a year.

Records:

1. Minutes of the Meetings shall be maintained and preserved for 3 years unless required longer.
2. Destruction of Records shall be by shredding.

Note: Hospital Safety & Emergency preparedness Committee will report to Quality Assurance Committee.

RS Saini

Dr. RS Saini
(Committee Chairperson)

OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR, DEHRADUN

Ref: HH/MS/NABH//2026 /05

Dated: 09/01/2026

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 20/01/2026 at 3:00 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. IPSPG audit rounds by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.



Dr. (Brig) RS Saini

Dy. Medical Superintendent

&

Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 20/01/2026

Time: 03:00 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. IPSTG audit observations by Patient Safety Officer.
3. Review of Incidences and Action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
6.	Dr. Nupur Koul	Deputy Quality Manager (HCDRL)	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	
10.	Mrs. Sunita Kumar	Deputy Nursing Superintendent-CRI	
11.	Mr. Vijay Thapliyal	Senior Engineer	
12.	Mr. Vinod Juyal	OPD Supervisor	
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
14.	Mr. Vaibhav Badoni	Deputy Manager- Quality	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Dr. Himadri Mamgain	Assistant Manager- Hospital Operations	
19.	Ms. Aanchal Jaiswal	Quality Executive	
20.	Ms. Prachi Negi	Quality Executive	
21.	Mr. Gaurav Raturi	Incharge-Pharmacy	
22.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	
23.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
24.	Patient Care Executives	PCE	
25.	Mr. Amba Dutt	Hospital Security-Field Officer	
26.	Mr. Shelwan	Assistant Manager- Housekeeping	

21 GURJEEET KHURANA (HBT & Ref Lab)

Dr. Sushant Khanduri 20/1/26



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)



Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 20/01/2026 & 3:00 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Gurjeet Khurana, Dr. Vinish kumar Agarwal, Dr. Sushant Khanduri, Dr. Nupur Koul, Mr. Girish Chandra Uniyal, Dr. Satish Uniyal, Mrs. Sunita Kumar, Mr. Pravesh Kr. Rawat, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. Satish Chandra Pant for Mr. Chandra Bhusan Anthwal, Mr. Pankaj Butola, Ms. Prachi Negi, Ms. Aanchal Jaiswal, Mr. Gaurav Raturi, Mr. Mohit Jaiswal, Mr. Shelwan Singh, Mr. Amba Dutt

Members not present: -Mr. Vijay Thapliyal, Mrs. Trishna, Dr. Himadri Mamgain, Patient Care Executive

Agenda Discussed: -

- i. Review of previous minutes of meeting.
- ii. IPSPG Audit observations by Patient Safety Officer.
- iii. Review of Incidences and actions taken.
- iv. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous minutes of meeting points. i. Disposal of Lead apron by authorized vendor ii. Gaps in doors of Isolation room	i. Mr. Pankaj Butola informed that the agreement will be finalised in next few days. ii. Mr. Girish Uniyal informed that the work is currently in progress.	MMD to finalise the agreement with the vendor 15.02.2026 Engineering & 15.02.2026
2.	Mr. Arvind Kumar, Patient Safety Officer presented IPSPG audit observations The common non-compliance observations were discussed are: i. Incomplete WHO surgical safety checklist was evidenced. ii. Cutting without countersignature. iii. Incomplete procedure/ surgery consent without mentioning risk, benefits, alternatives and complications were evidenced.	The Chairperson instructed the Quality Department to issue a circular highlighting the identified non-compliances to the respective Heads of Department and to conduct a follow-up audit to assess improvement.	Concerned Head/ Incharges 18.02.2026



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	iv. Use of Error prone abbreviations		
3.	Incidents, along with the actions taken— including Root Cause Analysis (RCA) and Corrective and Preventive Actions (CAPA)— were presented. The Chairperson emphasized the need to take serious note of the increasing incidents of patient identification errors and patient absconding.	The Chairperson instructed the Billing Department to conduct a detailed RCA and CAPA for the patient identification error and ensure these error should not be repeated in future.	Billing dept. & 17.02.2026

The meeting was adjourned at 1:30 pm with vote of thanks to the chair.

Prepared By:

Vaibhav Badoni
Member- Safety
&

Emergency Preparedness committee

Approved By:

Dr. (Brig) RS Saini
Chairperson - Safety
&

Emergency preparedness Committee

Cc:

Director- Hospital Services

Medical Superintendent & Dy. Medical Superintendent } for info

Nursing & Dy. Nursing Superintendent }

OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR, DEHRADUN

Ref: HH/MS/NABH//2025 /221

Dated: 3/12/2025

MEETING CIRCULAR

To,
All Hospital Safety & Emergency Preparedness Committee members
This is to inform all that committee meeting will be held on 16/12/2025 at 12:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Clinical Audit round observations by Clinical Safety Officer.
- iii. Presentation of Code Orange mockdrill report.
- iv. Review of Incidences and action taken.
- v. Other discussions, if any.



Dr. (Brig) RS Saini
Dy. Medical Superintendent

&
Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 16/12/2025

Time: 12:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Clinical audit observations by Patient Safety Officer.
3. Review of Incidences and Action taken.
4. Presentation of Code Orange mockdrill report.
5. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	On Leave
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	On Leave
6.	Dr. Nupur Koul	Deputy Quality Manager (HCDRL)	On Leave
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	
10.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	
11.	Mr. Vijay Thapliyal	Senior Engineer	
12.	Mr. Vinod Juyal	OPD Supervisor	On Leave
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
14.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	On Leave
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Ms. Aanchal Jaiswal	Quality Executive	
19.	Dr. Himadri Mangain	Executive Hospital Operations	
20.	Ms. Prachi Negi	Quality Executive	
21.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
22.	Mr. Gaurav Raturi	Incharge-Pharmacy	
23.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	On Leave
24.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	On Leave
25.	Patient Care Executives	PCE	On Leave
26.	Mr. Amba Dutt	Hospital Security-Field Officer	



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Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 16/12/2025 & 12:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Vinish kumar Agarwal, Mr. Girish Chandra Uniyal, Mr. Vijay Thapliyal, Dr. Satish Uniyal, Mrs. Trishna, Mrs. Sunita Kumar, Mr. Pravesh Kr. Rawat, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. Chandra Bhusan Anthwal, Mr. Pankaj Butola, Mr. Gaurav Rawat, Ms. Aanchal Jaiswal, Dr., Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt and Ms. Prachi Negi

Members not present: -Dr. Gurjeet Khurana, Dr. Sushant Khanduri, Dr. Nupur Koul, Mr. Vinod Juyal, Mr. Mohit Jaiswal

Agenda Discussed: -

- i. Review of previous minutes of meeting.
- ii. Clinical Audit observations by Patient Safety Officer.
- iii. Review of Incidences and actions taken.
- iv. Presentation of Code Orange mockdrill report.
- v. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous minutes of meeting points. i. Disposal of Lead apron by authorized vendor ii. Gaps in doors of Isolation room	i. Mr. Pankaj Butola informed the committee that the vendor has been identified and the vendor finalization process is currently underway. ii. Mr. Vijay Thapliyal informed the committee that financial approval has been received and the work is currently in progress.	MMD to finalise the vendor 15.01.2026 Engineering & 15.01.2026
	Mr. Arvind Kumar, Patient Safety Officer presented clinical audit observations Areas which needs improvement are discussed as: Cardiology department: i. Doctors handover not done properly ii. Lack of SNDT in patient documentation iii. Risk, benefits, alternatives and complications not mentioned properly in procedure. iv. APACHE form was found incomplete	The Chairperson instructed the Quality Department to issue a circular highlighting the identified non-compliances to the respective Heads of Department and to conduct a follow-up audit to assess improvement.	Concerned Head/ Incharges 18.12.2025
3.	Incidents along with the actions taken, including Root Cause Analysis (RCA) and Corrective and Preventive Actions (CAPA), were presented. The Chairperson emphasized the seriousness of the three fire incidents that occurred over the past three months.	The Chairperson instructed the Engineering Department to conduct a detailed RCA and CAPA for the fire incidents. Additionally, the department was directed to carry out preventive maintenance of all electrical sockets and plugs and to conduct an electrical safety audit through an external agency.	Engineering dept & 25.01.2026



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5.	<p>Code Orange mockdrill report has been presented in the meeting. 15 dummy Road Traffic Accident (RTA) cases were created and all dummy cases were brought to emergency by ambulance, overall drill was satisfactory with few observations noted.</p> <ul style="list-style-type: none">i. Overcrowding was observed at one point, and the security team faced challenges in effectively managing the crowd.ii. There was an initial delay in patient triage; however, the process improved and was subsequently managed efficiently.	<p>Dr. (Brig) R. S. Saini suggested that the Code Orange SOP be re-disseminated, with emphasis on clearly outlining the roles and responsibilities of each department during a Code Orange situation.</p>	Quality Cell 25.12.2025
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The meeting was adjourned at 1:30 pm with vote of thanks to the chair.

Prepared By:

Vaibhav Badoni
Member- Safety
&

Emergency Preparedness committee

Approved By:

Dr. (Brig) RS Saini
Chairperson - Safety
&

Emergency preparedness Committee

Cc:

Director- Hospital Services

Medical Superintendent & Dy. Medical Superintendent

Nursing & Dy. Nursing Superintendent

} for info

OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR, DEHRADUN

Ref: HH/MS/NABH//2025 /220

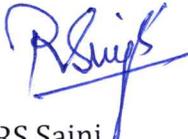
Dated: 10/11/2025

MEETING CIRCULAR

To,
All Hospital Safety & Emergency Preparedness Committee members
This is to inform all that committee meeting will be held on 17/11/2025 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Facility Management & Safety audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.



Dr. (Brig) RS Saini
Dy. Medical Superintendent
&

Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 17/11/2025

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Facility management & safety audit observations by Patient Safety Officer.
3. Review of Incidences and Action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	On Leave
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	On leave
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	On Leave
5.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
6.	Dr. Nupur Koul	Deputy Quality Manager (HCDRL)	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	
10.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	
11.	Mr. Vijay Thapliyal	Senior Engineer	
12.	Mr. Vinod Juyal	OPD Supervisor	On Leave
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
14.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Ms. Aanchal Jaiswal	Quality Executive	
19.	Dr. Himadri Mangain	Executive Hospital Operations	
20.	Ms. Prachi Negi	Quality Executive	
21.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
22.	Mr. Gaurav Raturi	Incharge-Pharmacy	
23.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	On Leave
24.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	On Leave
25.	Patient Care Executives	PCE	
26.	Mr. Amba Dutt	Hospital Security-Field Officer	



Himalayan Hospital

(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 17/11/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. Sushant Khanduri, Mr. Girish Chandra Uniyal, Mr. Vijay Thapliyal, Dr. Nupur Koul, Dr. Satish Uniyal, Mrs. Trishna, Mrs. Sunita Kumar, Mr. Pravesh Kr. Rawat, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. SS Rawat for Mr. Chandra Bhusan Anthwal, Mr. Pankaj Butola, Mr. Gaurav Rawat, Mr. Dheeraj Manwal for Mr. Rupesh Mehrotra, Ms. Aanchal Jaiswal, Dr. Himadri Mangain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt and Ms. Prachi Negi

Members not present: - Dr. (Brig) DC Joshi, Dr. Gurjeet Khurana, Dr. Vinish kumar Agarwal, , Mr. Vinod Juyal, Mr. DP Dharma, Mr. Mohit Jaiswal

Agenda Discussed: -

- i. Review of previous minutes of meeting.
- ii. Facility management & Safety Audit observations by Patient Safety Officer.
- iii. Review of Incidences and actions taken.
- iv. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	<p>Review of Previous minutes of meeting pending points.</p> <p>i. Disposal of Lead apron by authorized vendor</p> <p>ii. Clinical documentation issue: The non-compliance observations has been send to the Cardiac Care department for ensuring compliance.</p> <p>ii. Status of Facility related issue were discussed as:</p> <ul style="list-style-type: none"> • Gaps in doors of Isolation room: Financial approval for thermal insulated door has been sent by the engineering dept. • Renewal of ICU lift safety certificate • Seepage in room 104, 203 and 206 	<p>i. Dr. Satish Uniyal, Radiation Safety Officer suggested the name of vendor for collecting condemn lead apron and MMD has been asked to finalise the vendor.</p> <p>ii. Quality cell conveyed that the CCU department has initiated the corrective action for the non-compliances observations.</p> <ul style="list-style-type: none"> • Pending financial approval • Audit conducted and certificate received • Seepage treatment done 	<p>MMD to finalise the vendor 25.11.2025</p> <p>CCU dept. Ongoing</p> <p>Pending Engineering dept. Closed</p> <p>Closed</p>
2.	<p>Mr. Arvind Kumar, Patient Safety Officer presented audit observations</p> <p>Areas which needs improvement are discussed as:</p> <p>Medicine department:</p> <ol style="list-style-type: none"> i. Doctors handover to be implemented universally ii. Lack of SNDT in patient documentation in medicine department. iii. Risk, benefits, alternatives and complications not mentioned properly. 	<p>Committee decided to send all the observations to the concerned Head/ Incharge of the department for submitting the root cause and corrective and preventive actions.</p>	<p>Concerned Head/ Incharges 18.11.2025</p>



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4.	Incidences and action taken were presented with RCA and CAPA. The RCA and CAPA of one incident in PET CT of Code Violence was not found proper.	i. Committee conveyed to send the incident to the respective department for the proper RCA and CAPA.	PET CT 25.11.2025
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The meeting was adjourned at 4:10 pm with vote of thanks to the chair.

Prepared By:

V. Badoni
18/11/2025

Vaibhav Badoni
Member- Safety
&

Emergency Preparedness committee

Approved By:

RS Saini

Dr. (Brig) RS Saini
Chairperson - Safety
&

Emergency preparedness Committee

Cc:

Director- Hospital Services
Medical Superintendent
Dy. Medical Superintendent
Nursing & Dy. Nursing Superintendent

} for info

OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR, DEHRADUN

Ref: HH/MS/NABH//2025 /218

Dated: 09/10/2025

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 17/10/2025 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Facility Management & Safety audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.



Dr. (Brig) RS Saini
Dy. Medical Superintendent

&

Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 17/10/2025

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Facility management & safety audit observations by Patient Safety Officer.
3. Review of Incidences and Action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	On Leave
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	Mudit Kumar for Dr. Gurjeet
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	On Leave
5.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	Sushant
6.	Dr. Nupur Koul	Deputy Quality Manager (HCDRL)	Nupur Koul
7.	Dr. Satish Uniyal	Radiation Safety Officer	On Leave
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	Girish
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	On Leave
10.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	Sunita Kumar
11.	Mr. Vijay Thapliyal	Senior Engineer	Vijay Thapliyal
12.	Mr. Vinod Juyal	OPD Supervisor	On Leave
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	Pravesh
14.	Mr. Vaibhav Badoni	Assistant Manager- Quality	Vaibhav
15.	Mr. Arvind Kumar	Patient Safety Officer	Arvind
16.	Mr. Chandra Bhusan Anthwal S. S RAWAT	Dy. Chief Security Officer.	Chandra
17.	Mr. Pankaj Butola	Assistant Manager- MMD	Pankaj
18.	Ms. Aanchal Jaiswal	Quality Executive	Aanchal
19.	Dr. Himadri Mangain	Executive Hospital Operations	Himadri
20.	Ms. Prachi Negi	Quality Executive	Prachi
21.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	Sharad
22.	Mr. Gaurav Raturi	Incharge-Pharmacy	Gaurav
23.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	On Leave
24.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	On Leave
25.	Patient Care Executives	PCE	Patient Care Executives
26.	Mr. Amba Dutt	Hospital Security-Field Officer	Amba Dutt
Invitees (if any)			



Himalayan Hospital

(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 17/10/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. Nidhi (for Dr. Gurjeet Khurana), Dr. Sushant Khanduri, Mr. Girish Chandra Uniyal, Mr. Vijay Thapliyal, Dr. Nupur Koul, Mrs. Sunita Kumar, Mr. Pravesh Kr. Rawat, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. SS Rawat for Mr. Chandra Bhusan Anthwal, Mr. Pankaj Butola, Mr. Gaurav Rawat, Mr. Dheeraj Manwal for Mr. Rupesh Mehrotra, Ms. Aanchal Jaiswal, Dr. Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt and Ms. Prachi Negi

Members not present: - Dr. (Brig) DC Joshi, Dr. Vinish kumar Agarwal, Dr. Satish Uniyal, Mrs. Trishna, Mr. Vinod Juyal, Mr. DP Dharma, Mr. Mohit Jaiswal

Invitees:

Mr. Dheeraj Manwal, Mr. Balwant Singh Rawat

Agenda Discussed: -

- i. Review of previous minutes of meeting.
- ii. Facility management & Safety Audit observations by Patient Safety Officer.
- iii. Review of Incidences and actions taken.
- iv. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	<p>Review of Previous meeting pending points. The previous minutes of meeting point</p> <ol style="list-style-type: none">i. Shortage of routine maintenance itemii. Disposal of Lead apron by authorized vendor	<ol style="list-style-type: none">i. Mr. Girish Uniyal informed that the issue has been addressed by the Material Management Department.ii. Mr. Girish Uniyal informed that the Engineering Department has identified dedicated vendor for hazardous waste collection. Since lead aprons fall under the hazardous category, the same vendor can be used for disposal. As Dr. Satish Uniyal was not present, it was decided to discuss the matter with him separately.	<p>Closed</p> <p>Pending</p>



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2.	<p>Audit Findings Presented by Mr. Arvind Kumar, Patient Safety Officer</p> <p>i. Clinical Documentation Issues – Incomplete patient counselling sheets and consent forms, unauthorized cuttings, use of error-prone abbreviations, and incomplete surgical safety checklists in CCU, NICU, 215, ICU, 106, 204, 206, 203.</p> <p>ii. Ventilator Filter Cleaning Schedule discussion held with BME representative.</p> <p>iii. Facility related issue were presented</p> <ul style="list-style-type: none"> • Gaps in doors of isolation rooms (ICU) • Updating ICU safety audit certification • Relocation of drinking water points in Wards 106 and 206 • Repositioning of AHU unit in Emergency Dept. • Seepage in Rooms 104, 203, and 206 	<p>i. Chairperson instructed that these observations be circulated to all concerned doctors to ensure strict compliance with documentation standards.</p> <p>ii. Committee directed the BME Department to prepare and implement a periodic cleaning schedule for all ventilator filters.</p> <p>iii. All observations related to facility issues will be sent to the Engineering Department for corrective action at earliest</p>	<p>Concerned doctors Ongoing</p> <p>Bio medical Engineering Department – Ongoing</p> <p>Engineering dept 30/10/2025</p>
3.	<p>Review of incidences and action taken: Ms. Anchal Jaiswal presented the incidences and action taken.</p> <p>i. Code Red incidents</p>	<p>i. Root cause analysis presented by engineering team attributed the incidents to compressor overheating caused by doors being left open while the air conditioning was running.</p>	<p>MS office 24/10/2025</p>
4.	<p>Other discussion:</p> <p>i. Cleaning of ICU Slippers: Concerns were raised regarding the improper cleaning of ICU slippers.</p>	<p>i. Matter to be conveyed to the Area Infection Prevention & Control Nurse and the ICU In-charge for immediate corrective action.</p>	<p>Infection prevention and control nurse and Incharge Ongoing</p>

The meeting was adjourned at 4:35 pm with vote of thanks to the chair.

Prepared By:

Vaibhav Badoni
Member- Safety
&

Emergency Preparedness committee

Approved By:

Dr. (Brig) RS Saini
Chairperson - Safety
&

Emergency preparedness Committee



**OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR**

Ref: HH/MS/NABH//2025 /213

Dated: 28/08/2025

MEETING CIRCULAR

To,
All Hospital Safety & Emergency Preparedness Committee members
This is to inform all that committee meeting will be held on 06/09/2025 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Presentation of Corrective action taken by engineering dept. against the observation raised by Patient Safety Officer.
- iii. Facility Management & Safety audit observations by Patient Safety Officer.
- iv. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent
&

Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 06/09/2025

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Presentation of Corrective action taken by engineering dept. against the observation raised by Patient Safety Officer.
3. Facility management & safety audit observations by Patient Safety Officer.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	On Leave
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	On Leave
5.	Dr. Barnali Kakati	Professor-Microbiology	On Leave
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	On Leave
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	On Leave
12.	Mr. Vijay Thapliyal	Senior Engineer	
13.	Mr. Vinod Juyal	OPD Supervisor	
14.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
15.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
16.	Mr. Arvind Kumar	Patient Safety Officer	
17.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	
18.	Mr. Pankaj Butola	Assistant Manager- MMD	
19.	Ms. Aanchal Jaiswal	Quality Executive	
20.	Dr. Himadri Mangain	Executive Hospital Operations	
21.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
22.	Mr. Gaurav Raturi	Incharge-Pharmacy	
23.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	On Leave
24.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	On Leave
25.	Patient Care Executives	PCE	
26.	Mr. Amba Dutt	Hospital Security-Field Officer	



Himalayan Hospital

(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 06/09/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. Divya Gupta for Dr. Gurjeet Khurana, Mr. Girish Chandra Uniyal, Dr. Satish Uniyal), Mr. Vijay Thapliyal, Mrs. Trishna Mrs. Sunita Kumar, Mr. Vinod Juyal, Mr. Pravesh Kr. Rawat, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. Chandra Bhusan Anthwal, Mr. Pankaj Butola, Mr. Gaurav Rawat, Ms. Aanchal Jaiswal, Dr. Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt and Ms. Prachi Negi

Members not present: - Dr. (Brig) DC Joshi, Dr. Barnali Kakati, Dr. Sushant Khanduri, Dr. Vinish kumar Agarwal, Mr. DP Dharma, Mr. Mohit Jaiswal

Agenda Discussed: -

- i. Review of previous minutes of meeting.
- ii. Presentation of corrective action taken by engineering dept. against the observation raised by Patient Safety Officer.
- iii. Facility & Safety audit observations by Patient Safety Officer.
- iv. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous meeting pending points. The previous minutes of meeting point i. Engineering to present the action taken against the non-compliances.	i. Mr. Vijay Thapliyal, Senior Engineer presented the action taken against the non-compliances.	Closed
2.	Mr. Vijay Thapliyal, Senior Engineer presented the progress made on non-compliances projected by Patient Safety Officer. Mr. Vijay Thapliyal raised ongoing concerns that need attention from various departments. i. Humidity control: Doors in the operating theaters (OT) and other critical areas are being left open, making it difficult to maintain the required humidity and temperature. ii. A shortage of routine maintenance materials is causing delays in completing work orders. iii. Complaint Registration: Complaints are frequently reported via phone, in off duty hours from various wards	i. Dr. Divya Gupta, representing the OT department, was instructed to ensure all staff are aware that doors must remain closed. The chairperson, Dr. (Brig) R.S. Saini, noted that CCTV footage may be used to identify and counsel staff who repeatedly fail to comply. ii. The Materials Management Department (MMD) representative was directed to create a prioritized list of essential materials and maintain a minimum stock. A separate meeting will be held between Engineering and MMD to resolve this issue. iii. The Deputy Nursing Superintendent was instructed to inform all nursing staff that complaints must be registered through the	ICU & OT Department - Ongoing MS Office, MMD & Engineering - A separate meeting to be scheduled Nursing administration



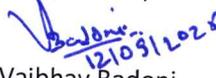
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	and not entered in complaint portal later. This makes it difficult to track and record their completion.	online portal. While phone calls are acceptable for after-hours issues, the complaint must be formally registered online the following morning.	ongoing
2.	<p>Mr. Arvind Kumar, Patient Safety Officer, presented findings from a recent audit, the audit found issues with:</p> <p>i. Clinical Documentation: Incomplete filling of Patient counselling sheet, consent form, cutting without countersignature, use of error prone abbreviations, incomplete surgical safety checklist.</p> <p>ii. Issues pertaining to seepage, water leakage were presented in the meeting.</p>	<p>i. Chairperson conveyed to send these observations to all concerned doctors to ensure they comply with documentation standards.</p> <p>ii. All observations related to facility issues will be sent to the Engineering Department for corrective action.</p>	<p>Concerned doctors Ongoing</p> <p>Engineering Department - By 22/09/2025</p>
3.	<p>Other observations:</p> <p>i. Dr. Satish Uniyal, Radiation Safety Officer, raised a long-standing issue regarding the disposal of condemned lead aprons. A suitable vendor has been suggested to MMD, but a system is not yet in place.</p>	<p>i. Mr. Pankaj Butola, representing MMD, was instructed to find an authorized agency to collect and dispose of the condemned lead aprons.</p>	<p>MMD 22/09/2025</p>

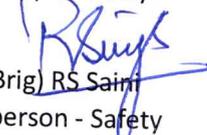
The meeting was adjourned at 4:20 pm with vote of thanks to the chair.

Prepared By:


12/09/2025
Vaibhav Badoni
Member- Safety
&

Emergency Preparedness committee

Approved By:


Dr. (Brig) RS Saini
Chairperson - Safety
&

Emergency preparedness Committee

Cc:

Director- Hospital Services
Medical Superintendent
Dy. Medical Superintendent
Nursing & Dy. Nursing Superintendent

for info



OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR



Ref: HH/MS/NABH//2025 /211

Dated: 28/07/2025

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 30/07/2025 at 3:30 PM in the board room of MS Office.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Facility & Safety audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent
&

Chairperson- Hospital Safety & Emergency Preparedness Committee

Cc:

- Director- Hospital Services
- Director- CRI
- Medical Superintendent



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 30/07/2025

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Facility & Safety audit observations by Patient Safety Officer.
3. Review of Incidences and action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
7.	Dr. Satish Uniyal	Radiation Safety Officer	(For)
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	
12.	Mr. Vijay Thapliyal	Senior Engineer	
13.	Mr. Vinod Juyal	OPD Supervisor	
14.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
15.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
16.	Mr. Arvind Kumar	Patient Safety Officer	
17.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	
18.	Mr. Pankaj Butola	Assistant Manager- MMD	
19.	Ms. Aanchal Jaiswal	Quality Executive	
20.	Dr. Himadri Mamgain	Executive Hospital Operations	
21.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
22.	Mr. Gaurav Raturi	Incharge-Pharmacy	
23.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	
24.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
25.	Patient Care Executives	PCE	
26.	Mr. Amba Dutt	Hospital Security-Field Officer	

Himalayan Hospital
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Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 30/07/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Gurjeet Khurana, Dr. Sushant Khanduri, Dr. Vinish kumar Agarwal, Mr. Sarthak (for Dr. Satish Uniyal), Mr. Vijay Thapliyal, Mrs. Trishna Mrs. Sunita Kumar, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. Chandra Bhusan Anthwal, Mr. Pankaj Butola, Ms. Aanchal Jaiswal, Dr. Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt

Members not present: - Dr. Barnali Kakati, Mr. Girish Chandra Uniyal, Dr. Ravikant, Mr. Pravesh Kr. Rawat, Mr. DP Sharma, Mr. Mohit Jaiswal

Agenda Discussed: -

Review of previous minutes of meeting.

- i. Facility & Safety audit observations by Patient Safety Officer.
- ii. Review of incidences and action taken.
- iii. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and congratulated the members that all NC's are accepted on the evidence submitted to NABH. He also conveyed that all the new process initiated after this inspection shall be included in their quality indicators list of departments.			
1.	<p>Review of Previous meeting pending points.</p> <p>Mr. Vaibhav Badoni presented the previous minutes of meeting point</p> <ol style="list-style-type: none"> i. Update on work completion of 3C disaster ward: ii. Code Red & Code Green mockdrill in ICU: Plan was shared along with the members who will be responsible for conducting mockdrill in ICU 	<ol style="list-style-type: none"> i. Work completed- Closed ii. Mockdrill conducted- Closed. 	NA
2.	<p>Facility & Safety audit observations were presented by Patient Safety Officer. Observations which are recurring in nature and needs urgent engineering attention were discussed in the meeting.</p> <ol style="list-style-type: none"> i. High Humidity: High humidity in ICU and OT areas was highlighted by the PSO. Engineer Mr. Vijay Thapliyal claimed the reason for high humidity was due to doors remains open. He brought out that 	<ol style="list-style-type: none"> i. Chairperson, Dr. (Brig) RS Saini conveyed Mr. Vijay Thapliyal to prepare the advisory for the user which includes the points to be ensured by the users for maintaining the humidity. It was also suggested to take 	Engineering dept. to give action taken report by 11/08/2025

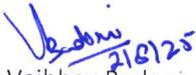


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	<p>in OT reason was due to non-availability of AC in pre-op corridor area.</p> <p>ii. Filling of gaps between the Isolation doors in ICU was pending from a long time.</p> <p>iii. Rain water leakage in CCU & CTVS, Broken flooring in ICU also the main concern presented by PSO.</p> <p>iv. Incomplete doctor's handover, Incomplete patient/ family counselling, Incomplete APACHE form, used of unapproved abbreviations from CCU dept., surgery dept., neurosurgery dpt. And ICU were presented.</p>	<p>opinion from the external HVAC expert for this recurring issue of high humidity.</p> <p>ii. Chairperson conveyed to findout the permanent solution for the same.</p> <p>iii. Chairperson conveyed to take immediate action on the observations and instructed engineering representative to themselves take frequent rounds to address these issues.</p> <p>iv. Chairperson conveyed to send all the observations to respective HODs for ensuring corrective action taken and also to ensure NABH compliance.</p>	<p>Engineering dept. to give action taken report by 11/08/2025</p> <p>Engineering dept. to give action taken report 11/08/2025</p> <p>HOD- of respective dept. to submit the action taken against these non-compliances 10/08/2025</p>
2.	Ms. Aanchal, Quality Executive presented the incidences and action taken.	Approved	Nil

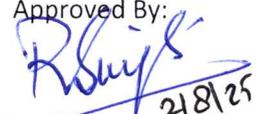
The meeting was adjourned at 4:20 pm with vote of thanks to the chair.

Prepared By:


Vaibhav Badoni
Member- Safety
&

Emergency Preparedness committee

Approved By:


Dr. (Brig) RS Saini
Chairperson - Safety
&

Emergency preparedness Committee

Cc:

Director- Hospital Services
Medical Superintendent
Dy. Medical Superintendent
Nursing & Dy. Nursing Superintendent

} for info



**OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR**

Ref: HH/MS/NABH//2025 /180

DATED: 25/04/2025

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 29/04/2025 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Review of NABH Mock surveillance assessment observations.
- iii. Facility & Safety audit observations by Patient Safety Officer.
- iv. Review of Incidences and action taken.
- v. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent
&

Chairperson- Hospital Safety & Emergency Preparedness Committee

Cc:

- Director- Hospital Services
- Director- CRI
- Medical Superintendent



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 29/04/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Vinish kumar Agarwal, Dr. Satish Uniyal, Mr. Girish Chandra Uniyal, Dr. Ravikant, Mrs. Trishna Mrs. Sunita Kumar, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. Pravesh Kr. Rawat,, Mr. Chandra Bhusan Anthwal, Mr. DP Dharma, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt

Members not present: - Dr. Gurjeet Khurana, Dr. Sushant Khanduri, Dr. Barnali Kakati, Mr. Pankaj Butola

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. NABH mock surveillance rounds audit observations.
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
	Dr. (Brig) R.S. Saini, chairperson & Dr. (Brig) DC Joshi, Member Secretary welcomed all and asked to proceed the meeting agenda.		
1.	Review of Previous meeting pending points. Mr. Vaibhav Badoni presented the previous minutes of meeting point a.Update on work completion of 3C disaster ward: b.Code Red & Code Green mockdrill in ICU: Plan was shared along with the members who will be responsible for conducting mockdrill in ICU.	a. Inprocess. b. Pending. To be conducted soon.	Engineering to give update & 04.05.2025 Safety Committee members 10.05.2025
2.	NABH mock surveillance rounds audit observations for the different departments were presented in the committee. Reports attached.	Dr. (Brig) RS Saini conveyed to send the report to the individual department for ensuring necessary action taken against these non-compliances raised during	Individual department to send their corrective actions with evidenced by 05.05.2025
3.	Review of incidences and action taken: Two major incidences one of Code Red	Chairperson conveyed to conduct proper root cause analysis and	Engineering dept & Pharmacovigilance dept.



Himalayan Hospital
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and other of adverse drug reaction were discussed in the committee.	corrective and preventive action taken for these incidences.	05.05.2025
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The meeting was adjourned with vote of thanks to the chair.

Prepared By:

V. Badoni
29/04/2025

Vaibhav Badoni
Member- Safety
&
Emergency Preparedness committee

Approved By:

RS Saini

Dr. (Brig) RS Saini
Chairperson - Safety
&
Emergency preparedness Committee

Cc:

- Director- Hospital Services
- Medical Superintendent
- Dy. Medical Superintendent
- Nursing & Dy. Nursing Superintendent



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 29/04/2025

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. NABH mock surveillance rounds audit observations.
3. Review of Incidences and action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	On Leave
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	On Leave
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	On Leave
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	
12.	Mr. Vinod Juyal	OPD Supervisor	
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
14.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	On Leave
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr .Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	
21.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
22.	Dr. Urvashi Semwal	Quality Executive	
23.	Dr. Himadri Mangain	Executive Hospital Operations	
24.	Patient Care Executives	PCE	
25.	Mr. Amba Dutt	Hospital Security-Field Officer	

Observations- Mock Surveillance Assessment Audit – Himalayan Hospital, Jolly grant, Dehradun

Front Office- Registration, Admission & Billing and Out-Patient Department		
Sr. No.	Standards	
1	MOM 4 a,d; PRE 6 a,b	<ul style="list-style-type: none"> OPD prescriptions were frequently not written in capital letters; also prescriptions included error-prone abbreviations such as BD and OD, etc. Additionally, the handwriting on several prescriptions was illegible. No display of availability of Tariff list evidenced.
2	PRE 7 d	<ul style="list-style-type: none"> Although suggestion /complaint boxes were present, but there is no display of the mechanism for 'how to voice a complaint'.
3	HIC d	<ul style="list-style-type: none"> No Hand washing facility was evident in one of the medicine OPD.
4	FMS	<ul style="list-style-type: none"> Seepage was evidenced in CRI OPD.
5	AAC COP	<ul style="list-style-type: none"> Physician sample were found in the cardiac OPD camber.
Dental		
Sr. No.	Standards	
1	AAC 11 a-g	<ul style="list-style-type: none"> Although the radiation safety programme was evidenced and documented, including the usage of safety equipment and TLD badges, lead apron but no records of periodic checks were present with the concerned department.
2	COP a, b, e	<ul style="list-style-type: none"> Interviewed Staff was not aware about CPR policy and not trained on BLS protocols. Although the Code Blue drill was conducted and the response was evidenced as satisfactory, the following observations were noted: <ol style="list-style-type: none"> CPR was initiated on the dental chair, which was not appropriate as the patient was not shifted to a flat surface. The observer did not have the Code Blue event recording running sheet. Also no display of CPR poster was evidenced in that area. Announcement system required to install in CRI Dental OPD area.

3	FMS7	<ul style="list-style-type: none"> The fire exit plan is displayed on the ground floor near the Nuclear Medicine department in the CRI building; however, it is not illuminated, which may hinder visibility during low light or emergency situations.
4	COP & HIC	<ul style="list-style-type: none"> Formulation of SOP for the newly constructed dental lab, including infection control practices, is required.
Sr. No.	Standards	Housekeeping
1	FMS 3e	<ul style="list-style-type: none"> Some Staff were not properly aware of Major Spill Management Protocols (e.g., for Radioactive Spillage, Blood spill kit, Pharmaceutical Spillage, Oil or Fuel Spillage, etc).
Sr. No.	Standards	Kitchen
1	FMS 4c	<ul style="list-style-type: none"> No Maintenance plan for machinery evidenced both in IPD & OPD Kitchen. No calibrations & preventive maintenance stickers & records of the machines of the OPD kitchen such as weighing machine, etc. evidenced.
2	FMS 7a-e	<ul style="list-style-type: none"> Partial fire safety awareness / fire fighting equipment were observed among staff in IPD kitchen.
3	FMS7, 8	<p>OPD Kitchen-</p> <ul style="list-style-type: none"> Scrap material was evidenced near storage of LPG cylinders and also area was not restricted. No flammable signage /poster was evidenced - storage of LPG cylinders. No separation of running, filled and empty of LPG Cylinders evidenced. Fire extinguisher was not wall mounted evidenced. No Fire extinguisher was evidenced near the items stock storage area. Items were observed stored at a height, posing a risk of falling.
4	HIC 4 d	<ul style="list-style-type: none"> No Biomedical waste management posters were evidenced in OPD kitchen.
5	HIC 4f	<ul style="list-style-type: none"> In OPD Kitchen, although pest control activities is conducted and documentation was done but No evidenced of pest control MOU.
6	HIC 4 f	<ul style="list-style-type: none"> No food testing records evidenced in OPD Kitchen.

7	FMS3c	<ul style="list-style-type: none"> In OPD Kitchen, Loose wiring and seepage was evidenced.
8	ROM 3 c	<ul style="list-style-type: none"> Although OPD Kitchen have the licence but No display of FSSAI Licence was evidenced.
Sr. No.	Standards	Laundry & Linen
1	HIC 4e	<ul style="list-style-type: none"> Partially adhere to infection control protocols in some staff in the laundry department was evident. The proper labelling of linen types on the trolleys was not observed in accordance with the standards. No labelling with protocols of the properly designated dipping area for infected linen was evidenced.
2	FMS 3c	<ul style="list-style-type: none"> There are evidences showing open wires and plugs in the laundry, which may pose the risk of occupational hazards and even lead to a sentinel event. The staffs working in laundry were partially aware of on the prevention of various occupational hazard and safety protocols.
3	FMS 3e	<ul style="list-style-type: none"> No Spill kit & also the staff were partially aware about the Spill Management Protocols.
4	FMS 7 a-e	<ul style="list-style-type: none"> Staff members were partially aware of the fire safety protocols, and operating of the fire safety equipment.
Sr. No.	Standards	Pharmacy (IPD & OPD)
1	MOM 1 a,b,c,d,e,f & 2a,c,d,e	<ul style="list-style-type: none"> No Hospital Drug Formulary was available, and no mechanism for vendor evaluation was evidenced in both IPD and OPD pharmacies. Additionally, clinicians did not have access to it for reference.
2	MOM 3a-g	<ul style="list-style-type: none"> No implementation of inventory control practices was evidenced in the OPD pharmacy, such as alphabetical ordering, VED, and ABC analysis. Additionally, there was no evidence of air conditioning in the area, despite the presence of humidity. No records evidenced of stock outs, local purchase in OPD pharmacy.

3	MOM 6d,e,f	<ul style="list-style-type: none"> No proper labelling of expiry dates was observed on cut strip medicines, especially in the OPD pharmacy-main building. Additionally, numerous cut strips were evident. Although the main IPD pharmacy had labelled expiry dates on the strips, in the CRI pharmacy, it was only partially evident. In CRI pharmacy Interviewed staff showed a lack of training on emergency codes, as well as on the high alert, LASA drugs policy.
4	MOM 9a,b,d	<ul style="list-style-type: none"> Narcotics are securely stored under double locks in the CRI pharmacy, but in the main IPD pharmacy, they were stored under a single lock; however, no updated license was evidenced as displayed. While the narcotics dispensing process is documented, there is no uniform process in place for the disposal of empty ampoules/vials used for narcotics as per NDPS Act.
Sr. No.	Standards	Sample Collection Area (New Building)
1	HIC	<ul style="list-style-type: none"> No Labelling on the sample was evidenced.
2	COP	<ul style="list-style-type: none"> No inventory of the refrigerator items was evidenced.
Sr. No.	Standards	Laboratory
1	AAC 8a-d	<ul style="list-style-type: none"> Although Hazard identification & Risk Assessment evidenced but some staffs were not properly trained. Although fire safety measures & equipments (smoke detectors) evidenced but staff training was lacking.
2	FMS 3 f	<ul style="list-style-type: none"> Spill kits were evidenced on all floors in the lab sections; however, staff training was lacking.
Sr. No.	Standards	Cardiac Diagnostics
1	HRM	<ul style="list-style-type: none"> Technicians of ECG, Echo, TMT, Halter were not BLS trained.
Sr. No.	Standards	Wards (Old / New / CRI)
1	AAC 5 f	<ul style="list-style-type: none"> Although MEWS are being used across the hospital, staffs were only partially aware of the use of early warning scores.
2	AAC 12 a-i	<ul style="list-style-type: none"> Transfer and referral processes are implemented across the hospital, but incomplete form (3729959), were evidenced, missing of transfer summary, reason, and any special precautions.

		<ul style="list-style-type: none"> No documentation of handling or taking over by doctors was evidenced in some wards.
3	COP 5 a, b, e	<ul style="list-style-type: none"> Although all ward's Emergency crash carts are appropriately arranged according to guidelines, it is also required to mark the high-alert drugs with red inside the drawer containers/boxes individually.
4	COP 7 a-g	<ul style="list-style-type: none"> Consent forms were taken from the patient, but the procedure's risks, benefits, complications, and alternatives were missing – 3555650, 3535650, 3724323 Surgical Safety checklist not complete in terms of Sign in, Time out and surgeons signature for 02 of the Post surgical patients observed (3730225, 3173309).
5	COP 16	<ul style="list-style-type: none"> Monitoring for DVT not conducted for patients. Monitoring of the Well's Criteria was evidenced as incompletely filled- 3729959.
6	AAC 13 a-e	<ul style="list-style-type: none"> Missing of "When & how to obtain urgent care" & "Nutritional / diet advice/ plan" in the patient discharge summary (3729959).
7	MOM 4a-i	<ul style="list-style-type: none"> In the viewed patient file (3719672, 3535650, 3555650, - No prescriptions of medicines in CAPITAL letters with appropriate dose, frequency, etc.
8	PRE 5	<ul style="list-style-type: none"> Patient and family education / Counselling are being conducted but documentation of the same was not evidenced in the patient medical record. - UHID -3655638, 3702979, 3729959, 3563634.
9	COP 19 a-f	<ul style="list-style-type: none"> Incomplete Nutritional assessment forms were evidenced in CRI -general ward (3535650).
10	FMS 1 a-b	<ul style="list-style-type: none"> In cardiac ward, some patients side railing (04) were not up and in day care 02 beds were not having side railings.
11	IMS 3 a, c, d	<ul style="list-style-type: none"> Entries made in medical records like consent, nurse's notes, doctor's notes were not identified. SNDT not followed. – Handover sheets, SSCL, Progress notes. Also not on the implemented register for handovers/ takeovers (Doctors).
Sr. No.	Standards	Emergency
1	AAC 1 c	<ul style="list-style-type: none"> Scope of services was not displayed prominently near emergency. No directional Signage's for way to EMR ward, etc. were evident.
2	AAC 2e, COP 9e, b	<ul style="list-style-type: none"> No display of Admission criteria for EMR ICU was evident.

3	COP 2a-g	<ul style="list-style-type: none"> No evidenced of capturing of O2 identification marks in MLC Cases (3731797).
4	COP 1 e	<ul style="list-style-type: none"> No Clinical Care pathways were developed and being followed and also not evidenced.
5	COP 4	<ul style="list-style-type: none"> No evidenced of Disaster management protocol was displayed in ER.
6	COP 7 a-g	<ul style="list-style-type: none"> Not evidenced of procedure safety checklist being followed during the procedure conducted in ER minor OT, day care OT.
7	MOM 3b-g	<ul style="list-style-type: none"> Emergency crash carts are appropriately arranged according to guidelines, it is also required to mark the high-alert drugs with red inside the drawer containers/boxes individually.
Sr. No.	Standards	Dialysis
1	COP 5 b	<ul style="list-style-type: none"> Staff training needs to be conducted on BLS protocols.
2	MOM 3 e, f, g	<ul style="list-style-type: none"> No marking of High Risk and Emergency drugs were not identified.
3	FMS 3 b, e, f	<ul style="list-style-type: none"> Although spill kits are present in the department, the housekeeping staffs was not aware of spill management procedures, and biomedical waste management as evidenced that the staff member was new.
4	FMS HIC	<ul style="list-style-type: none"> Storage of items at a height is evident, which is causing obstruction and poses a risk of falling and fire hazards.
Sr. No.	Standards	Medical Record Department
1	AAC 14 b-g	<ul style="list-style-type: none"> Case records sampling- In reviewed sample (3718805), incomplete of the consent forms, prescriptions not in capital letter with proper orders, used of error prone abbreviations, cuttings were done, missing of doctors sign, name, date & time in some sheets, time of admission, missing of when and how to obtain urgent care & diet advice, discharge summary acknowledge by patient / family.
2	FMS7	<ul style="list-style-type: none"> Staff training needs to strengthen – operating of the fire safety equipment & types.
3	FMS7	<ul style="list-style-type: none"> The placed Genset in the MRD area, posing a potential fire hazard. Additionally, there is no installation of electrical-free mats in the area. The environment exhibits humidity, and there are no records available to indicate that the humidity levels are being monitored.

Sr. No.	Standards	Operation Theatre
1	COP 14g	<ul style="list-style-type: none"> In the Main OT complex, the documented time for the surgical safety checklist did not match the OT notes, but instead, matched the incision time, which is a potential discrepancy in procedural documentation.
2	MOM	<ul style="list-style-type: none"> The OT cart was not in compliance with guidelines, and open ampoules were found in the crash cart after the OT case, posing a risk of contamination and is not in line with safe medication management practices.
3	MOM	<ul style="list-style-type: none"> A loaded narcotic drug was observed without appropriate labelling, storage, or documentation of disposal, which is not in compliance with standard protocols for handling controlled substances. In the patient file, it was observed that prescriptions were not written in capital letters as recommended and error-prone abbreviations were used. This practice can lead to misinterpretation and may compromise patient safety concerns.
4	HIC 4	<ul style="list-style-type: none"> In sterile area, evidenced of the storage of the unsterile items. Also door was found opened. In the reuse policy annexure, it was observed that the list of items intended for multiple uses did not include the specified frequency of reuse, which may lead to inconsistency in practice and non-compliance with infection control protocols.
5	COP8 c,d	<ul style="list-style-type: none"> In CRI OT, evidenced that the blood transfusion consent form was not filled out properly.
6	COP HIC	<ul style="list-style-type: none"> Adverse Drug Reaction (ADR) documentation needs to be consistently captured, and the same should be discussed during monthly review and committee meetings to ensure continuous monitoring and improvement in patient safety practices.
7	HIC FMS4	<ul style="list-style-type: none"> A hydrometer needs to be installed to measure and maintain proper humidity levels in Barrier Nursing Room in postoperative.
8	FMS4 HIC	<ul style="list-style-type: none"> Seepage was evidenced in Endoscopy area in CRI OT. In the CRI OT - endoscopy area, autoclave calibration is required to ensure effective sterilization. Additionally, certain instruments were identified as needing replacement due to wear or potential compromise in functionality.
9	HIC 4 a-f	<ul style="list-style-type: none"> No differential pressure was maintained in the CVTS OT, which is necessary for infection control and air quality management.
S. No.	Standards	Information Technology

1	IMS a-g	<ul style="list-style-type: none"> • Software license version numbers need to be implemented.
2	IMS 6 a-d	<ul style="list-style-type: none"> • Equipment breakdown CAPA and its analysis were not evidenced.
3	FMS 7 e	<ul style="list-style-type: none"> • Mock drill for IT equipment breakdown, along with its CAPA and analysis, conducted in the last one month, needs to be documented.
S. No.	Standards	Bio-Medical Engineering
1	FMS 4a-h;	<ul style="list-style-type: none"> • Inventory list present with the hospital, but some of the Assets coding for all the equipment were not done. • Details of some equipment were missing from the master list, and expired equipment was found in the Cath Lab (defibrillator, BP monitor, IBP, pacemaker). • Critical breakdowns, along with their CAPA and analysis, need to be properly documented.
S. No.	Standards	Medical gas manifold, Electrical panel & Genset area
2	FMS 3e, 5 a-h	<ul style="list-style-type: none"> • Hazardous and restricted entry signage's need to be displayed in Hindi, only in English language evidenced in Medical gas manifold, Electrical panel & Genset area . • Scrap and hazardous waste materials were evidenced in the backside of the gas manifold area. • Open closet & wirings were evidenced. • Filled O₂ cylinders (B type) and jumbo cylinders were found unsecured, without appropriate chaining. • The mat present in the electrical panel room was found to be inappropriate for ensuring electrical safety.
S. No.	Standards	Nuclear Medicine
1	ROM 2 HRM, AAC 9b	<ul style="list-style-type: none"> • The Memoranda of Understanding (MOUs) for the PET CT was not evidenced. • Credentialing and privileging of the staff working in the Nuclear Medicine department is required. • Personnel files for Nuclear Medicine Technicians need to be maintained.
2	COP MOM	<ul style="list-style-type: none"> • An SOP (Standard Operating Procedure) for Nuclear Medicine needs to be formulated.

3	MOM	<ul style="list-style-type: none"> Vendor evaluations need to be conducted as per the selection criteria.
4	PSQ MOM	<ul style="list-style-type: none"> Adverse Drug Reactions (ADRs) are being captured; however, they have not been escalated to upper management to date.
5	AAC 11a-g	<ul style="list-style-type: none"> A lead apron was observed hanging behind the door, which may pose a risk of physical damage and not align with recommended storage practices for radiation protection apparel.
6	FMS / HIC	<ul style="list-style-type: none"> Seepage was evidenced in the ground floor area in nuclear medicine.
S. No.	Standards	ICU: SICU / MICU/ PICU/ NICU/ RICU / CICU or CCU
1	HRM / FMS	<ul style="list-style-type: none"> Point of Care Testing (POCT) Quality Control: It is suggested to strengthen the quality control measures for POCT to ensure accuracy, reliability, and standardization of results. Also no documentation of training of staff by the external trainer was evidenced in ICU's.
2	COP	<ul style="list-style-type: none"> No appropriate handover process by doctors was observed in SICU, PICU, MICU, and CICU, which may impact continuity of care and patient safety.
3	HRM	<ul style="list-style-type: none"> ACLS Training for Residents: Five residents were found not to be trained in Advanced Cardiac Life Support (ACLS), which is essential for effective emergency response. ACLS Training for Nurses: Out of 40 nurses, 24 in the SICU/ PICU/ RICU were not trained in ACLS. A similar training gap was noted in the other ICU's, indicating a need for enhanced training coverage.
4	COP	<ul style="list-style-type: none"> Prescriptions in the reviewed patient files in the ICU's were not written in capital letters as recommended. Additionally, error-prone abbreviations, overwriting, and cuttings were present, posing risks to patient safety due to potential misinterpretation. Consent forms were found to be incomplete, lacking critical information such as risks, benefits, alternatives, and potential complications of the proposed procedures. This compromises informed consent and is not in alignment with patient rights and ethical standards.
5	AAC 4	<ul style="list-style-type: none"> Initial assessment being conducted however it was not completed in terms of medical reconciliation, doctors hand signature, Date and time. Time for transfer of patient in initial assessment not being documented in doctors' initial assessment.

6	AAC 12	<ul style="list-style-type: none"> • Although the Transfer handover is being done across the hospital however transfers handover not being documented for patients shifting from ER to other areas of the hospital, and during shifting of patient for diagnostics, Cath lab. • Transfer and referral processes are implemented across the hospital, but incomplete forms were evidenced, missing of transfer summary, reason, and any special precautions. • No documentation of handling or taking over by doctors was evidenced in some wards.
7	COP 1	<ul style="list-style-type: none"> • No evidences for multidisciplinary and Multi speciality care was being documented. • No evidences of Multidisciplinary counselling for patient were evident.
8	COP 7	<ul style="list-style-type: none"> • Procedure safety checklist not appropriately documented in the patient medical records. Provision for time out not present in the checklist.
9	COP 9	<ul style="list-style-type: none"> • Admission and discharge criteria for the ICU were not displayed. • Counselling of patient being done but the same was not being documented in the patient medical records uniformly (HDU).
10	COP 11	<ul style="list-style-type: none"> • The scope of services is not displayed in the NICU. • Although the initial assessment for all the patients was being conducted however Neonate specific Initial assessment not being done initial assessment in NICU was being done in paediatric initial assessment.
11	COP 16	<ul style="list-style-type: none"> • Deep Vein Thrombosis (DVT) assessment was not being conducted in the Respiratory ICU. This is essential for identifying and preventing potential complications, and should be incorporated into routine patient assessments to ensure optimal care.
12	MOM 4	<ul style="list-style-type: none"> • Medication reconciliation is not being uniformly documented. Consistent documentation of medication reconciliation is essential to ensure accurate medication management, avoid errors, and ensure patient safety.
13	PRE 5	<ul style="list-style-type: none"> • Although the patient and family education being done but same was not done based on the patients need and is not being documented in the patient records.
S. No.	Standards	Human Resource (HR)

1	HRM13.c, 7d	<ul style="list-style-type: none"> • Credentialing and privileging processes require strengthening. Additionally, communication of granted privileges to relevant departments and concerned staff should be ensured for proper implementation. • The staff appraisal process needs to be strengthened to ensure regular, documented evaluations aligned with job responsibilities and performance indicators. • Completion of annual health check-ups for staff is pending, which is essential for maintaining workforce health and compliance with occupational health standards. • Training records were not found maintained in the respective personnel files, indicating a gap in documentation and tracking of staff development and competency. • Trainer evaluation was not evidenced, indicating a lack of documented feedback or assessment of the effectiveness of training programs and instructors.
S. No.	Standards	Engineering
1	ROM FMS	<ul style="list-style-type: none"> • Although an application for an updated Spirit License has been submitted, the license has not been received yet.
2	FMS	<ul style="list-style-type: none"> • No electrical safety inspection records were evidenced, which is essential for ensuring compliance with safety regulations and preventing potential hazards. • There was no evidence of training evaluations for the electrical technician, which are necessary to ensure the technician's competency and adherence to safety standards.
3	FMS	<ul style="list-style-type: none"> • The annual maintenance plan was not updated, and there was no evidence of maintenance records for systems such as solar panels and rainwater harvesting. Regular updates are required to ensure all systems are properly maintained and functional.
4	FMS	<ul style="list-style-type: none"> • No records of external resource -alternative water testing were available, which are crucial for ensuring water quality and safety in the facility.
S. No.	Standards	Infection control
1	HIC 2b/ PSQ	<ul style="list-style-type: none"> • The budget does not include provisions for Human Resources, surveillance activities, and sterilization and disinfection activities, which are essential for operational effectiveness.
2	HIC 1, 6	<ul style="list-style-type: none"> • Corrective and preventive actions for findings from daily and monthly round observations are not being documented.

3	HIC	<ul style="list-style-type: none"> The reuse policy needs to be revised, and a process for documenting the multiple reuses of materials needs to be developed.
4	HIC6	<ul style="list-style-type: none"> The HIC (Hospital Infection Control) calendar does not include non-high-risk areas, which is necessary to ensure comprehensive infection control coverage.
S. No.	Standards	Endoscopy
1	COP	<ul style="list-style-type: none"> The procedural safety checklist for UHID – 3562360 was not appropriately documented prior to the patient being taken for the procedure.
2	COP	<ul style="list-style-type: none"> The procedure consent was not properly taken, as it was missing the signatures of both the witness and the doctors. This omission can lead to issues regarding informed consent and legal compliance.
3	HIC2	<ul style="list-style-type: none"> Endoscopes were found touching the ground, which poses a risk of contamination.
4	HIC2	<ul style="list-style-type: none"> The efficacy of Cidex was not appropriately checked, potentially compromising sterilization.
5	HIC	<ul style="list-style-type: none"> Staffs were not aware of the cleaning solutions being used for the Endoscopy area.
6	AAC	<ul style="list-style-type: none"> Staffs were not familiar with the radiation safety protocols, which could jeopardize patient and staff safety.
S. No.	Standards	Radiology
1	AAC 9	<ul style="list-style-type: none"> Although the hospital has a process in place for monitoring reporting errors and recalling reports, the implementation is inconsistent. Documentation of these processes is not done uniformly, and there is no evidence of corrective and preventive actions being recorded. Amendment reports for all cases were not uniformly collected and documented.
2	AAC 10	<ul style="list-style-type: none"> Internal peer reviews are being conducted; however, the corrective actions arising from these reviews are not documented uniformly. No Peer review process is in place for X-ray reports, which is essential to ensure accuracy and quality of diagnostic services.
S. No.	Standards	Cath Lab

1	ACC 9	<ul style="list-style-type: none"> • Transfer summaries were not being provided to patients moving in and out of the Cath Lab, which may affect continuity of care. • Labelling of CDs was not done uniformly, leading to potential issues in identification and retrieval of patient records.
2	COP 7	<ul style="list-style-type: none"> • Procedure safety checklists were not appropriately documented, posing a risk to patient safety and procedural compliance.
S. No.	Standards	Blood bank
1	COP 8	<ul style="list-style-type: none"> • Turnaround Time (TAT) was being monitored; however, TAT for the issuance of blood was not analyzed or documented.
2	HIC 8	<ul style="list-style-type: none"> • An eye wash station was present, but there was no cleaning record or pressure check maintained. • No evidence was available to show water testing of the eye wash station, and staffs were not aware of its maintenance requirements. • Storage stacks were found placed above eye level and directly on the ground, which is not in compliance with safe storage practices.
S. No.	Standards	Radiotherapy/ Brachytherapy
1	COP12a-h	<ul style="list-style-type: none"> • No evidence of procedural sedation monitoring or documentation was found for patient UHID – 3723636. • The procedural safety checklist was not evidenced.
2	COP	<ul style="list-style-type: none"> • Initial assessment for the patient visiting Radiation oncology department was not uniformly documented. • There was no provision to documenting Allergies in the initial assessment of the patient.
3	COP	<ul style="list-style-type: none"> • Although patient education was provided, there was no documentation of the same in the medical records.
4	PSQ	<ul style="list-style-type: none"> • There was no evidence to confirm that adverse anaesthesia events are being monitored in the Brachytherapy department.
5	FMS	<ul style="list-style-type: none"> • Uneven flooring was observed in the Mould Room of Radiation Oncology, posing a safety hazard.

S. No.	Standards	CSSD
1	HIC4	<ul style="list-style-type: none"> Proper temperature was not maintained in the sterile area due to the absence of a functional air conditioning system.
2	FMS3	<ul style="list-style-type: none"> No ETO gas leak detector was available in the ETO sterilization area, posing a safety hazard.
3	HIC4a-c / 7a-e	<ul style="list-style-type: none"> Criss-cross movement of sterile and unsterile items was observed in the CSSD located in the CTVS OT, which increases the risk of contamination.
4	HIC 4a-c	<ul style="list-style-type: none"> Sterile items were found stored in an unsterile area, compromising their sterility.
S. No.	Standards	Psychiatric department
1	FMS	<ul style="list-style-type: none"> For safety and precaution, there was no panic alarm system available for doctors and staff. This is a safety concern, as it can delay timely assistance during emergencies or threatening situations.
S. No.	Standards	Rehabilitation / Physiotherapy
1	COP 18 g	<ul style="list-style-type: none"> No evidence that care pathways were developed in the rehabilitation/physiotherapy department.
2	HIC	<ul style="list-style-type: none"> Mackintosh sheets were found hanging to dry in an inappropriate area, with no cleaning protocols being followed. A proper Standard Operating Procedure (SOP) is required to ensure hygienic handling and maintenance of these sheets.
3	COP	<ul style="list-style-type: none"> Patient information leaflets for procedures such as knee replacement were not available. These leaflets are important to educate patients about the procedure, recovery process, and post-operative care.
4	COP / PSQ	<ul style="list-style-type: none"> No control number was evidenced on some documentation sheets.
S. No.	Standards	Quality – Clinical audits & QIP's



**OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR**



Ref: HH/MS/NABH//2025 /178

DATED: 22/03/2025

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 29/03/2025 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Facility & Safety audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent

&
Chairperson- Hospital Safety & Emergency Preparedness Committee

Cc:

- Director- Hospital Services
- Director- CRI
- Medical Superintendent



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 29/03/2025

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Facility & Safety audit observations by Patient Safety Officer
3. Review of Incidences and action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	on leave
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	on leave
5.	Dr. Barnali Kakati	Professor-Microbiology	on leave
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	on leave
7.	Dr. Satish Uniyal	Radiation Safety Officer	For Signature S.KAR
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	
12.	Mr. Vinod Juyal	OPD Supervisor	
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
14.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	on leave
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr. Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Devendra Sharma	Assistant Architect- Civil Eng.	
21.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
22.	Dr. Urvashi Semwal	Quality Executive	
23.	Ms. Shikha Bisht	Quality Executive	
24.	Dr. Himadri Mangain	Executive Hospital Operations	
25.	Patient Care Executives	PCE	on leave
26.	Mr. Amba Dutt	Hospital Security-Field Officer	

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Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)



Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 29/03/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Satish Uniyal, Mr. Girish Chandra Uniyal, Dr. Ravikant, Mrs. Trishna Mrs. Sunita Kumar, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Mr. Arvind Kumar, Mr. Pravesh Kr. Rawat,, Mr. Chandra Bhusan Anthwal, Mr. DP Dharma, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mangain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt

Members not present: - Dr. Gurjeet Khurana, Dr. Sushant Khanduri, Dr. Vinish kumar Agarwal, Dr. Barnali Kakati, Mr. Pankaj Butola

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. Facility & Safety rounds audit observations by Patient Safety Officer.
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson & Dr. (Brig) DC Joshi, Member Secretary welcomed all and asked to proceed the meeting agenda.			
1.	<p>Review of Previous meeting pending points.</p> <p>Dr. Urvashi Semwal, Quality Executive presented the previous minutes of meeting point</p> <p>a. <u>Update on work completion of 3C disaster ward:</u> Mr. Girish Uniyal conveyed that the administrative approval from MS office needs to be taken for the renovation of 3C ward.</p> <p>b. <u>Code Red & Code Green mockdrill in ICU:</u> Plan was shared along with the members who will be responsible for conducting mockdrill in ICU.</p>	<p>a. Dr. (Brig) DC Joshi conveyed that discussion on this subject has already been held and approval has been taken from Hon'ble President regarding the renovation of 3C ward. Meeting Minutes to be shared with Mr. Girish Uniyal for further actions.</p> <p>b. Committee agreed and decided to conduct Code Green mockdrill in ICU shortly.</p>	<p>MS office to share the minutes of meeting with Mr. Girish Uniyal 04.04.2025</p> <p>Safety Committee members 14.04.2025</p>
2.	The evacuation plan of ICU Code Green mockdrill was discussed with all the members. The mockdrill action plan will be circulated to all the concerned members.	Committee members agreed with the evacuation plan	Safety Committee members 14.04.2025



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3.	<p>Mr. Arvind Kumar presented Facility & Safety rounds audit observations. The following points were discussed and need attention.</p> <p>a. At few places it was observed that the fire extinguisher pressure decreased spontaneously and were unfit for use.</p> <p>b. The fire safety route from dialysis to Yoga OPD was found blocked.</p> <p>c. Doctor's Handover, SNTD, countersigned by the treating doctor not followed in Cardiology dept.</p>	<p>a. Dr. (Brig) DC Joshi instructed Mr. Pravesh Kr Rawat, Sr. Fire Safety Officer and Mr. Amba Dutt security field officer to ensure that the security/ supervisors and personnel present in different locations of the hospital will be responsible for checking fire extinguisher on daily basis. Report of defective or empty fire extinguisher will be submitted to fire safety officer with a copy to MS Office.</p> <p>b. Dr. (Brig) DC Joshi conveyed civil engineering to visit the area and ensure that the route from dialysis to Yoga OPD should be opened as it is fire evacuation route.</p> <p>c. Committee decided that the area nursing supervisor will be responsible for checking complete documentation and bringing shortcoming in documentation to the notice of HOD- Cardiology and HOD- CTVS.</p>	<p>a. Hoshi security To ensure daily checking of the fire extinguishers Ongoing</p> <p>b. Civil Engineering At earliest</p> <p>c. Concerned Doctors Area Supervisor Ongoing</p>
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The meeting was adjourned with vote of thanks to the chair.

Prepared By:

Vaibhav Badoni
03/04/2025

Vaibhav Badoni
Member- Safety
&

Emergency Preparedness committee

Cc:

- Director- Hospital Services
- Medical Superintendent
- Dy. Medical Superintendent
- Nursing & Dy. Nursing Superintendent

Approved By:

Dr. (Brig) DC Joshi
03 Apr 2025
Dr. (Brig) DC Joshi
Member Secretary- Safety
&

Emergency preparedness Committee



OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR

Ref: HH/MS/NABH//2025 /175

DATED: 19/02/2025

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 26/02/2025 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- v. Review of previous minutes of meeting.
- vi. IPSP goals observations by Patient Safety Officer.
- vii. Review of Internal Audit safety observations.
- viii. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent
&

Chairperson- Hospital Safety & Emergency Preparedness Committee

Cc:

- Director- Hospital Services
- Director- CRI
- Medical Superintendent



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee			
Date: 28/02/2025	Time: 3:30 PM	Venue: MS Office Board Room	
Agenda: 1. Review of previous minutes of meeting. 2. IPSP goals observations by Patient Safety Officer 3. Review of internal audit safety observations. 4. Other discussions, if any.			
S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	Absent
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	leave
5.	Dr. Barnali Kakati	Professor-Microbiology	Barnali
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	for Upkar
9.	Mrs. Trishna Sarkar	Deputy Nursing Superintendent	Absent
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	
12.	Mr. Vinod Juyal	OPD Supervisor	
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	Absent
14.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Chief Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	Absent
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	Absent
19.	Mr. Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
21.	Dr. Urvashi Semwal	Quality Executive	
22.	Ms. Shikha Bisht	Quality Executive	
23.	Dr. Himadri Mangain	Executive Hospital Operations	on leave
24.	Patient Care Executives	PCE	
25.	Mr. Amba Dutt	Hospital Security-Field Officer	
Special Invitee			



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 28/02/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Sushant Khanduri, Dr. Barnali Kakati, Dr. Satish Uniyal, Dr. Ravikant, Mrs. Sunita Kumar, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Mr. Upkar (for Mr. Girish Chandra Uniyal, Mr. Arvind Kumar, Mr. Chandra Bhusan Anthwal, Mr. DP Dharma (for Mr. Mohit Jaiswal), Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt

Special Invitee: Mr. Balwant Singh Rawat, Mr. Suman Bahaguna, Mr. Surendra Pundir

Members not present: - Dr. Gurjeet Khurana, Dr. Vinish kumar Agarwal, Mrs. Trishna, Mr. Pravesh Kr. vat, Mr. Pankaj Butola, Mr. Sharad Sankhdhar

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. IPSG goals observations by Patient Safety Officer.
3. Review of internal audit safety observations.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	<p>Review of Previous meeting pending points.</p> <p>Mr. Vaibhav Badoni, Assistant Quality Manager presented the previous minutes of meeting point</p> <ol style="list-style-type: none"> i. Floor plan of Fire Safety in new MS building- Floor plan are finalized and demand send to MMD. ii. Update on work completion of 3C disaster ward. iii. Code Red & Code Green mockdrill in ICU 	<ol style="list-style-type: none"> i. Completed ii. Pending iii. Pending 	<p>Engineering dept. to take followup of the financial approval Dy. MS & Quality cell 31/03/2025</p>
2.	<p>Mr. Arvind Kumar, Patient Safety Officer presented the IPSG goals observations.</p> <p>Safety non-compliance observation: Areas which needs improvement are discussed as: Infrastructure department & Maintenance department related issues:</p> <ol style="list-style-type: none"> i. Issues regarding seepage in 111, 203, 204, 205, 206, EMR, CRI, O.T area and CSSD. 	<p>The non-compliance observation to be send to the head of the concerned</p>	<p>Infrastructure department &</p>



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	<p>ii. The joint corridor slope requires the installation of anti-slip mats between new OT and old OT.</p> <p>iii. Broken flooring in OT,</p> <p>iv. Calibration expired of OT Pascal meter</p> <p>v. Electrical open wires at 112, 110, 203, 204 wards</p> <p>vi. Digital temperature meters not working properly inside OT complex</p> <p>vii. Humidity Not Maintained in surgical intensive care unit</p> <p>viii. Passage in main ICU needs to be widen as per fire safety protocol.</p> <p>ix. Maintenance issue pending in ICU. Photo attached in ppt.</p> <p>x. Gap in floor mat-CRI HDU</p>	department for submission of corrective action taken by the department	Maintenance department & 17/03/2025
3.	<p>Ms. Shikha Bisht presented internal audit observations. The following points were discussed and needs attention.</p> <p>i. Security staffs in CRI are not aware on the roles and responsibility conducted during emergency.</p> <p>ii. Staffs needs re-training on the steps of hand hygiene.</p> <p>iii. Staffs needs training on spill management.</p> <p>iv. Seepage needs to be monitored regularly.</p> <p>v. Staffs needs re-training on safe injection practices.</p>	It was decided to schedule re-training of the staffs on these standards	Concerned department to organise training session & Ongoing

The meeting was adjourned with vote of thanks to the chair.

Prepared By:

V. Badoni
01/03/2025

Vaibhav Badoni
Member- Safety Committee
& Emergency Preparedness committee

Approved By:

RS Saini

Dr. (Brig) RS Saini
Chairperson- Safety
& Emergency preparedness Committee

Cc:

- Director- Hospital Services
- Medical Superintendent
- Nursing & Dy. Nursing Superintendent

**OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR**

Ref: HH/MS/NABH//2025 /173

DATED: 03/01/2025

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 08/01/2025 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Safety Rounds audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.


Dr. (Brig) RS Saini
Dy. Medical Superintendent
&
Chairperson- Hospital Safety & Emergency Preparedness Committee

Cc:

- Director- Hospital Services
- Medical Superintendent



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 08/01/2025

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Clinical Rounds audit observations by Patient Safety Officer
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	on leave
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	on leave
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	Sushant
7.	Dr. Satish Uniyal	Radiation Safety Officer	on leave
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	on leave
9.	Mrs. Jaibunisha	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	on leave
11.	Mrs. Sunita Kumar	Deputy Nursing Superintendent- CRI	Sunita Kumar
12.	Mr. Vinod Juyal	OPD Supervisor	
13.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
14.	Mr. Vaibhav Badoni	Assistant Manager- Quality	Badoni
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	on leave
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr. Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
21.	Mr. Jagdeep Sharma	Transplant Coordinator	on leave
22.	Dr. Urvashi Semwal	Quality Executive	on leave
23.	Ms. Shikha Bisht	Quality Executive	on leave
24.	Dr. Himadri Mamgain	Executive Hospital Operations	on leave
25.	Patient Care Executives	PCE	Absent
26.	Mr. Amba Dutt	Hospital Security-Field Officer	Absent
27.	Mr. Shelwan Singh	Manager- BVG	on leave



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 08/01/2025 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Sushant Khanduri, , Dr. Vinish kumar Agarwal, , Mrs. Trishna, Mrs. Sunita Kumar, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Dr. Ravikant, Dr. Satish Uniyal, Mr. Pravesh Kr. Rawat, , Mr. Arvind Kumar, , Mr. Chandra Bhusan Anthwal, Mr. Jagdeep Sharma, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt, Mr. Shelwan Singh

Special Invitee: Dr. Sonika Agarwal, Mrs. Reena Habil Singh, Mr. Joy John and Mr. Balveer

Members not present: - Dr. Gurjeet Khurana, Dr. Barnali Kakati, Mr. Girish Uniyal, Mr. Pankaj Butola,
) on duty

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. Clinical Rounds audit observations by Patient Safety Officer.
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous meeting pending points. Vaibhav Badoni, Assistant Quality Manager presented the previous minutes of meeting point	i. SOP of fire to be submitted by ICU, Nursing, and Engineering. Dr. RS Saini instructed all dept. to atleast make a plan on how patient will be evacuate from ICU with all necessary manpower, equipment required etc.	Pending Dept to submitted by 02.02.2025
2.	Dr. (Brig) RS Saini briefed out the Mr. Arvind Kumar, Patient Safety Officer presented the clinical and safety rounds audit non-compliance observation. Areas which needs improvement are discussed as: Safety non-compliance observation: Areas which needs improvement are discussed as: i. Incomplete doctors handover in CCU, ii. Cutting & running writing in prescription in CCU, iii. SNTD not completed in CCU, iv. Issues regarding seepage, v. Broken flooring in ICU,	The non-compliance observation to be send to the head of the concerned person and head of the department for corrective action taken.	ICU Incharge, Nursing incharge, Fire Safety Officer & Engineering 02.02.2025 CCU- Head Incharge- Civil engineering



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	vi. Open area in emergency		
3.	Ms. Shikha Bisht presented the incidences for the month of August & action taken	No major observations	Nil

The meeting was adjourned with vote of thanks to the chair.

Prepared By:

Vaibhav Badoni
Member- Safety Committee
& Emergency Preparedness committee

Approved By:

Dr. (Brig) RS Saini
Chairperson- Safety
& Emergency preparedness Committee



OFFICE OF THE MEDICAL SUPERINTENDENT



HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR

Ref: HH/MS/NABH//2024 /169

DATED: 30/11/2024

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 04/12/2024 at 3:30 PM in CMS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Preparedness of SOP of fire in ICU
- iii. Clinical Rounds audit observations by Patient Safety Officer.
- iv. Review of Incidences and action taken.
- v. Other discussions, if any.

Dr. (Brig) RS Saini

Dy. Medical Superintendent

&

Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 04/12/2024

Time: 3:30 PM

Venue: MS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Preparedness of SOP of fire in ICU.
3. Clinical Rounds audit observations by Patient Safety Officer
4. Review of incidences and action taken.
5. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Jaibunisha	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mr. Vinod Juyal	OPD Supervisor	
12.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
13.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
14.	Mrs. Sunita Kumar	ANS- CRI	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr. Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
21.	Mr. Jagdeep Sharma	Transplant Coordinator	
22.	Dr. Urvashi Semwal	Quality Executive	
23.	Ms. Shikha Bisht	Quality Executive	
24.	Dr. Himadri Mamgain	Floor Executive	
25.	Patient Care Executives	PCE	
26.	Mr. Amba Dutt	Hospital Security-Field Officer	



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 04/12/2024 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Sushant Khanduri, , Dr. Vinish kumar Agarwal, , Mrs. Trishna, Mr. Girish Uniyal, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Dr. Ravikant, Dr. Satish Uniyal, Mr. Pravesh Kr. Rawat, , Mr. Arvind Kumar, , Mr. Chandra Bhusan Anthwal, Mr. Jagdeep Sharma, Mr. Gaurav Rawat, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mangain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt, Mr. Shelwan Singh

Special Invitee: Dr. Sonika Agarwal, Mrs. Reena Habil Singh, Mr. Joy John and Mr. Balveer

Members not present: - Dr. Gurjeet Khurana, Dr. Barnali Kakati, Mrs. Sunita Kumar, Mr. Pankaj Butola

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. SOP of fire in ICU
3. Clinical Rounds audit observations by Patient Safety Officer.
4. Review of incidences and action taken.
5. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous meeting pending points. Vaibhav Badoni, Assistant Quality Manager presented the previous minutes of meeting point	i. Rubber mats in all electrical panel as well as danger sign	Completed
2.	Dr. (Brig) RS Saini briefed out the importance of preparing SOPs for Code Green in the hospital. The shifting of patient from ICU in case of major casualties were discussed with the committee members in brief regarding <ol style="list-style-type: none">1. Where to shift the patient from ICU in case all 40 patients require evacuation.2. Availability of Ambu bags.3. Medicine stock for those 40 patients.4. Manpower availability for evacuation<ol style="list-style-type: none">a) Availability of Doctors.b) Availability of nurses from other areas.c) Availability of Attendants.d) Availability of Security	Dr. (Brig) RS Saini conveyed to ICU Incharge, Nursing representative, Head- Engineering and Fire safety officer to work out on the evacuation plan of ICU patient and make their departmental SOP in writing for code green contingency plan	HOD CCM, Nursing in-charge, Fire Safety Officer & Engineering 23.12.2024



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	<p>5. Availability of space for 40 beds. 6. Availability of ventilator points. 7. identify route for evacuation. 8. Availability of oxygen cylinders (if required). 9. Availability of cardiac monitors at new locations. 10. Sitting facility for ICU patient attendant.</p> <p>The following points were proposed by the committee members:</p> <ul style="list-style-type: none"> • The requirement of shifting ICU patients to the nearby wards with necessary equipment's and facilities was discussed. • Earmarking a permanent disaster ward with all facilities of equipment, and medicines required during disaster was discussed in brief. • Mr Girish Uniyal proposed installing fire containment doors between various compartments in the ICU. • Procurement of material from MMD for disaster management ward during non-working hours was also discussed. 	<ul style="list-style-type: none"> • It was proposed to designate ward 203, 204 and 205 as temporary staging wards which will be fully equipped with modifications in bed head panels for ventilator outlets, Suction/vacuum pumps. These facilities will be installed by the engineering department. • It was proposed that 3C ward in CRI would be the best option for earmarking as a disaster ward. He also directed nursing supervisor nursing to make a list of items required for the disaster medicine cupboard for disaster ward. • Dr. (Brig) RS Saini directed that feasibility of fire containment doors be worked out by Mr. Girish Uniyal. • Dr. (Brig) RS Saini directed that Manager MMD be informed to prepare internal SOP on procuring material for disaster preparedness during non-working hours. 	<p>MS office, Nursing office & Engineering dept. to obtain necessary financial approvals by 23.12.2024</p> <p>MS Office in discussion with Director- CRI 14.12.2024</p> <p>Head- Electrical Eng. & Fire Safety Officer 15.12.2024</p> <p>Manager- MMD 23.12.2024</p>
3.	Mr. Girish Uniyal conveyed that practice of using multiplug and extension cord should be stopped to all areas of hospital.	Dr. (Brig) RS Saini agreed with the proposal and directed that all in-charges of departments must ensure to stop use of extension cord.	All incharges of concerned areas At earliest



Himalayan Hospital
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		Requirement of additional plug points if any will be projected to engineering department.	
4.	The training on emergency codes specially fire (code Red) needs to be given to all new residents joining the hospital.	Dr. (Brig) RS Saini requested the clinical safety officer to ensure that the induction training of newly joined doctors to be organised and conducted.	CSO Ongoing
5.	Other two agenda was not persued due to time constraints.	Chairperson conveyed that these agenda will be discussed separately in the Office	Concerned presenter Next meeting

The meeting was adjourned with vote of thanks to the chair.

Prepared By:

Vaibhav
07/12/2024

Vaibhav Badoni
Member- Safety Committee
& Emergency Preparedness committee

Approved By:

RS Saini

Dr. (Brig) RS Saini
Chairperson- Safety
& Emergency preparedness Committee

Cc:

- Director- Hospital Services
- Medical Superintendent
- Members of special invitee
- Committee members



OFFICE OF THE MEDICAL SUPERINTENDENT



HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR

Ref No: HH/MS/NABH/2024/167

DATED: 23/10/2024

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 30/10/2024 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Facility round audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent
&

Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee			
Date: 30/10/24	Time: 3:30 PM	Venue: CMS Office Board Room	
Agenda: <ol style="list-style-type: none">1. Review of previous minutes of meeting.2. Clinical Rounds audit observations by Patient Safety Officer3. Review of incidences and action taken.4. Other discussions, if any.			
S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Jaibunisha	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mr. Vinod Juyal	OPD Supervisor	
12.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
13.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
14.	Mrs. Sunita Kumar	ANS- CRI	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr .Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
21.	Dr. Urvashi Semwal	Quality Executive	
22.	Ms. Shikha Bisht	Quality Executive	
23.	Dr. Himadri Mangain	Floor Executive	
24.	Patient Care Executives	PCE	
25.	Mr. Amba Dutt	Hospital Security-Field Officer	
26.	Mr. Shelwan Singh	Manager- BVG	



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)



Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 30/10/2024 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Sushant Khanduri, Dr. Vinish kumar Agarwal, Mr. Girish Chandra Uniyal, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Dr. Ravikant, Dr. Satish Uniyal, Mr. Pravesh Kr. Rawat, Mr. Arvind Kumar, Mr. Mahesh Sharma, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mangain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt, Mr. Shelwan Singh

Members not present: - Dr. Gurjeet Khurana, Dr. Barnali Kakati, Mrs. Jaibunisha, Mrs. Sunita Kumar, Mr. Chandra Bhusan Anthwal, Mr. Pankaj Butola

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. Safety Rounds audit observations by Patient Safety Officer.
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of previous meeting pending points. Vaibhav Badoni, Assistant Quality Manager presented the previous minutes of meeting point.	i. Rubber mats in all electrical panel as well as danger sign- Pending	i. Engineering department
2.	Mr. Arvind Kumar, Patient Safety Officer presented the clinical rounds observation. Areas which needs improvement are discussed as: Safety non-compliance observation: Areas which needs improvement are discussed as: i. Patient was transferred without safety belt. ii. One Bed side rails were not opened in ward no 303, 302. iii. Few medicine were labelled without two identifier. iv. No MSDS sheet were present of the chemicals in ward no 203. v. The switch boards were found open at ward no. 203 & 204.	The non-compliance observation to be send to the head of the concerned person and head of the department for corrective action taken.	Head- Concerned dept. 07.11.2024
3.	Ms. Shikha Bisht presented the incidences for the month of August & action taken.	Approved	Nil



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4.	Other discussion: It was proposed to schedule this committee meeting in first week of every month.	All members agreed to this	Quality cell Ongoing
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The meeting was adjourned with vote of thanks to the chair.

Prepared By:

Vaibhav Badoni
Member- Safety Committee
& Emergency Preparedness committee

Approved By:

Dr. (Brig) RS Saini
Chairperson- Safety
& Emergency preparedness Committee



OFFICE OF THE MEDICAL SUPERINTENDENT



HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR

Ref No: HH/MS/NABH/2024/165

DATED: 24/09/2024

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 30/09/2024 at 3:30 PM in MS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Clinical Rounds audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent
&

Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 30/09/24

Time: 3:30 PM

Venue: CMS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Clinical Rounds audit observations by Patient Safety Officer
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Jaibunisha	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mr. Vinod Juyal	OPD Supervisor	
12.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
13.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
14.	Mrs. Sunita Kumar	ANS- CRI	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr. Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
21.	Dr. Urvashi Semwal	Quality Executive	
22.	Ms. Shikha Bisht	Quality Executive	
23.	Dr. Himadri Mangain	Floor Executive	
24.	Patient Care Executives	PCE	
25.	Mr. Amba Dutt	Hospital Security-Field Officer	
26.	Mr. Shelwan Singh	Manager- BVG	



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 30/9/2024 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Sushant Khanduri, , Dr. Vinish kumar Agarwal, Mr. Girish Chandra Uniyal, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Dr. Ravikant, Dr. Satish Uniyal, Mr. Pravesh Kr. Rawat, Mr. Arvind Kumar, Mr. Pankaj Butola, Mr. Chandra Bhusan Anthwal, Mr. Mahesh Sharma, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mamgain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt, Mr. Shelwan Singh

Members not present: - Dr. Gurjeet Khurana, Dr. Barnali Kakati, Mrs. Jaibunisha, Mrs. Sunita Kumar

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. Clinical Rounds audit observations by Patient Safety Officer.
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous meeting pending points. Vaibhav Badoni, Assistant Quality Manager presented the previous minutes of meeting point	<ol style="list-style-type: none">i. Rubber mats in all electrical panel as well as danger sign- Pendingii. Pyschrometer to validate the reading of hygrometer- Pyschrometer were purchased to validate the reading-completed.iii. Civil engineering to give the report of the water leakage observed at many places- report of completion submitted to quality cell- completediv. The root-cause analysis for the incident reporting raised for the UPS shut down in main OT and main emergency did not received from the electrical engineering- Pending	<ol style="list-style-type: none">i. Engineering department



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2.	<p>Mr. Arvind Kumar, Patient Safety Officer presented the clinical rounds observation. Areas which needs improvement are discussed as:</p> <p>Clinical non-compliance observation: Areas which needs improvement are discussed as:</p> <ul style="list-style-type: none">i. Double sign verification in high risk medications was missing.ii. Complete filling of surgical site infection needs improvementiii. Complete documentation of Patient counselling to be done needs improvementiv. Calibration was expired of weighing machine in ward no 217.v. SNTD of Treating Doctor & Medical Officer was not evidenced in Initial Assessment Form <p>Facility & Safety non-compliance observations:</p> <ul style="list-style-type: none">i. The switch boards were found open at ward no 205, 210.ii. Seepage were observed at OPD Kitchen.	<p>The non-compliance observation to be send to the head of the concerned person and head of the department for corrective action taken.</p> <p>Engineering to give the corrective action done against the non-compliance observation presented within one week.</p>	<p>All concerned person & head of the department 07.10.2024</p> <p>Engineering to give the completion report by 07.10.2024</p>
3.	Ms. Shikha Bisht presented the incidences for the month of August & action taken.	Approved	Nil
4.	<p>Other discussion:</p> <p>Code Red mockdrill was conducted at ward no 203, surgery ward. Quality cell conveyed that overall response was satisfactory and the response time of the QRT reached was around one minute.</p>	Dr. RS Saini conveyed to plan out the next drill in critical areas.	Quality cell At earliest

The meeting was adjourned with vote of thanks to the chair.

Prepared By:

Vaibhav Badoni
Member- Safety Committee
& Emergency Preparedness committee

Approved By:

Dr. (Brig) RS Saini
Chairperson- Safety
& Emergency preparedness Committee



OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR



Ref: HH/MS/NABH/161/2024

DATED: 24/08/2024

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 30/08/2024 at 3:30 PM in CMS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Clinical Rounds audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.

Dr. (Brig) RS Saini
Dy. Medical Superintendent

&
Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee

Date: 30/08/24

Time: 3:30 PM

Venue: CMS Office Board Room

Agenda:

1. Review of previous minutes of meeting.
2. Clinical Rounds audit observations by Patient Safety Officer
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Jaibunisha	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mr. Vinod Juyal	OPD Supervisor	
12.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
13.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
14.	Mrs. Sunita Kumar	ANS- CRI	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr .Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
21.	Dr. Urvashi Semwal	Quality Executive	
22.	Ms. Shikha Bisht	Quality Executive	
23.	Dr. Himadri Mamgain	Floor Executive	
24.	Patient Care Executives	PCE	
25.	Mr. Amba Dutt	Hospital Security-Field Officer	
26.	Mr. Shelwan Singh	Manager- BVG	



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 30/8/2024 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. Sushant Khanduri, Dr. Veena Asthana (for Dr. Gurjeet Khurana), Dr. Vinish kumar Agarwal, Dr. Barnali Kakati, Mrs. Trishna, Mr. Girish Uniyal, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Dr. Ravikant, Dr. Satish Uniyal, Mr. Pravesh Kr. Rawat, Mrs. Sunita Kumar, Mr. Arvind Kumar, Mr. Pankaj Butola, Mr. Chandra Bhusan Anthwal, Mr. Gaurav Rawat, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mangain, Mr. Gaurav Raturi, Mr. Sharad Sankhdhar, Mr. Amba Dutt, Mr. Shelwan Singh

Members not present: - Dr. (Brig) DC Joshi

enda Discussed: -

1. Review of previous minutes of meeting.
2. Clinical Rounds audit observations by Patient Safety Officer.
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous meeting pending points. Vaibhav Badoni, Assistant Quality Manager presented the previous minutes of meeting point	i. Rubber mats in all electrical panel as well as danger sign- Pending ii. Pyschrometer to validate the reading of hygrometer- Pending iii. Civil engineering to give the report of the water leakage observed at many places- Pending iv. The root-cause analysis for the incident reporting raised for the UPS shut down in main OT and main emergency did not received from the electrical engineering. v.	i. Engineering department to give the update within one week.
2.	Mr. Arvind Kumar, Patient Safety Officer presented the clinical rounds observation. Areas which needs improvement are discussed as: Clinical non-compliance observation: i. Doctor signature not present in APACHE form in Cardiac Care Unit. ii. Cutting evidenced in the prescription without the countersigned fo the doctor iii. Prescription written in small letter.	The non-compliance observation to be send to the head of the concerned person and head of the department for corrective action taken.	All concerned person & head of the department 07.09.2024

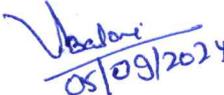


Himalayan Hospital
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	<p>iv. Signature missing on general consent. v. Incomplete doctors handover in 215 ward, CCU ward, NICU ward & ICU ward. vi. Incomplete signature of patient attendant in counselling sheet.</p> <p>Facility & Safety non-compliance observations:</p> <p>i. The switch boards were found open. ii. Seepage were observed at CRI-HDU. iii. No safety railing found at CRI first floor waiting area iv. The water leakage was observed at many place of CRI building, old building. v. Incomplete documentation of doctor's handover in CCU and NICU were presented.</p>	<p>Engineering to give the corrective action done against the non-compliance observation presented within one week.</p>	<p>Engineering to give the completion report by 16.09.2024</p>
3.	Ms. Shikha Bisht presented the incidences for the month of August & action taken.	Approved	Nil

The meeting was adjourned with vote of thanks to the chair.

Prepared By:


05/09/2024

Vaibhav Badoni
Member- Safety Committee
& Emergency Preparedness committee

Approved By:



Dr. (Brig) RS Saini
Chairperson- Safety
& Emergency preparedness Committee



OFFICE OF THE MEDICAL SUPERINTENDENT
HIMALAYAN HOSPITAL, SRHU, SWAMI RAM NAGAR



Ref: HH/MS/NABH/160/2024

DATED: 24/07/2024

MEETING CIRCULAR

To,

All Hospital Safety & Emergency Preparedness Committee members

This is to inform all that committee meeting will be held on 30/07/2024 at 3:30 PM in CMS Office Board room.

The Agenda of the meeting will be:

- i. Review of previous minutes of meeting.
- ii. Clinical Rounds audit observations by Patient Safety Officer.
- iii. Review of Incidences and action taken.
- iv. Other discussions, if any.


Dr. (Brig) BS Sain 24/07/2024
Dy. Medical Superintendent

&
Chairperson- Hospital Safety & Emergency Preparedness Committee



Himalayan Hospital

(A Constituent Unit Of Swami Rama Himalayan University)

COMMITTEE ATTENDANCE SHEET

Committee: Hospital Safety & Emergency Preparedness committee			
Date: 30/07/24	Time: 3:30 PM	Venue: CMS Office Board Room	
Agenda's: 1. Review of previous minutes of meeting. 2. Clinical Rounds audit observations by Patient Safety Officer 3. Review of incidences and action taken. 4. Other discussions, if any.			
S. No.	Name	Designation	Sign
1.	Dr. (Brig) RS Saini	Dy. Medical Superintendent	
2.	Dr. (Brig) DC Joshi	Dy. Medical Superintendent	
3.	Dr. Gurjeet Khurana	Professor & Head-Anaesthesia Dept.	
4.	Dr. Vinish Kr Aggarwal	Clinical Safety Officer	
5.	Dr. Barnali Kakati	Professor-Microbiology	
6.	Dr. Sushant Khanduri	Professor- Respiratory Medicine Dept.	
7.	Dr. Satish Uniyal	Radiation Safety Officer	
8.	Mr. Girish Chandra Uniyal	Head-Electrical & Mechanical dept.	
9.	Mrs. Jaibunisha	Deputy Nursing Superintendent	
10.	Dr. Ravikant	Radiation Safety Officer	
11.	Mr. Vinod Juyal	OPD Supervisor	
12.	Mr. Pravesh Kr. Rawat	Fire Safety Officer	
13.	Mr. Vaibhav Badoni	Assistant Manager- Quality	
14.	Mrs. Sunita Kumar	ANS- CRI	
15.	Mr. Arvind Kumar	Patient Safety Officer	
16.	Mr. Chandra Bhusan Anthwal	Dy. Security Officer.	
17.	Mr. Pankaj Butola	Assistant Manager- MMD	
18.	Mr. Sharad Shankhdhar	Asst. Manager-Housekeeping	
19.	Mr. Gaurav Raturi	Incharge-Pharmacy	
20.	Mr. Mohit Jaiswal	Jr. Engineer- Civil dept.	
21.	Dr. Urvashi Semwal	Quality Executive	
22.	Ms. Shikha Bisht	Quality Executive	
23.	Dr. Himadri Mangain	Floor Executive	
24.	Patient Care Executives	PCE	
25.	Mr. Amba Dutt	Hospital Security-Field Officer	
26.	Mr. Shelwan Singh	Manager- BVG	



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

Minutes of Meeting: Hospital Safety & Emergency Preparedness Committee

Date & Time: - 30/07/2024 & 3:30 PM

Venue: - MS Office Board Room

Members Present: Dr. (Brig) RS Saini, Dr. (Brig) DC Joshi, Dr. Sushant Khanduri, Dr. Vinish kumar Agarwal, Mrs. Jaibunisha, Mrs. Trishna, Mr. Girish Uniyal, Mr. Vinod Juyal, Mr. Vaibhav Badoni, Dr. Ravikant, Mr. Sarthak Kar (for Dr. Satish Uniyal), Mr. Pravesh Kr. Rawat, Mrs. Sunita Kumar, Mr. Arvind Kumar, Mr. Chandra Bhusan Anthwal, Mr. Gaurav Rawat, Mr. Mohit Jaiswal, Ms. Shikha Bisht, Dr. Urvashi Semwal, Dr. Himadri Mangain, Mr. Gaurav Raturi, Mr. Amba Dutt, Mr. Shelwan Singh

Members not present: - Dr. Gurjeet Khurana, Dr. Barnali Kakati, Mr. Pankaj Butola and Mr. Sharad Sankhdhar

Agenda Discussed: -

1. Review of previous minutes of meeting.
2. Clinical Rounds audit observations by Patient Safety Officer.
3. Review of incidences and action taken.
4. Other discussions, if any.

S. No.	ACTIVITY AND DISCUSSION	DECISION TAKEN	ACTION BY & CLOSING DATE
Dr. (Brig) R.S. Saini, chairperson welcomed all and asked to proceed the meeting agenda.			
1.	Review of Previous meeting pending points. Vaibhav Badoni, Assistant Quality Manager presented the previous minutes of meeting point	i. Rubber mats in all electrical panel as well as danger sign- Pending ii. Cut strip policy to be followed strictly- Closed iii. Cleaning of refrigerator and racks- Closed iv. Uniform policy for LASA not followed, it was evidenced that purple colour was followed instead of blue- Closed v. To conduct an audit for findout the reason for excessive demand of medicine from the wards- Closed	i. Electrical department to give the update within one week.
2.	Mr. Arvind Kumar, Patient Safety Officer presented the facility rounds observation. Areas which needs improvement are discussed as: i. It was observed during audit at few places humidity level exceed the standard limit i.e. 55-65 %.	i. Engineering to ensure the humidity level should be within standard limit and also ensure that the hygrometer placed there are properly working.	Engineering to give the update of the action taken by 12.08.2024



Himalayan Hospital
(A Constituent Unit of Swami Rama Himalayan University)

	<p>ii. The root-cause analysis for the incident reporting raised for the UPS shut down in main OT and main emergency did not received from the electrical engineering.</p> <p>iii. The water leakage was observed at many place of CRI building, old building.</p> <p>iv. Incomplete documentation of doctor's handover in CCU and NICU were presented.</p>	<p>ii. Chairperson, Dr. RS Saini instructed that any incident reported should be done with RCA and CAPA within 72 hours of the reporting.</p> <p>iii. Chairperson instructed civil engineering to give the report of the corrective action taken for the observations of water leakage at different places.</p> <p>iv. Chairperson conveyed to release a circular to the concerned HOD for ensuring the mandatory compliances.</p>	<p>All concerned department Ongoing</p> <p>Civil engineering to give report by 12.08.2024</p> <p>HOD- CUU & NICU</p>
3.	Vaibhav Badoni, Assistant Quality Manager presented the incidences & action taken.	Approved	Nil

The meeting was adjourned with vote of thanks to the chair.

Prepared By:

Approved By:


5/08/24

Vaibhav Badoni
Member- Safety Committee
& Emergency Preparedness committee



Dr. (Brig) RS Saini
Chairperson- Safety
& Emergency preparedness Committee