



SAIDEEP HOSPITAL

Doc No.

SHRPL/CTR/IC/01

Committee's TOR

Rev No.
Rev Date

02
01/01/2024



Infection Control Committee Terms of Reference

All information in this document is confidential & is the property
Of Saideep Hospital, Ahmednagar.
Reproduction in any form, either in part or full to be done
only with written permission.

| Recommended By | Signature | Approved By | Signature |
|-----------------------------|-----------|------------------------------|-----------|
| Dr.Hrishikesh kalgaonkar | | Dr.S.S.Deepak | |
| Chief Medical Administrator | | Chairman & Managing Director | |



SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Annual Documents adequacy & Change Requirements Review

| Sr.No | TOR/Doc No | Documents Name | Issue . No | Rev.No | Review Date | Change | Rev No | Revision Date | Reason for Change | Amendment |
|-----------------------------------|-------------------|----------------|-----------------------------|--------|-------------|------------------------------|------------------------------|---------------|-------------------|---------------------|
| 1 | SHRPL/CTR / ICC/1 | Committee TOR | 1 | 1 | 01-Jan-23 | New member Added | 2 | 02-Jan-24 | New Staff | Member List Updated |
| Original Date | | | Effective Date | | | Next date of revision | | | Issue NO | |
| 01-03-2019 | | | 02-01-2024 | | | 01-01-2025 | | | 1 | |
| Reviewed & Prepared By | | | Recommended By | | | | Approved By | | | |
| Mrs.Shraddha Suryavanshi | | | Dr.H.Kalgaonkar | | | | Dr.S.S.Deepak | | | |
| Quality Co-ordinator | | | Chief Medical Administartor | | | | Chairman & Managing Director | | | |
| | | | | | | | | | | |

SAIDEEP

HEALTHCARE & RESEARCH PVT. LTD.



Annual Documents adequacy & Change Requirements Review

| Sr.No | TOR/Doc No | Documents Name | Issue No | Rev.No | Review Date | Change | Rev No | Revision Date | Reason for Change | Amendment |
|--------------------------|-------------------|----------------|-----------------------------|--------|-------------|-----------------------|------------------------------|---------------|-------------------|---------------------|
| 1 | SHRPL/CTR / ICC/1 | Committee TOR | 1 | 1 | 01-Jan-22 | New member Added | 2 | 02-Jan-23 | New Staff | Member List Updated |
| Original Date | | | Effective Date | | | Next date of revision | | | Issue NO | |
| 01-03-2019 | | | 02-01-2023 | | | 01-01-2024 | | | 1 | |
| Reviewed & Prepared By | | | Recommended By | | | | Approved By | | | |
| Mrs.Shraddha Suryavanshi | | | Dr.H.Kalgaonkar | | | | Dr.S.S.Deepak | | | |
| Quality Co-ordinator | | | Chief Medical Administrator | | | | Chairman & Managing Director | | | |
| | | | | | | | | | | |

SAIDEEP

HEALTHCARE & RESEARCH PVT. LTD.



Annual Documents adequacy & Change Requirements Review

| Sr.No | TOR/Doc No | Documents Name | Issue . No | Rev.No | Review Date | Change | Rev No | Revision Date | Reason for Change | Amendment |
|--------------------------|-------------------|----------------|-----------------------------|--------|-------------|-----------------------|------------------------------|---------------|-------------------|---------------------|
| 1 | SHRPL/CTR / ICC/1 | Committee TOR | 1 | 1 | 01-Jan-21 | New member Added | 2 | 02-Jan-22 | New Staff | Member List Updated |
| Original Date | | | Effective Date | | | Next date of revision | | | Issue NO | |
| 01-03-2019 | | | 02-01-2022 | | | 01-01-2023 | | | 1 | |
| Reviewed & Prepared By | | | Recommended By | | | | Approved By | | | |
| Mrs.Shraddha Suryavanshi | | | Dr.H.Kalgaonkar | | | | Dr.S.S.Deepak | | | |
| Quality Co-ordinator | | | Chief Medical Administrator | | | | Chairman & Managing Director | | | |
| | | | | | | | | | | |

SAIDEEP

HEALTHCARE & RESEARCH PVT. LTD.



Annual Documents adequacy & Change Requirements Review

| Sr.No | TOR/Doc No | Documents Name | Issue . No | Rev.No | Review Date | Change | Rev No | Revision Date | Reason for Change | Amendment |
|-----------------------------------|-------------------|----------------|-----------------------------|--------|-------------|------------------------------|------------------------------|-----------------|-------------------|---------------------|
| 1 | SHRPL/CTR / ICC/1 | Committee TOR | 1 | 1 | 01-Jan-20 | New member Added | 2 | 02-Jan-21 | New Staff | Member List Updated |
| Original Date | | | Effective Date | | | Next date of revision | | Issue NO | | |
| 01-03-2019 | | | 02-01-2021 | | | 01-01-2022 | | 1 | | |
| Reviewed & Prepared By | | | Recommended By | | | | Approved By | | | |
| Mrs.Shraddha Suryavanshi | | | Dr.H.Kalgaonkar | | | | Dr.S.S.Deepak | | | |
| Quality Co-ordinator | | | Chief Medical Administartor | | | | Chairman & Managing Director | | | |
| | | | | | | | | | | |

SAIDEEP

HEALTHCARE & RESEARCH PVT. LTD.



Annual Documents adequacy & Change Requirements Review

| Sr.No | TOR/Doc No | Documents Name | Issue . No | Rev.No | Review Date | Change | Rev No | Revision Date | Reason for Change | Amendment |
|-----------------------------------|-------------------|----------------|-----------------------------|--------|-------------|------------------------------|------------------------------|-----------------|-------------------|---------------------|
| 1 | SHRPL/CTR / ICC/1 | Committee TOR | 1 | 1 | 01-Jan-19 | New member Added | 2 | 02-Jan-20 | New Staff | Member List Updated |
| Original Date | | | Effective Date | | | Next date of revision | | Issue NO | | |
| 01-03-2019 | | | 02-01-2020 | | | 01-01-2021 | | 1 | | |
| Reviewed & Prepared By | | | Recommended By | | | | Approved By | | | |
| Mrs.Shraddha Suryavanshi | | | Dr.H.Kalgaonkar | | | | Dr.S.S.Deepak | | | |
| Quality Co-ordinator | | | Chief Medical Administrator | | | | Chairman & Managing Director | | | |
| | | | | | | | | | | |

SAIDEEP

HEALTHCARE & RESEARCH PVT. LTD.



SAIDEEP HOSPITAL

Doc No.

SHRPL/CTR/IC/01

Committee's TOR

Rev No.

02

Rev Date

01/01/2024

Infection Control Committee

1. Objective:

The Infection Control committee is responsible for preventing and minimizing the potential nosocomial infection to patient and staff. To keep a monitor on all surveillance activity in the hospital and to develop a infection free atmosphere.

2. Scope:

Applicable to all departments of the hospital.


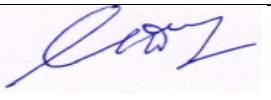
3. Constitution of Committee

The convener shall have the authority to invite any non-member to attend the meeting if it is deemed fit in relation to any matter being/ or to be deliberated by the committee.

| | | | |
|----|-------------------------|-------------|---|
| 1 | Chairmen | Chairperson | Dr. S. S. Deepak |
| 2 | Administrator | Member | Dr. H. Kalgaonkar |
| 3 | Quality Co-ordinator | Member | Ms. Shraddha Suryavanshi |
| 4 | Microbiologist (ICO) | Convener | Dr. Narendra Patil / Dr.Sahil Shaikh |
| 5 | Medical Superintendent | Member | Dr. Sunil Darandale Dr.Vikas Labade |
| 6 | Lab In-charge | Member | Dr.MeghnaPatankar |
| 7 | Infection Control Nurse | Member | Mr. Pravin Thorat / Ms. Maya Waghmare |
| 8 | Nursing Superintendent | Member | Mr. Santosh Sangale /Ms.Supriya Kamble |
| 9 | Pathologist | Member | Dr.Sahil Shaikh |
| 10 | Maintenance In-charge | Member | Mr. Prakash Gadekar |
| 11 | Housekeeping Supervisor | Member | Mr. Yogesh Bhadange |
| 12 | PSO | Member | Ms.Shivani Kamble |
| 13 | OT In charge | Member | Dr.Sangita Kulkarni |
| 14 | Intensives | Member | Dr.Raut Bhagyshree |

4. Quorum:

The minimum quorum for passing any resolution in the committee should be more than 50% of the members present with chairperson mandatory.

| | | | |
|-----------------------------|---|------------------------------|---|
| Recommended By | Signature | Approved By | Signature |
| Dr.Hrishikesh kalgaonkar |  | Dr.S.S.Deepak |  |
| Chief Medical Administrator | | Chairman & Managing Director | |



SAIDEEP HOSPITAL

Doc No.

SHRPL/CTR/IC/01

Committee's TOR

Rev No.

02

Rev Date

01/01/2024

5. Frequency of meeting:

Members of the committee meets once a month and as and when required.

6. Roles & Responsibilities:

Infection Control committee should be responsible for:

- To develop and implement the infection control policies and procedure for the hospital
- To develop surveillance system for nosocomial infections and monitor hospital acquired infection.
- In case of any outbreak HAI, Hospital Infection Control Committee(HICC) shall identify the root cause(s) and take appropriate corrective and preventive action.
- To ensure that conduct of sterilization and disinfection practices and to ensure the central sterile supply services(CSSD), housekeeping, laundry, engine engineering maintenance, food sanitation and waste managements are in conformity with the infection control policies of the institution. The necessary procedures to be evaluated and revised periodically.
- Planning of ATC (Annual Training Calendar)
- Standardization of procedures and system.
- To provide the orientation and continual education of all new and old employees as to importance of infection control policies and procedures.
- Document and issue infection control manual including policies

7. Common minimum agenda:

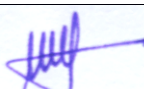
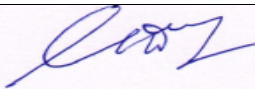
- Review previous meeting agenda
- Discussion on Infection related activity (VAP, CUATI , CLABSI, SSI)
- Discussion on uniformity of policies and procedures.
- Any other related issues

8. Terms of office for appointment:

The committee will be appointed for the period of one year. The management of the hospital will have the right to reappoint all or any of the said members and appoint new members to fill any vacancy. Minutes of the meeting would be recorded by the convener and circulated to all representatives including Director & Quality Dept.

9. Records to be maintained and period of retention

- Minutes of the meeting and the related document
- Analysis of RCA, CAPA
- The record shall be maintained for minimum three years

| Recommended By | Signature | Approved By | Signature |
|-----------------------------|---|------------------------------|---|
| Dr.Hrishikesh kalgaonkar |  | Dr.S.S.Deepak |  |
| Chief Medical Administrator | | Chairman & Managing Director | |