



SAIDEEP HOSPITAL

Doc No.

SHRPL/CTR/BT/01

Committee's TOR

Rev No.
Rev Date

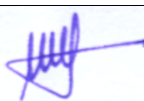
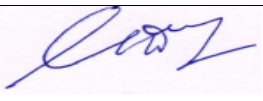
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01/01/2024



Blood Transfusion Committee Terms of Reference

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



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/BT /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 Coordinator			Chief Medical Administrator				Chairman & Managing Director			

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1	SHRPL/CTR/BT /1	Committee TOR	1	1	01-Jan-22	New member Added	2	02-Jan-23	New Staff	Member List Updated

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01-03-2019	02-01-2023	01-01-2024	1

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Blood Transfusion Committee

1. Objective:

The Blood Transfusion committee is responsible for looking after the activity related to use of blood and blood product. Standard procurement of blood and blood product throughout the hospital.

2. Scope:

Applicable to all departments of the hospital.

1	Chief Managing Director	Chairmen	Dr. S. S. Deepak
2	Chief Administrator	Member	Dr. H. Kalgaonkar
3	Quality Co-ordinator	Convener	Ms. Shraddha Suryavanshi
4	Microbiologist	Member	Dr Narendra Patil / Dr.MeghnaPathankar
5	Anaesthetist	Member	Dr.Sangita Kulkarni
6	Pathologist	Member	Dr.Sahil Shaikh
7	Medical Superintendent	Member	Dr. Sunil Darandale Dr.Vikas Labade
8	Nursing Superintendent ANS	Member	Mr. Santosh Sangale Ms.Supriya Kamble
9	PSO	Member	Ms.Shivani Kamble

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.

4. Quorum:

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

5. Frequency of meeting:

Members of the committee meets **once in two month** and as and when required.

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Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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6. Roles & Responsibilities:

Blood Transfusion committee should be responsible for:

- To review the appropriateness of ordering polices of blood and blood component
- To review handling and administration of blood and blood component
- To maintain the monthly data of the blood and blood product usage
- To review all the blood transfusion reaction occurred in the hospital.
- Planning of ATC (Annual Training Calendar)
- To promote continuous medical education in transfusion medicine for hospital staff.
- To ensure the compliance of the statutory requirement.

7. Common minimum agenda:

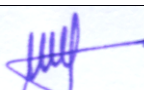
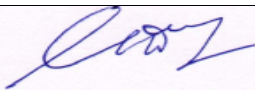
- Review previous meeting agenda
- Discussion on Blood Transfusion reaction.
- Any other related issues

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**

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Chief Medical Administrator		Chairman & Managing Director	