



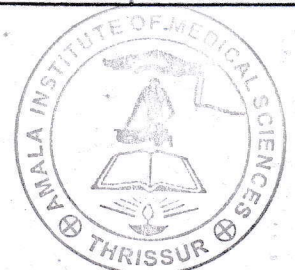
SAFETY AND DISASTER MANAGEMENT COMMITTEE

Date & Time: 21/03/2025 @ 3.00PM

Venue:

ATTENDANCE SHEET

Sl. No.	Name of the staff	Designation	Signature
1.	Fr. Antony Perincherry CMI	Joint Director	
2.	Fr. Deljo Puthoor CMI	Joint Director	
3.	Dr. Rajesh Anto	Medical Superintendent.	
4.	Dr. Dijoe Davis	Patient Safety Officer	
5.	Mr. Saiju Edakkalathur	COO	
6.	Sr. Likhitha	CNO	
7.	Mr. Joby	RSO	
8.	Er. Jose.A.Mekkattukulam	Electrical Engineer.	
9.	Er. Jijo Lazarus T	Civil Engineer.	
10.	Er. Jomon	Biomedical Engineer.	
11.	Er. Manikandan	Project Co-ordinator	
12.	Sr. Hanna	Radiology In-charge	
13.	Mr. Joy P D	CRO	
14.	Mr. Sanukrishna	Deputy. Manager Operations	
15.	Ms. Susmi Alphonsa Kurian	Quality Co-ordinator	
16.	Dr. Dinu	HICN In-charge	
17.	Mr. Clint	IT coordinator	
18.	Ms. Hasna.K	Jr. Quality Executive	
19.	Mr. Jeelson P J	Fire & safety officer	
20.	Mr. Renny	Inventory-Incharge	
21.	Mr. Stanley	Security Supervisor	
22.	Mr. Jomon	House Keeping	
23.	shefeela.k.m	Biomedical	
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SAFETY & DISASTER MANAGEMENT/ RADIATION SAFETY/ MAINTENANCE AND DEVELOPMENT COMMITTEE

Date & Time: 21/03/2025, 3 pm

Venue: Forensic Demonstration Hall

Duration: 1:30hrs

Agenda and Discussion Points

1. Previous meeting points.
2. Recent activities by the Safety Team
3. Emergency Codes Statistics Presentation.
4. Safety-related Incidents Presentation.
5. Safety Indicator Presentation
6. Maintenance-Related Requests Statistics
7. Critical Electrical Equipment Downtime
8. Projects
9. Other Discussion Points

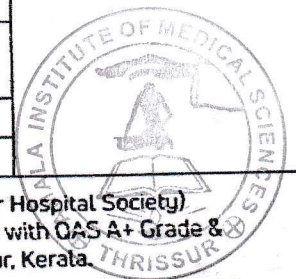
Procedure & Decisions

The meeting started with a prayer. Fr. Antony Perinchery CMI welcomed the gathering and emphasized the importance of the Safety & Disaster Management Committee and the necessity of RCA, and CAPA in every construction site. Mr. Jeeson P.J presented the previous meeting minutes and agenda. Ms. Hasna.K presented Quality indicators & Incident related to safety. Mr. Joby, RSO presented the radiation safety related activities.

The following points were discussed in the committee.

Previous meeting point

Sl. No.	Points Discussed	Suggested action	Responsible dept./person	Status
1.	Quality Indicator presentation	The safety related indicators, its RCA,CAPA has been discussed in the meeting.	Quality team Mr. Jeeson P.J	Done
2.	Pump room	Committee suggested decide a tentative date for completing the pending work.	Er. Manikandan Er. Jose A Mekkattukulam Mr. Jijo Jose Mr. Jeeson P.J	Done
3.	Reinstitute ICRA report	HIC dept. has to be involved in every construction site.	Ms. Noon Linda	Done
4.	Reinstitute PCRA	PCRA has to be issued before every work.	Mr. Jeeson P.J	Done
5.	Internal Disaster Team	Committee suggested to form an internal Disaster team to handle unexpected situation in hospital premises especially during rainy season like unexpected leak of water supply /Medical gas.	Fr. Antony Perinchery Er. Jose A Mekkattukulam Quality Er. Jijo Lazarus	Done





6.	New PET	Installation in progress	Mr. Joby P J	Done
7.	Facility Audit Team	Fr. Antony Perinchery CMI suggested to add Bio-Medical & Civil in Team 5. Team 5 cover areas related to Radiation Safety.	Quality team	Done
8.	Speed Limit inside Hospital Premises	Committee suggested to decide a speed limit inside the hospital premises and signage for the same mentioning the speed limit.	Fr. Antony Perinchery CMI Er. Jose A Mekkattukulam Mr. Jeelson P.J	WIP-Under construction
9.	Decommission of old X-ray(Dental)	Waiting for confirmation from agency.	Mr. Joby P J	WIP-Waiting for Decommission.
10	Requirement TLD for first year DRRT students	Fr. Antony Perinchery CMI suggested to initiate the process for TLD badge to all students those who are in the risk of exposure.	Mr. Joby P J	WIP-Fr. Deljo approved to proceed.
11	QA	QA in CATH lab pending -7 lead apron.	Mr. Joby P J	Henceforth
12	BSc. College NOC reinforced	Committee suggested decide a tentative date for completing the pending work	Er. Manikandan Er. Jose A Mekkattukulam Mr. Jijo Jose Mr. Jeelson P.J	WIP-Fencing done between school of Nursing & Nursing college

Discussion points

Sl. No.	Points Discussed	Suggested action	Responsible dept./person	Status
1.	Quality Indicator presentation	The safety related indicators, its RCA, CA, PA has been discussed in the meeting.	Ms. Hasna.K Mr. Jeelson P.J	Henceforth
2.	Facility Audit Report	Ms. Hasna.K, Quality Control department presented facility audit report conducted in the month of March.	Quality team	Henceforth
3.	Internal Audit	Committee discussed about the overall performance of concern departments in internal audit & major observation were discussed.	Quality team	FIO
4.	Mock Drill	Deviation observed in Mock drill conducted were informed to concern stakeholders to take necessary action in future. (Code Pink & Code Orange).	Quality team	Henceforth



EMERGENCY CODES

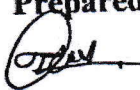
Sl.No.	CODES	FEBRUARY
1.	Code Blue	8
2.	Code Red	0
3.	Code Grey	0
4.	Code Pink	1-Mock drill
5.	Code Brown	0
6.	Code Orange	1-Mock drill
7.	Code White	0
8.	Code Yellow	1
	TOTAL	11

SAFETY INCIDENTS

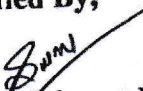
Sl.No.	INCIDENTS	FEBRUARY
1	Patient fall	4
2	NSI	1
3	Cautery burn	0
4	Facility Issue	1
5	Occupational Hazard	1
6	Staff fall	0
7	Patient identification error	6
8	Exposure to hazardous materials.	1
9	Bystander fall	1
10	Device product failure	10
	TOTAL	15

The meeting concluded with a thanks giving note by Jeeson P.J

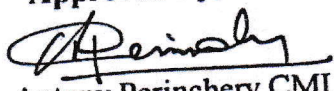
Prepared By,

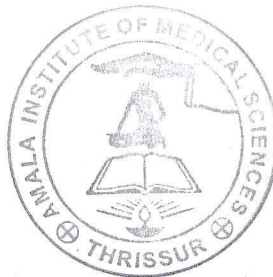

 Mr. Jeeson P J
 Secretary

Verified By,


 Ms. Susmi Alphonso Kurian
 Vice Chairperson

Approved By,


 Fr. Antony Perinchery CMI
 Chairman





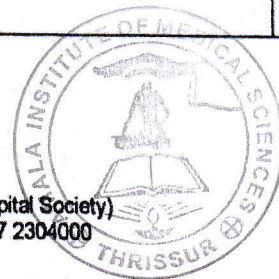
SAFETY AND DISASTER MANAGEMENT COMMITTEE

Date & Time: 20/06/2025 @ 3.00PM

Venue: Boulevard Hall

ATTENDANCE SHEET

Sl. No.	Name of the staff	Designation	Signature
1.	Fr. Antony Perincherry CMI	Joint Director	-
2.	Fr. Deljo Puthoor CMI	Joint Director	-
3.	Dr. Rajesh Anto	Medical Superintendent.	-
4.	Dr. Dijoe Davis	Patient Safety Officer	-
5.	Mr. Saiju Edakkalathur	COO	-
6.	Sr. Likhitha	CNO	Present
7.	Mr. Joby	RSO	-
8.	Er. Jose. A. Mekkattukulam	Electrical Engineer.	-
9.	Er. Jijo Lazarus T	Civil Engineer.	Present
10.	Er. Jomon	Biomedical Engineer.	Present
11.	Er. Manikandan	Project Co-ordinator	-
12.	Sr. Hanna	Radiology In-charge	-
13.	Mr. Joy P D	CRO	-
14.	Mr. Sanukrishna	Deputy. Manager Operations	Present
15.	Ms. Susmi Alphonsa Kurian	Quality Co-ordinator	-
16.	Dr. Dinu M 107	HICN In-charge ADMINISTRATIVE OFFICER	(for) DENATHI P C C N H
17.	Mr. Clint	IT coordinator	-
18.	Ms. Hasna. K	Quality Executive	-
19.	Mr. Jeelson P J	Fire & safety officer	-
20.	Mr. Renny	Inventory-Incharge	-
21.	Mr. Stanley	Security Supervisor	-
22.	Mr. Jomon	House Keeping	-
23.	Noween Joseph Pullm		-
24.	JOSEPH MATHEW V	QUALITY	-
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SAFETY & DISASTER MANAGEMENT/ RADIATION SAFETY/ MAINTENANCE AND DEVELOPMENT COMMITTEE

Date & Time: 20/06/2025, 3 pm **Venue:** Boulevard Hall **Duration:** 1:30hrs

Procedure & Decisions

The meeting started with a prayer. Fr. Antony Perinchery CMI welcomed the gathering and emphasized the importance of the Safety & Disaster Management Committee and the necessity of RCA, and CAPA in every construction site. Mr. Jeelson P.J presented the previous meeting minutes and agenda. Ms. Hasna.K presented Quality indicators & Incident related to safety, NABH NCs. Mr. Joby, RSO presented the radiation safety related activities.

The following points were discussed in the committee.

Agenda and Discussion Points

1. Previous meeting points
2. Recent activities by the Safety Team
3. Emergency Codes Statistics Presentation
4. Safety-related Incidents Presentation
5. Safety Indicator Presentation
6. Maintenance-Related Requests Statistics
7. Critical Electrical Equipment Downtime
8. Projects
9. Other Discussion Points

Previous meeting minutes

Sl. No.	Points Discussed	Suggested action	Responsible dept./person	Status
1.	Quality Indicator presentation	The safety related indicators, its RCA, CAPA has been discussed in the meeting.	Quality team Mr. Jeelson P.J	Done
2.	Speed Limit inside Hospital Premises	Committee suggested to decide a speed limit inside the hospital premises and signage for the same mentioning the speed limit.	Fr. Antony Perinchery CMI Er. Manikandan Mr. Jeelson P.J	WIP-Under construction
3.	Decommission of old X-ray(Dental)	Waiting for confirmation from agency.	Mr. Joby P J	WIP-Waiting for Decommission.
4.	Requirement TLD for first year DRRT students	Fr. Antony Perinchery CMI suggested to initiate the process for TLD badge to all students those who are in the risk of exposure.	Mr. Joby P J	WIP-Fr. Deljo approved to proceed.
5.	QA	QA in CATH lab pending -7 lead apron.	Mr. Joby P J	WIP
6.	BSc. College NOC reinforced	Committee suggested decide a tentative date for completing the pending work	Er. Manikandan Er. Jose A Mekkattukulam Mr. Jijo Jose	WIP-Fencing done between School of Nursing & Nursing College

**SAFETY & DISASTER MANAGEMENT/ RADIATION SAFETY/
 MAINTENANCE AND DEVELOPMENT COMMITTEE**

Date & Time: 20/06/2025, 3 pm **Venue:** Boulevard Hall **Duration:** 1:30hrs

Procedure & Decisions

The meeting started with a prayer. Fr. Antony Perinchery CMI welcomed the gathering and emphasized the importance of the Safety & Disaster Management Committee and the necessity of RCA, and CAPA in every construction site. Mr. Jeelson P.J presented the previous meeting minutes and agenda. Ms. Hasna K presented Quality indicators & Incident related to safety, NABH NCs. Mr. Joby, RSO presented the radiation safety related activities.

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9. Other Discussion Points



Previous meeting minutes

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2	Speed Limit inside Hospital Premises	Committee suggested to decide a speed limit inside the hospital premises and signage for the same mentioning the speed limit.	Fr Antony Perinchery CMI Er. Manikandan Mr. Jeelson P.J	WIP-Under construction
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6	BSc. College NOC reinforced	Committee suggested decide a tentative date for completing the pending work	Er. Manikandan Er. Jose A Mekkattukulam Mr. Jijo Jose	WIP-Fencing done between School of Nursing & Nursing College



7.	Facility Audit Report	Ms.Hasna.K, Quality Control department presented facility audit report conducted in the month of May.	Mr.Jeeson P.J Quality team	Done
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Discussion points

Sl. No.	Points Discussed	Suggested action	Responsible dept./person	Status
1.	Quality Indicator presentation	The safety related indicators, its RCA, CA, PA has been discussed in the meeting.	Ms.Hasna.K Mr. Jeeson P.J	Henceforth
2.	NABH Surveillance Audit NCs	Action Plan for NABH Surveillance Audit NCs: Following the presentation of NABH Surveillance Audit Non-Conformities (NCs) by Ms. Hasna K, Quality Control Department, the Committee has decided to: 1. Develop and implement Corrective and Preventive Actions (CAPA) for the identified NCs. 2. Re-enforce existing policies. 3. Create new policies and measures as part of CAPA. 4. Implement the new policies to ensure compliance and improvement.	Committee members	Henceforth

EMERGENCY CODES


Sl. No.	CODES	MAY
1.	Code Blue	10
2.	Code Red	1
3.	Code Grey	2
4.	Code Pink	0
5.	Code Brown	0
6.	Code Orange	0
7.	Code White	0
8.	Code Yellow	1
	TOTAL	14

SAFETY INCIDENTS

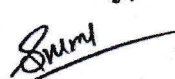
Sl. No.	INCIDENTS	MAY
1	Patient fall	3
2	NSI	1
3	Cautery burn	0
4	Facility Issue	0
5	Occupational Hazard	0
6	Staff fall	0
7	Patient identification error	3
8	Exposure to hazardous materials.	0
9	Bystander fall	1
10	Device product failure	3
	TOTAL	11

The meeting concluded with a thanks giving note by Jeeson P.J

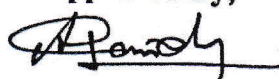
Prepared By,


 Mr. Jeeson P J
 Secretary

Verified By,


 Ms. Susmi Alphonsa Kurian
 Vice Chairperson

Approved By,


 Fr. Antony Perinchery CMI
 Chairman



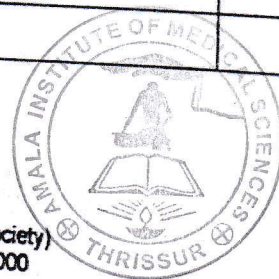
SAFETY AND DISASTER MANAGEMENT COMMITTEE

Date & Time: 18/07/2025 @ 3.00PM

Venue: Boulevard Hall

ATTENDANCE SHEET

Sl. No.	Name of the staff	Designation	Signature
1.	Fr. Antony Perincherry CMI	Joint Director	
2.	Fr. Deljo Puthoor CMI	Joint Director	-
3.	Dr. Rajesh Anto	Medical Superintendent.	-
4.	Dr. Dijoe Davis	Patient Safety Officer	-
5.	Mr. Saiju Edakkalathur	COO	-
6.	Sr. Likhitha	CNO	
7.	Mr. Joby	RSO	
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11.	Er. Manikandan	Project Co-ordinator	
12.	Sr. Hanna	Radiology In-charge	
13.	Mr. Joy P D	CRO	
14.	Mr. Sanukrishna	Deputy. Manager Operations	-
15.	Ms. Susmi Alphonsa Kurian	Quality Co-ordinator	
16.	Dr. Dinu	HICN In-charge	
17.	Mr. Clint	IT coordinator	
18.	Ms. Hasna.K	Quality Executive	
19.	Mr. Jeeson P J	Fire & safety officer	
20.	Mr. Renny	Inventory-Incharge	
21.	Mr. Stanley	Security Supervisor	-
22.	Mr. Jomon	House Keeping	
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**SAFETY & DISASTER MANAGEMENT/ RADIATION SAFETY/
MAINTENANCE AND DEVELOPMENT COMMITTEE**

Date & Time: 18/07/2025, 3 pm **Venue:** Boulevard Hall **Duration:** 1:30hrs

Procedure & Decisions

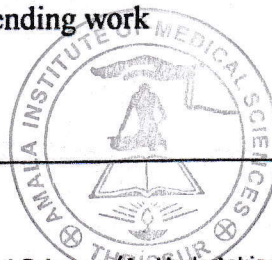
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The following points were discussed in the committee.

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6. Maintenance-Related Requests Statistics
7. Critical Equipment Downtime
8. Projects
9. Other Discussion Points
10. **Previous meeting minutes**

Sl. No.	Points Discussed	Suggested action	Responsible dept./person	Status
1.	Quality Indicator presentation	The safety related indicators, its RCA, CAPA has been discussed in the meeting.	Quality team Mr. Jeeson P.J	Done
2.	Speed Limit inside Hospital Premises	Committee suggested to decide a speed limit inside the hospital premises and signage for the same mentioning the speed limit.	Fr. Antony Perinchery CMI Er. Manikandan Mr. Jeeson P.J	WIP-Under construction
3.	Decommission of old X-ray(Dental)	Waiting for confirmation from agency.	Mr. Joby P J	Done
4.	Requirement TLD for first year DRRT students	Fr. Antony Perinchery CMI suggested to initiate the process for TLD badge to all students those who are in the risk of exposure.	Mr. Joby P J	Done
5.	QA	QA in CATH lab pending -7 lead apron.	Mr. Joby P J	Done
6.	BSc. College NOC reinforced	Committee suggested decide a tentative date for completing the pending work	Er. Manikandan Er. Jose A Mekkattukulam Mr. Jijo Jose Mr. Jeeson P.J	WIP-Fencing done between School of Nursing & Nursing College



7.	NABH Surveillance Audit NCs	Action Plan for NABH Surveillance Audit NCs: Following the presentation of NABH Surveillance Audit Non-Conformities (NCs) by Ms. Hasna K, Quality Control Department, the Committee has decided to: 1. Develop and implement Corrective and Preventive Actions (CAPA) for the identified NCs. 2. Re-enforce existing policies. 3. Create new policies and measures as part of CAPA. 4. Implement the new policies to ensure compliance and improvement.	Committee members
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Discussion points

Sl. No.	Points Discussed	Suggested action	Responsible dept./person	Status
1.	Quality Indicator presentation	The safety related indicators, its RCA, CA, PA has been discussed in the meeting.	Ms.Hasna.K Mr. Jeeson P.J	Henceforth
2.	Facility Audit Report	Ms.Hasna.K, Quality Control department presented facility audit report conducted in the month of June.	Quality team	Henceforth
3.	TAT for iApps Service request	Committee approved the suggested TAT for priority wise category in iApps Service request.	Committee members	Henceforth

EMERGENCY CODES


Sl. No.	CODES	JUNE
1.	Code Blue	10
2.	Code Red	1
3.	Code Grey	2
4.	Code Pink	0
5.	Code Brown	0
6.	Code Orange	0
7.	Code White	0
8.	Code Yellow	1
	TOTAL	14

SAFETY INCIDENTS


Sl. No.	INCIDENTS	JUNE
1	Patient fall	7
2	NSI	4
3	Cautery burn	0
4	Facility Issue	0
5	Occupational Hazard	0
6	Staff fall	0
7	Patient identification error	3
8	Exposure to hazardous materials.	0
9	Bystander fall	2
10	Device product failure	2
	TOTAL	18

The meeting concluded with a thanks giving note by Jeeson P.J


Prepared By,


 Mr. Jeeson P J
 Secretary

Verified By,

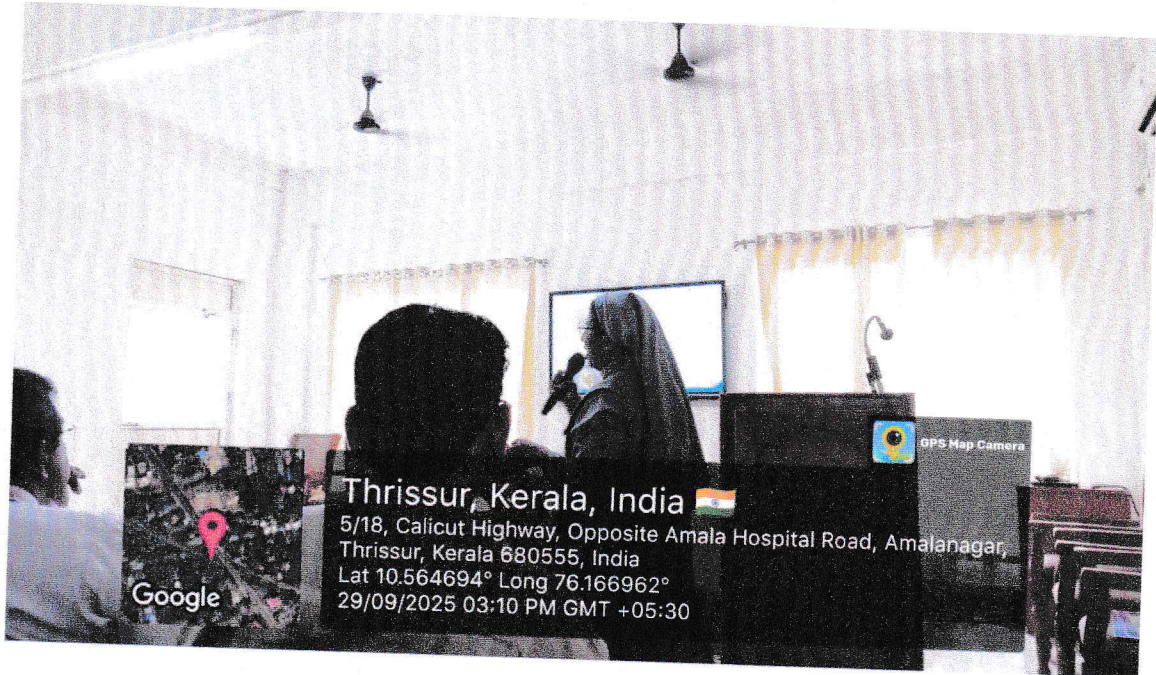

 Ms. Susmi Alphonsa Kurian
 Vice Chairperson

Approved By,


 Fr. Antony Perinchery CMI
 Chairman




SAFETY AND DISASTER MANAGEMENT



Betsy

Dr. BETSY THOMAS
 MD, FRCOG, DNB, MICOG
 PRINCIPAL

AMALA INSTITUTE OF MEDICAL SCIENCES

Amala Institute of Medical Sciences (An Undertaking of Amala Corporation) AMALA NAGAR, THRISSUR-680 555
 Affiliated to Kerala University of Health Sciences Accredited by KUHS with QAS A+ Grade &
 NABH & NABL Accredited & ISO 9001:2015 Certified, Amala Nagar P.O, Thrissur, Kerala.
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 www.amalaaims.org | Follow us on

