

# Terms of Reference (TOR) Document: Guidelines for Committees & Key Roles

This document provides detailed Terms of Reference (TOR) for two key hospital committees: the Infection Control Committee and the Quality Assurance & Safety Committee. It also includes roles and responsibilities for key personnel like the Quality Coordinator and Safety Officer. Using these examples as a reference, hospitals are expected to draft the TORs for all other required committees, tailoring them to their specific operational needs. Each TOR outlines the committee's scope of activities, member composition, meeting frequency, attendance requirements, and a standardized format for minutes of meetings (MOM).

## A. HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE (HICC)

### Terms of Reference of HICC

The HICC will supervise the implementation of the hospital infection control programme. Specifically, the committee shall:

- To develop a system of identifying, reporting, investigating and tracking hospital acquired Infection.
- To formulate policies and guidelines to control hospital acquired Infection.
- To educate the healthcare workers of the hospital on the Infection Control policies and procedures.
- To ensure optimum disinfection and sterilization and oversee the segregation and proper disposal of biomedical waste.
- To carry out continued surveillance of hospital infection with reference to hand hygiene, surgical site infections, ventilator associated pneumonia and device-related infections.
- To monitor the rational usage of antibiotics.
- To monitor the trends of hospital infection and therefore detect any impending outbreak early.
- To ensure adequate pre and post exposure prophylaxis for staff

### Frequency of Meeting

- Once a month and when required.
- All members will receive notification of meeting in advance.
- The time allocated to the meeting shall not exceed 90 minutes.
- Every effort shall be made not to conflict the meetings with other scheduled/non- scheduled meetings.

### Quorum

Minimum of 51% of members, excluding invited / passive representative, are required to compose a quorum.

## Infection Control Committee Members

- Infection Control Committee Chairman: Director/Assistant Director
- Infection control officer (ICO): Physician with adequate experience in Infection Control activities
- Quality Coordinator
- Infection Control Nurse (ICN)
- Medical Superintendent
- Nursing Head
- Physician/ General Surgeon/Paediatrician/Other clinicians
- Housekeeping In-charge
- Pathologist
- C.S.S. D –in-charge

### Attendance Sheet for Committee Meeting

**Date and time of meeting:**

**Venue:**

Sr. No.	Name	Designation	Signature

**Meeting Chaired by:**

## Meeting Minutes of Hospital Infection Prevention and Control Committee

Date:

Venue:

Time:

Sr. No.	Issues Discussed	Action to be Initiated	Responsibility	Target Date
	REVIEW of decisions taken in last meeting			
1				
2				
3				

Prepared by:

Approved by:

## B. QUALITY ASSURANCE (QA) AND SAFETY COMMITTEE

### Terms of Reference of QA and Safety Committee

- Reviewing and recommending quality/safety-related policies and standards.
- Approving and monitoring quality indicators
- Reviewing incidents and sentinel events, root cause analyses; if appropriate, recommend corrective action.
- Overseeing compliance with NABH entry level standards.
- Making recommendations to the board/hospital head on all matters related to the quality of care, patient safety and customer service.
- Preparation and periodical updation of all manuals.
- Monitor various Audit Reports including internal audits, analyse for its corrective and preventive action.
- To effectively monitor the hospital wide safety process to ensure safety for patient, staff, visitors and environment. This includes reviewing policies related to safety, preventive maintenance programs, etc.
- To analyze the effectiveness of the Drills conducted

### Frequency of Meeting

- Once a month and when required.
- All members will receive notification of meeting in advance.
- The time allocated to the meeting shall not exceed 90 minutes.
- Every effort shall be made not to conflict the meetings with other scheduled/non- scheduled meetings.

## Quorum

Minimum of 51% of members, excluding invited / passive representative, are required to compose a quorum.

## QA and Safety Committee Members

- |                                |                                  |                               |
|--------------------------------|----------------------------------|-------------------------------|
| 1. Director [Chairperson]      | 6. Safety Officer                | 11. Radiation Safety Officer  |
| 2. Medical Superintendent      | 7. Maintenance Manager           | 12. Fire Safety Officer       |
| 3. Clinicians                  | 8. Biomedical Engineer           | 13. Laboratory Safety Officer |
| 4. Nursing Head                | 9. HIC Committee Representative  |                               |
| 5. Quality Manager/Coordinator | 10. Manager Finance and Accounts |                               |

## Attendance Sheet for Committee Meeting

Date and time of meeting:

Venue:

Sr. No.	Name	Designation	Signature

Meeting Chaired By:

## Meeting Minutes of Quality Assurance and Safety Committee

Date:

Venue:

Time:

Sr. No.	Issues Discussed	Action to be Initiated	Responsibility	Target Date
	REVIEW of decisions taken in last meeting			
1				
2				
3				

Prepared by:

Approved by:

## Quality Coordinator

The quality manager/coordinator should be formally designated and the job responsibilities (sample given below) should be mentioned in the designation letter, and accepted by the individual.

Sample list of responsibilities of quality manager/quality coordinator:

- Devise and establish a hospital's quality program
- Set standards/benchmarks for quality as well as health and safety
- Engage in all activities related to quality accreditation/certification
- Look at ways to reduce waste and increase efficiency
- Define quality policies and procedures in conjunction with operating staff, and update them periodically
- Set up and maintain document control
- Monitor performance by gathering data and produce statistical reports
- Conduct audits and identify any areas of weakness, recommending and implementing improvements
- Assess the effectiveness of changes made
- Use relevant quality tools and make sure all staff understand how to improve quality and safety of staff.

## Safety Officer

The safety officer should be formally designated and the job responsibilities (sample given below) should be mentioned in the designation letter, and accepted by the individual.

- Identifying hazards: PSOs identify potential hazards and implement policies and procedures to reduce the risk of accidents and errors.
- Investigating incidents: PSOs investigate incidents and analyze data to identify trends.
- Educating staff: PSOs may educate staff on best practices and train new employees on safety procedures.
- Evaluating and improving the program: PSOs evaluate and improve the patient safety program based on internal needs and external requirements and standards.
- Developing goals: PSOs conduct surveys and assessments of patient safety and risks and develop annual patient safety goals.
- Creating a culture of safety: PSOs develop initiatives to create an appropriate patient safety culture.

**Individual responsible for overseeing safety and quality** should be a person from higher levels of management and should be formally designated and the job responsibilities (sample given below) should be mentioned in the designation letter, and accepted by the individual

- Ensuring compliance to safety and quality
- Ensuring that the workplace complies to safety guidelines, and statutory and legal compliance
- Promoting a safe environment-Advising on safety measures, supervising risk assessments, and enforcing preventative measures
- Overseeing the quality and safety training employees
- Investigating incidents and sentinel events, analyzing and suggesting corrective and preventive measures
- Providing guidance on quality and safety issues
- Reviewing various audits and corrective and preventive actions taken for deficiencies observed
- Guiding quality improvement projects
- Reviewing quality and safety indicators, and suggesting actionable points in case of unfavourable trends

## Disclaimer

The contents are sample references to aid understanding of the Standards and are not prescribed by NABH as mandatory practices. Healthcare organizations are encouraged to modify them as per their scope and practices. NABH is not liable for misinterpretation, erroneous use, or non-conformities during assessment due to unmodified use of these contents.