



Principal
GIAN SAGAR MEDICAL COLLEGE & HOSPITAL
RAM NAGAR, RAJPURA
District : Patiala, Punjab (INDIA)
E-mail: principalgsmch@gmail.com
Ph: 01762-535807

Ref. No. GSMCH/PRIN/2026/ 659.

Date: 29/9/26

HOSPITAL SECURITY & VIOLENCE PREVENTION COMMITTEE

The "Hospital Security & Violence Prevention Committee" is constituted and the following are the members of the committee:-

Sr. No.	Name	Designation & Department	Contact No. & E-mail Id	Position
1.	Dr. Ram Samujh	Medical Superintendent Administration	9888535554 rsamujh@gmail.com	Chairperson
2.	Dr. Satinder Singh	Additional Medical Superintendent Administration	9814104535 sat_cherry@yahoo.co.in	Coordinator
3.	Dr. Manjit Kaur Mohi	Prof. & HOD, Obst. & Gynae	9878098181 manjitmohi@yahoo.co.in	Member
4.	Dr. Manjit Singh	Prof. & HOD, Orthopedics	9815956366 drmanjitaroch@gmail.com	Member
5.	Dr. Manjit Singh	Prof. & HOD, Oto-Rhino-Laryngology	9814065804 drmanjitsingh62@gmail.com	Member
6.	Dr. Gaurav Singal	Prof. & HOD, General Surgery	7017995634 drgauravsingal2@gmail.com	Member
7.	Dr. Ishwar Singh	Prof. & HOD Ophthalmology	9814210203 issaini2000@gmail.com	Member
8.	Mrs. Anju devi	Nursing Superintendent	8569885604 nsofficegsmch01@gmail.com	Member
9.	Mr. Kulbir Singh	Manager Administration	9914778474 kulbir81@gmail.com	Member

TERMS OF REFERENCE

1. Purpose

The Hospital Security and Violence Control Committee is constituted to establish, implement, monitor, and continuously improve measures for maintaining a safe and secure environment for patients, attendants, visitors, healthcare workers, students, and other persons within the hospital premises.

The Committee shall work towards prevention, early identification, appropriate response, documentation, and review of incidents involving violence, threats, aggression, security breaches, theft, vandalism, unauthorized access, and other security-related concerns.

2. Objectives

The objectives of the Committee are to:

1. Promote a safe and secure environment throughout the hospital.
2. Prevent and reduce incidents of violence, aggression, threats, and disruptive behaviour.
3. Establish standardized procedures for prevention and management of security incidents.
4. Ensure appropriate security arrangements at critical and vulnerable areas of the hospital.
5. Review reported incidents and identify contributing factors and preventive measures.
6. Ensure timely reporting, documentation, escalation, and follow-up of security and violence-related incidents.
7. Promote awareness and training of hospital staff regarding prevention and management of violence and security threats.
8. Coordinate with hospital administration, security personnel, clinical departments, local authorities, police, fire services, and other relevant agencies when required.
9. Monitor compliance with applicable hospital policies, statutory requirements, and accreditation standards.
10. Promote a culture of safety, respect, and zero tolerance for violence within the hospital, while ensuring appropriate and proportionate responses to incidents.

3. Scope

The Committee shall oversee security and violence-prevention measures across all areas of the hospital, including but not limited to:

- Emergency Department
- Outpatient and inpatient areas
- Intensive Care Units and other critical care areas
- Operation theatres and procedure areas
- Pharmacy and laboratory areas
- Cash counters and billing areas
- Medical records and administrative areas
- Parking areas and hospital entrances/exits
- Staff residential/accommodation areas, where applicable
- Ambulance and patient transfer areas
- Any other area identified as vulnerable or high-risk

The Committee shall address incidents involving patients, attendants, visitors, employees, students, contractors, vendors, security personnel, and other persons present on hospital premises.

4. Roles and Responsibilities

The Committee shall:

1. Develop and periodically review the hospital's security and violence-prevention policy.
2. Identify security-sensitive and high-risk areas and recommend appropriate preventive measures.
3. Review trends and patterns of violence, threats, security breaches, theft, vandalism, and other incidents.

4. Review serious or significant incidents and recommend corrective and preventive actions.
5. Ensure that an appropriate incident reporting and escalation mechanism is available.
6. Monitor the adequacy of security personnel, deployment, access control, surveillance, communication systems, lighting, alarms, barriers, and other security measures.
7. Review the effectiveness of CCTV surveillance and other security systems, where applicable.
8. Recommend measures for controlling unauthorized access to restricted areas.
9. Review arrangements for managing aggressive or potentially violent persons.
10. Ensure appropriate coordination with police and other external agencies when required.
11. Recommend staff training and awareness programmes on de-escalation, personal safety, emergency response, and reporting procedures.
12. Review compliance with the approved security protocols and identify gaps.
13. Monitor implementation of corrective and preventive actions arising from incidents and committee decisions.
14. Submit recommendations to hospital management for approval and necessary resources.
15. Review the Committee's effectiveness periodically and recommend improvements.

5. Incident Reporting and Review

All significant security and violence-related incidents shall be reported through the hospital's approved incident-reporting mechanism.

Incidents may include:

- Physical assault or attempted assault.
- Verbal threats or intimidation.
- Damage to hospital property.
- Unauthorized entry or access.
- Theft or suspected theft.
- Disruptive or aggressive behaviour.
- Threats to patients or staff.
- Security breaches.
- Missing persons/patients, where relevant.
- Weapon-related incidents.
- Crowd-related incidents.
- Any other event presenting a significant security risk.

Serious incidents shall be escalated immediately to the designated hospital authority and, where appropriate, to external authorities.

6. Review of Incidents

The Committee shall review significant incidents to determine:

- What happened and when.
- Location and persons involved.
- Immediate response taken.
- Contributing factors.
- Whether existing procedures were followed.
- Gaps in security arrangements or communication.
- Corrective and preventive actions required.

- Responsibility and timeline for implementation.
- Whether further escalation or external reporting is required.

The purpose of incident review shall be **learning, prevention, and improvement**, without prejudicing any separate disciplinary, legal, or statutory process.

7. Security Risk Assessment

The Committee shall periodically conduct or facilitate security risk assessments covering, as applicable:

- Access and entry/exit control.
- Security personnel deployment.
- CCTV and surveillance.
- Lighting and visibility.
- Panic/alarm systems.
- Communication systems.
- Visitor and attendant management.
- Parking and perimeter security.
- High-risk departments/locations.
- Staff safety.
- Emergency preparedness.
- Management of potentially violent situations.

Risk assessments should result in documented recommendations and follow-up actions.

8. Training and Awareness

The Committee shall facilitate appropriate training and awareness programmes for relevant staff, including:

- Recognition of early warning signs of violence
- Communication and de-escalation techniques
- Procedures for summoning security assistance
- Personal safety measures
- Incident reporting
- Emergency response procedures
- Appropriate handling of threatening or aggressive behaviour
- Familiarization with hospital security policies and procedures

Training should be prioritized for staff working in areas identified as higher risk.

9. Coordination with External Agencies

Where required, the Committee shall facilitate coordination with:

- Local police authorities
- Fire and emergency services
- Ambulance services
- Government/local authorities
- Security agencies
- Other relevant external organizations

Such coordination shall be undertaken in accordance with applicable laws, hospital policies, and administrative procedures.

10. Meetings

1. The Committee shall meet **at least once every quarter** and more frequently when required.
2. An emergency meeting may be convened following a serious security or violence-related incident.

11. Quorum

- Atleast 50% of the members be present in meeting.

12. Reporting

The Committee shall submit its recommendations and periodic reports to the Principal, Gian Sagar Medical College & Hospita, Ram Nagar, Rajpura.

The report may include:

- Number and type of incidents.
- Serious incidents and their status.
- Trends and recurring problem areas.
- Security risk assessment findings.
- Corrective and preventive actions.
- Training activities.
- Status of previous recommendations.
- Resource or infrastructure requirements.
- Recommendations for management action.

13. Documentation and Confidentiality

All incident reports, investigation/review records, meeting minutes, risk assessments, and related documents shall be maintained securely in the Medical Superintendent Office. Information relating to patients, staff, visitors, or incidents shall be handled confidentially and disclosed only to authorized persons or authorities as required by applicable policy or law.

14. Authority

The Committee shall have the authority to:

- Review relevant security and incident records.
- Seek information from concerned departments.
- Recommend immediate risk-control measures.
- Recommend additional security arrangements or resources.
- Escalate unresolved or serious security concerns to hospital management.
- Co-opt relevant experts or departmental representatives when necessary.

The Committee shall function within the authority delegated by hospital management. Final administrative, disciplinary, financial, and legal decisions shall remain with the competent authority.

15. Corrective and Preventive Action

For identified gaps, the Committee shall recommend appropriate corrective and preventive actions (CAPA), including:

- Immediate containment measures
- Process or policy changes
- Infrastructure/security improvements
- Additional manpower or deployment changes
- Training and awareness
- Monitoring and follow-up

Each action should have an identified responsible person/department and target completion date.

16. Review of Terms of Reference

These Terms of Reference shall be reviewed at least annually or earlier if there is a significant change in hospital operations, applicable regulations, security risks, or organizational requirements.

Any amendments shall be approved by the competent authority.

17. Effective Date

These Terms of Reference shall come into effect from the date of approval by the competent authority and shall remain applicable until revised or superseded.




Dr. (Col.) Awadhesh Kumar Mishra
Principal

CC:-

- ❖ Medical Superintendent.
- ❖ Academics Incharge.
- ❖ HODs of all departments.
- ❖ Administrative Incharge for information please.
- ❖ Head (Admin) for information.
- ❖ HR Department.
- ❖ All Concerned Member of the committee.