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F.N. 17/8/1/1/DMC/PH-II/DHS/2025-26/ 835-840 **Date:** 15/04/2025

Subject: Preparedness Measures for Fire Incident at health care institutions;

Fire incident are preventable and can often be attributed to negligence and lack of proper training. Such accidents and loss of lives on their account can only be minimized by facilitating and fostering a culture of safety in health facilities. As temperatures escalate during the summer month, fire becomes a more significant threat. In view of this health care institutions (Hospitals / Health Centres) needs to underscore the paramount importance of proactive measures to prevent such devastating incident. Keeping in view of this preparedness measures for prevention of fire incident at health facility,. The proposed Preparedness Measures for Fire Incident at health facility are as under;

The suggestive structural preparedness measures for fire safety and electric safety are as under;

A. Fire Safety:

a. All health care facilities to obtain No Objection Certificate (NOC) / Faire Safety Audit report from Delhi Fire Services/authority as per existing fire safety norms / rules.
b. All health care facilities to ensure availability and operability of fire detection, protection and suppression equipment.
c. All health care facilities to prepare the Fire Response Plan (FRP) specifying roles and responsibilities of all employees and Standard Operating Procedure (SOP) to be followed in case of fire;
d. All health facilities to conduct regular periodic "Mock Fire Drill" at-least once in six months in coordination with local fire services in accordance with the approved FRP. Hospitals having more than 300 bedded may ensure the involvement of each department (clinical and non-clinical) to become a part of the drill at least once in a year.
e. All health care facilities, especially those catering to high caseloads with ICUS/OTs/Nursery etc. must have a trained Fire Safety Officer along with trained fire guards.
f. All healthcare facilities to ensure that air handling unit is well maintained, and dampers are functional to restrict the circulation of smoke in case of fire.
g. All healthcare facilities to ensure compartmentalization of areas having combustible and inflammable materials and appropriate fire safety measures are in place.

h. All healthcare facilities to ensure availability of requisite water quantity for fire fighting and protection system in overhead and/or underground tanks (as applicable) at all times and ensure its availability by delegating specific responsibility.

i. All health care facilities to ensure that all escape routes (Both Entry / Exit) are free from obstruction due to unserviceable items / junk lying in the common corridors, staircases, exits, basement, ramps, etc. in order to ensure that all means of ingress/egress are clear of any impediments;

j. All health care facilities to ensure proper display of fire signages and evacuation routes (preferably in fluorescent colours) in vernacular languages. In addition to the fire exit signs which are invariably fixed on/from ceiling, it is advised that some exit signs may be installed at lower heights (up to 1.2 to 1.5 metres) and self-illuminating strips on the floor for convenience of patients/attendants to identify exit routes.

k. All healthcare facilities to specifically ensure separate compartmentalization of special care areas such as ICUs, OT areas etc.

B. Electrical safety

a. Regular electric audit to be conducted.

b. All healthcare facilities to ensure that the electrical load on the electrical system is not beyond its rated/design capacity.

c. Capacity of electrical switchgear and its loading must be audited at least once in a year to check overloading and replacement of worn out equipment/accessories/connections.

d. Before adding any new equipment to the existing system, it must be ensured that the electrical switchgears have sufficient capacity to cater to it.

e. All safety devices, such as switches, Miniature Circuit Breakers (MCBs), Earth-leakage circuit breakers (ELCBs) etc. are to be maintained in proper functioning order, and any sign of overloading/overheating shall be immediately attended.

f. Proper maintenance and visual inspection of electrical system, Air Conditioners , UPS, inverters etc. to be made at regular intervals. Thermal scanning/imaging of panels and distribution board should be regularly undertaken to prevent fire incidents.

g. Use of multi-plug points and extension cords must be avoided. It shall be replaced by proper outlets wherever required.

h. Non-ISI standard equipment/appliances such as food warmers, sunflows, heaters, etc. which run on coil and high voltage shall be prohibited in health facilities premises

i. Health facilities to ensure that electrical appliances, incl. Air Conditioner , UPS, ACS, computers, etc. are switched off when not in use.

j. Areas housing various UPS/batteries banks, server rooms, electrical panel rooms should preferably be compartmented and kept adequately ventilated and appropriate temperature should be maintained.

C. Training

I. Each facility shall ensure that **all employees** are sufficiently oriented and trained on Fire Response Plan (FRP) procedures. Such orientation activity may include awareness regarding:

a. Do's and Donts' in case of fire emergencies
b. Display of Fire Services Toll Free Number Police (100 & 112), Fire (101), Emergency Medical Service (CATS), DDMA (1077)
c. Nearest alarm system (manual call point) and how to activate the same in case of fire/ emergency.
d. Nearest location of fire-fighting equipment like Fire Extinguisher including PASS (Pull, Aim, Squeeze, and Sweep) procedure for properly using fire extinguishers.
e. Nearest escape route/ egress and alternate egress points.
f. Need to keep all egress points unobstructed
g. Identification and prompt reporting of non-functional fire doors, any other damage or malfunction
h. Warning indicators like burning smell, sparks in electrical plugs etc.
i. Emergency Evacuation Procedures including:
    i. RACE (Rescue, Alarm, Confine, Extinguish) procedure.
    ii. Development of specific evacuation plan for ambulatory and non- ambulatory patients
    iii. Identify location for horizontal movement to the adjoining compartment that is considered safe from smoke and fire.
    iv. Location and proper use of equipment for transporting patients between fire/smoke compartments.
    v. Identify and mark multiple Assembly points (preferably at all floors) in the health facility premises which may be used in case of emergency.

II. All health facility staff (including healthcare workers, administrative staff. auxiliary/ support staff) should be adequately trained with regards to fire safety and evacuation

III. Up-dation of Hospital Disaster Management Plan and QRTs

D. Fire Safety Monitoring System;

(i) **Designated Fire Safety Area-In-Charge:** Each department or floor shall have a designated fire safety area-in-charge, fire warden, or officer responsible for the effective maintenance and upkeep of the fire safety system in their respective area or department.

(ii) **Rotation:** The fire safety officer shall be assigned this additional responsibility on a rotational basis for a specific period.

(iii) **Hybrid meetings:** All fire safety officers in the health facility shall meet monthly on a hybrid (virtual and physical) mode to discuss fire safety issues in their areas.

(iv) **Reporting to top management:** All important issues related to fire safety shall be officially reported to the top management.

(v) **Quarterly reviews:** The Medical Director / Medical Superintendent / CDMOs shall meet and discuss fire safety issues in the health facility at least once a quarter. This will emphasize the importance of fire safety and ensure the effective maintenance of the system.

E. In order to maintain a state of preparedness and for regular assessment of any fire or electrical risk, all health facilities may be directed to undertake their assessment, as per the attached check-list(Annexure –I). The check list should be assessed on monthly basis.

F. A suggestive list of below mentioned Do's and Don'ts may be displayed in patient care areas as well as other critical areas (like UPS/battery banks; server rooms; rooms with heavy electrical load equipment; stores etc.).

Do's

- Raise alarm and alert everyone in the premises
- Escape first and then call for help.
- Use nearest available exit route.
- While leaving the area, close all doors and windows behind you to restrict the spread of smoke and fire.
- Know the fire emergency/ disaster control room number.
- Know the location of the oxygen shut off valve and electrical supply, located in the health facility premises.
- The staff who are trained for the progressive horizontal evacuation procedure should lead the patient evacuation to the safe area.
- Use only escape route as they are built for egress purpose.
- Use staircase/ ramps, "Don't use lifts in case of fire".
- If you are trapped in room, shout from window to attract the attention of the rescue teams as well as others.
- Use refuge area, wherever available / applicable.

- Always crawl low under the smoke and try to keep your mouth covered, preferably with a wet handkerchief.

Don'ts

- Don't panic and stay calm.
- Never stand up in fire.
- Never go back into burning building for any reason.
- Don't open fire and smoke check doors as they limit the spread of fire and smoke when they are in closed position.
- Don't clutter the stairs, corridors and lobbies as they are your escape routes.
- Never use lift in case of fire, always use staircase/ ramps.

G. Timely and optimal patient evacuation to be ensured by the hospital / health centre during the incident. The evacuation plan to be in place in hospitals.

a. The health facility evacuation plan, detailing all escape routes and staircases, should be prominently displayed in the corridors to guide individuals in case of an emergency.
b. All departments should have their specific evacuation plans and they should be a part of health facility fire safety plan.
c. Evacuation routes should be clearly established. All health facility staff should have working knowledge of the evacuation routes, which route to take, based on the type of evacuation and as instructed by the health facility's incident commander and the designated assembly point(s)/ refuge areas.
d. Once the fire alarm is triggered, there need to be designated personnel to investigate the reason for the alarm (and the possibility of a false alarm) and to identify the level of the threat. They must also determine whether the fire is a small one that can be suppressed or whether evacuation is necessary.
e. These designated personnel must communicate with the Incident Command. Center/Control room, who will inform the rest of the staff what sequence of evacuation (if necessary) needs to be followed.
f. The designated responsible person in the Command Centre/Control room determines, based on reports from the persons who detected and/or reported the fire situation, what type of evacuation is required.
g. The staff from other units of the department should be summoned immediately to support the effected staff.

h. Ensure that egress corridors are clear to allow movement of patients and equipment. Locate and secure patients' medical records and medical supplies.

i. While evacuating patients, medical records of patients, must also be taken along.

j. Keep evacuation/transport equipment ready such as wheelchairs, blankets, and gurneys.

k. All incumbents to follow instructions; do not evacuate unless given the authorization to do so.

l. The type of movement is dependent on the type of hazard and nature of patient criticality and facility available.

(i) Shelter in Place: The staff may be instructed to "shelter in place," that is, remain in their units and await further instructions.

(ii) Horizontal evacuation: The primary mode of evacuation, this involves moving patients in immediate danger away from the threat but keeping them on their current floor.

(iii) Vertical: This usually involves the complete evacuation of a specific floor in the health facility. Patients and staff will be evacuated out of the health facility, only if necessary.

m. Designated staff members, sometimes referred to as "wardens" or "health and safety officers," should then direct patients, health facility staff and visitors to evacuate orderly and calmly.

n. When evacuation is necessary and directions for the same are received from Incident Command Center/Control room, set in motion a system to move people to designated assembly points.

o. There should be proper liaison with between Incident Command Center/ Control room of nearby health facilities as well as the ambulance service control room to have quick mobilization of support facilities, if required.

H. Special Consideration for ICUs/OTs/special wards/including infants

a. For planning, identify location of horizontal egress of patients on the same floor having all life support system in place.

b. If there is manually operated smoke ventilation system available within ICU area, trained designated staff may activate the same immediately and intimate the command center.

c. The alternate location shall be made safe for the babies to prevent theft.

d. Babies/critical patients shall always be move under supervision of doctor/nurses and not left unattended.

e. ICUs patient should be evacuated along with mobile ventilators records, to a place where supply of medical gases is available.

f. Patient to be moved after stabilization with lifesaving equipment.

g. Mist sprinkler system is preferred for installation in OTs, ICU areas.

h. Ventilation of ICUs and clinical areas where high-flow nasal oxygen, facemask continuous positive airway pressure and non-invasive ventilation are in use should be > 10 air changes per hour to prevent oxygen enrichment of the ambient atmosphere.

i. In operation theatres, anaesthesiologist should rapidly stabilize the patient's vital signs, ensuring proper airway management and ventilation.

j. If applicable, immediate steps to control any active bleeding should be taken.

k. Secure any surgical drapes or dressings to minimize disruption during movement.

l. Assign dedicated team members to accompany the patient and assist with stabilization during transport.

This issues is with prior approval of worthy DGHS, GNCTD

15/4/2025

(Dr. Sanjay Singh)
Incharge DM Cell
DGHS, GNCTD

F.N. 17/8/1/1/DMC/PH-II/DHS/2025-26/835-840 **Date:** 15/04/2025

Copy To:

1. Medical Superintendent, Aruna Asaf Ali Hospital, 5 Raj Pur Road, Delhi – 54
2. Medical Superintendent, Ambedkar Nagar Hospital, Block-B, Sector-5, Dakshinpuri, Delhi-110062
3. Medical Superintendent, Acharya Bhikshu Hospital, Moti Nagar, New Delhi – 15
4. Medical Superintendent, Attar Sain Jain Hospital, Lawrence Road, Delhi – 110035
5. Medical Superintendent, Baba Saheb Ambedkar Hospital, Sector 6, Rohini, New Delhi-85
6. Medical Superintendent, Bhagwan Mahavir Hospital, Pitampura, Delhi – 34
7. Medical Superintendent, Babu Jagjivan Ram Hospital, Jahangirpuri, New Delhi – 33
8. Medical Superintendent, Burari Hospital, Burari Rd, Kaushik Enclave, Shankarpura, Burari, Delhi, 110084
9. Medical Superintendent, Deen Dayal Upadhyay Hospital, Hari Nagar, New Delhi-64
10. Medical Superintendent, Deep Chand Bandhu Hospital, Ashok Vihar, Phase-IV, New Delhi
11. Medical Superintendent, Dr. Hedgewar Arogya Sansthan, Karkardooma, Delhi-32
12. Medical Superintendent, Dr. N.C. Joshi Hospital, Karol Bagh, New Delhi – 05
13. Medical Superintendent, Guru Govind Singh Hospital, Raghuveer Nagar, Delhi – 27
14. Medical Superintendent, Guru Teg Bahadur Hospital, Dilshad Garden, Delhi-95
15. Medical Superintendent, Indira Gandhi Hospital, Dwarka Sector 9, Dwarka, New Delhi, Delhi, 110077
16. Medical Superintendent, Jag Parvesh Chandra Hospital, Shastri Park, Delhi – 31
17. Medical Superintendent, Lal Bahadur Shastri Hospital, Khichripur Delhi – 91
18. Medical Superintendent, Lok Nayak Hospital, Jawaharlal Nehru Marg, New Delhi-2
19. Medical Superintendent, Maharishi Valmiki Hospital, Pooth Khurd, Delhi – 39
20. Medical Superintendent, Pt. Madan Mohan Malviya Hospital, Malviya Nagar, New Delhi – 17

21. Medical Superintendent, Rao Tula Ram Memorial Hospital, Zaffarpur, New Delhi – 73
22. Medical Superintendent, Sardar Vallabh Bhai Patel Hospital, East Patel Nagar, New Delhi-08
23. Medical Superintendent, Satyawadi Raja Harishchandra Hospital, Narela, Delhi – 40
24. Medical Superintendent, Sanjay Gandhi Memorial Hospital, Mangolpuri, Delhi – 83
25. Medical Superintendent, Chacha Nehru Bal Chikitsalaya, Geeta Colony, Delhi – 31
26. Medical Superintendent, Dada Dev Matri Avum Shishu Chikitsalaya, Nasirpur, Dabri More, N. Delhi-18
27. Director, Delhi State Cancer Institute, GTB Hospital Complex, Dilshad Garden, Delhi-95
28. Medical Superintendent, G.B. Pant Hospital, Jawaharlal Nehru Marg, New Delhi – 02
29. Medical Superintendent, Guru Nanak Eye Centre, Maharaja Ranjeet Singh Marg, New Delhi 02
30. Medical Superintendent, I.L.B.S. Vasant Kunj, Delhi-57
31. Director, IBHAS, Dilshad Garden, Delhi – 95
32. Medical Superintendent, Janakpuri Super Specialty Hospital, Janakpuri, New Delhi. – 58
33. Director & Principal, Maulana Azad Institute of Dental Sciences, BSZ Marg, New Delhi – 02
34. Medical Superintendent, Rajiv Gandhi Super Specialty Hospital, Tahirpur, New Delhi – 95
35. Medical Superintendent, Sushruta Trauma Centre, Metcalf Road, Delhi - 54
36. Resident Medical Officer, Central Jail Hospital, Jail Road, Delhi – 64
37. Medical Superintendent, Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, Najafgarh, New Delhi-73
38. Principal, A&U Tibbia College, Karol Bagh, New Delhi – 110005
39. Principal, Dr. BR Sur Homeopathy Medical College, Nanakpura, Moti Bagh, New Delhi – 21
40. Principal, Nehru Homeopathy Medical College, B-Block, Defence Colony, New Delhi – 24
41. Medical Superintendent, All India Institute of Medical Sciences, Ansari Nagar, New Delhi
42. Medical Director, Kalawati Saran Children Hospital, Bhagat Singh Marg, New Delhi – 01
43. Medical Superintendent, Ram Manohar Lohia Hospital, New Delhi
44. Medical Superintendent, Safdarjung Hospital, Ring Road, New Delhi
45. Medical Superintendent, Smt. Sucheta Kriplani Hospital, Bhagat Singh Marg, New Delhi – 01
46. Medical Superintendent, Girdhari Lal Maternity Hospital, Ajmeri Gate, New Delhi – 110002
47. Medical Superintendent, Hindu Rao Hospital, Bara Hindu Rao, Delhi
48. Medical Superintendent, Kasturba Hospital, Jama Masjid, Delhi – 02
49. Medical Superintendent, M.V.I.D. Hospital, Kingsway Camp, Delhi – 110009
50. Medical Superintendent, NDMC Charak Palika Hospital, Moti Bagh, New Delhi – 21
51. Medical Superintendent, Palika Maternity Hospital, Lodhi Road, New Delhi – 110003
52. Medical Superintendent, Rajan Babu TB Hospital, GTB Nagar, Kingsway Camp, Delhi – 09
53. Medical Superintendent Swami Dayanand Hospital, Shahdara, Delhi – 32
54. Commandant, Base Hospital, Delhi Cantt, New Delhi – 10
55. Commandant, RR Hospital (Army Hospital), Dhaula Kuan, New Delhi
56. Medical Director, Northern Railway Central Hospital, Basant Lane, Connaught Circus, N. Delhi
57. Medical Director, Northern Railway Divisional Hospital, S.P. Mukherji Marg, Delhi – 110006
58. Medical Superintendent, ESI Hospital, Okhla, phase I, New Delhi -20
59. Medical Superintendent, ESI Hospital, Rohini, Delhi-85
60. Medical Superintendent, ESI Hospital, Basaidarapur, Raja Garden, Delhi-15
61. Medical Superintendent ESI Hospital, Jhilmil, Delhi-95
62. Director Hospital Administration , MCD, 12th Floor, Civic Centre Building, Jawahar Lal Nehru Marg, Delhi-110002
63. MOH (NDMC)10th Floor, Palika Kendra, Sansad Marg, New Delhi-110001
64. Head of Office , DGHS HQ, GNCTD

65. All CDMO: East, North East, Shahadra, Central, New Delhi, South, South East, South West, North, North East, North West
66. Addl. Commissioner, 1, St. John Ambulance Brigade, Red Cross Road, staff Quarter, Flat Complex, New Delhi-110001
67. In charge Nursing Homes DGHS (HQ), GNCTD with the request to compliance of the same in Private Hospitals / Nursing Homes.
68. I/c Care Taking Branch , DGHS HQ

Copy for information to:

1. Secretary to Hon'ble Minister of Health & Family Welfare (GNCTD), Delhi Sachivalya, ITO, New Delhi
2. Chief Executive Officer , DDMA
3. Director , Delhi Fire Services
4. PS to Secretary (H&FW), GNCT of Delhi, Delhi Sachivalya, ITO, New Delhi
5. PS to DGHS, Ministry of Health and Family Welfare, Government of India, Nirman Bhavan, New Delhi
6. PS to DGHS, GNCTD

23/4/2015

(Dr. Sanjay Singh)
Incharge DM Cell
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