

Balbhawan
19/10/24

सं0स0-1/विधि-01/2017-724(1)

बिहार सरकार
स्वास्थ्य विभाग

प्रेषक,

दिनेश कुमार झा,
सरकार के उप सचिव।

सेवा मे,

मुख्य महाप्रबंधक (परियोजना),
बिहार चिकित्सा सेवाएँ एवं आधारभूत संरचना निगम लि0,
द्वितीय एवं तृतीय तल, स्वास्थ्य भवन, शेखपुरा,
राज्य स्वास्थ्य समिति के निकट,
बिहार, पटना-800014
प्रशासी पदाधिकारी,
राज्य स्वास्थ्य समिति, बिहार, पटना।
प्राचार्य / अधीक्षक,
पटना चिकित्सा महाविद्यालय एव अस्पताल, पटना।
नालन्दा चिकित्सा महाविद्यालय एव अस्पताल, पटना।
दरभंगा चिकित्सा महाविद्यालय एव अस्पताल, लहेरियासराय, दरभंगा।
श्रीकृष्ण चिकित्सा महाविद्यालय एव अस्पताल, मुजफ्फरपुर।
अनुग्रह नारायण मगध चिकित्सा महाविद्यालय एवं अस्पताल, गया।
जवाहरलाल नेहरू चिकित्सा महाविद्यालय एव अस्पताल, भागलपुर।
भगवान महावीर आयुर्विज्ञान संस्थान, पावापुरी, नालन्दा।
जननायक कर्पूरी ठाकुर चिकित्सा महाविद्यालय एवं अस्पताल, मधेपुरा।
राजकीय चिकित्सा महाविद्यालय एव अस्पताल, बेतिया।
राजकीय चिकित्सा महाविद्यालय एव अस्पताल, पूर्णियाँ।

पटना, दिनांक- 18/10/2024

विषय:- राज्य के सभी मेडिकल कॉलेज एवं अस्पतालों में कार्य कर रहे स्वास्थ्य कर्मियों को सुरक्षा एवं संरक्षित वातावरण उपलब्ध कराने के संबंध में।

प्रसंग:- सचिव, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार, नई दिल्ली का D.O. No.-C.18018/24/2024-H.II, दिनांक-03.09.2024

महाशय,

उपर्युक्त विषयक प्रासंगिक पत्र (छायाप्रति संलग्न) के सदर्थ में कहना है कि माननीय सर्वोच्च न्यायालय, नई दिल्ली द्वारा दिनांक-22.08.2024 को पारित न्यायादेश के आलोक में सचिवों एवं पुलिस महानिदेशकों के साथ बैठक आयोजित किया गया, जिसमें राज्य सरकारों/केन्द्र शासित प्रदेशों के सभी चिकित्सा संस्थानों में डॉक्टरों और स्वास्थ्य कर्मियों को सुरक्षा एवं संरक्षित वातावरण उपलब्ध कराने का निदेश दिया गया है।

अतः उक्त बैठक में लिये गये निर्णय की कार्यवाही की प्रति पत्र के साथ संलग्न करते हुए अनुरोध है कि पत्र में दिए गए दिशा-निर्देशों के अनुरूप नियमानुसार आवश्यक कार्रवाई करने की कृपा की जाए।

अनुलग्नक:-यथोक्त।

Sri Krishan Medical College, Muz.

Letter No.- 6742/24

Date:- 19/10/24

विश्वासभाजन

19/10/24
(दिनेश कुमार झा)

शापांक: 2104/24

मुज० दिनांक: 24/10/24

- प्रतिलिपि:- अधीक्षक, श्री कृष्ण चिकित्सा महाविद्यालय अस्तपाल, मुज० को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि:- सभी विभागाध्यक्ष, श्री कृष्ण चिकित्सा महाविद्यालय, मुज० को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि:- सभी वार्डन, श्री कृष्ण चिकित्सा महाविद्यालय, मुज० को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि:- सभी मुख्य वार्डन, श्री कृष्ण चिकित्सा महाविद्यालय, मुज० को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि:- प्रभारी प्राध्यापक (प्रशासन), श्री कृष्ण चिकित्सा महाविद्यालय, मुज० को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि:- पुस्तकालय सचिव/सहायक पुस्तकालय सचिव, श्री कृष्ण चिकित्सा महाविद्यालय, मुज० को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि:- वेबसाइट, श्री कृष्ण चिकित्सा महाविद्यालय, मुज० पर अपलोड करने हेतु सूचनार्थ सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।
- प्रतिलिपि:- सूचना पट्ट, श्री कृष्ण चिकित्सा महाविद्यालय, मुज० चिपकाने हेतु सूचनार्थ प्रेषित।

Abho Rani Shri
24/10/24

प्राचार्य

श्री कृष्ण चिकित्सा महाविद्यालय,

मुजफ्फरपुर।

(Signature)
24/10/24

E-M II

(122) (24)

अपूर्व चन्द्रा, भा.प्र.से.
सचिव
APURVA CHANDRA
Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Acc. Health/Home

D.O No.C.18018/24/2024-H.II
विभाष सचिव 3rd September, 2024

आपका सहयोग, बिहार
Dear Colleague

Primb

04 SEP 2024 would like to thank you all for participating in the VC held regarding the discussion on provisioning of safety & security measures and safe working environment for doctors and healthcare workers in all medical institutions. All the suggestions, ideas and recommendations from all the State/UTs have been taken note of and are well appreciated.

Chief Secretary

2. It is worth reiterating that as per the order dated 22.08.2024, the Hon'ble Supreme Court has inter-alia directed to hold a meeting with "Secretaries and Directors General of Police so as to ensure that the State Governments/Union Territories put into place certain basic minimum requirements pending the receipt of the report of the NTF to assuage the concerns of the doctors over their safety at their work places". And State governments have to take remedial and appropriate action given the exigencies of the situation within a period of two weeks after the meeting. In addition to immediate measures suggested in the previous D.O letter dated 23.08.2024 the following are few key points highlighted during the discussion of meeting held on 28.08.2024 are worth noting:

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- a) **Identification of High-Risk Establishments.** Each territory/district to identify the hospitals with high footfall and consider them as high-priority establishments for security improvements.
- b) **Security Audits.** Conducting security audits in consultation with local health, police authorities, to assess and improve security measures.
- c) **Focus on High-Risk Areas:** Special attention to be given to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and intensive care units (ICUs) and labour rooms.
- d) **CCTV Surveillance:** Ensure the installation and proper functioning of CCTV cameras, particularly in high-risk areas. Regularly monitor these cameras from a manned- central control room.
- e) **Integration with Local Police:** Establishment of a protocol for quick sharing of video footage of any untoward incidents against HCWs with local police to facilitate a swift response and investigation
- f) **Security personnel.** Security personnel to be technically oriented and trained in soft skills. Employing ex-service men (Director General Resettlement) as security personnel in the identified high-risk areas of the hospitals mentioned above. Also explore such manpower from the State's own security forces

..contd/-

D.N. 2302
27-9-24

- g) **Security Committees.** Constitution of internal security committee in hospitals with active involvement of residents and students; also laying down clear SoPs for incidence response
- h) **Security checks:** Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
- i) **Bereavement protocols-** Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations
- j) **Patient facilitators-** Deployment of patient facilitators/ MTS for all patient related activities inside the hospital, which requires ferrying or shifting of the patient -from diagnostics to therapeutics
- k) **Volunteers/ social workers/ coordinators** - Trained persons to man help – desks, guide patients to navigate the hospital systems and processes

3. Most of the State/UTs have informed in the meeting that various actions are already initiated as per the suggestions provided in the D.O letter dated 23.08.2024 by the undersigned. It is also heartening to note that some of the States have initiated additional measures over and above those suggested by the MoHFW. In this regard, all the States/UTs are requested to provide an action taken report of the immediate/ short-term remedial measures already initiated as well as appropriate action taken before 10th of September 2024.

I look forward to your valuable co-operation and commitment in this pressing matter.

with regards

Yours sincerely,

Aparna Chandra
(Aparna Chandra)

Chief Secretary of all States/UTs.
Directors General Police of all States/UTs.

Meeting Name:	Discussion of the safety & security measures and safe working environment provisions of doctors and healthcare workers in all hospitals.
Meeting Purpose:	To discuss the issues related to working conditions in hospitals of all States and UTs. To Deliberate on the Existing legislations and the immediate measures to be implemented as per directions of Hon'ble Supreme court
Date:	28 th August, 2024
Time:	09.30 am
Location:	Room No. 155-A, Nirman Bhawan, New Delhi. <i>(Through video conferencing)</i>
Co-Chairpersons	Sh. Apurva Chandra, Secretary (HFW), GoI Sh. Govind Mohan, Secretary (MHA), GoI
List of Attendees:	1. Dr Atul Goel, DGHS, MoHFW 2. Ms Roli Singh, AS (H), MoHFW 3. Ms. L S. Changsan, AS (Clinical Est.) MoHFW 4. Ms. Hekali Zhimomi AS (ME). MoHFW 5. JS (H), JS (ME), JS (Clin Est), MoHFW 6. Officials of MoHFW 7. Officials of Dte.GHS
Virtual attendees	1. Chief Secretaries/ACS/Pr. Secretaries of all States/UTs 2. Director General of Police of all States/ UTs
Minutes vetted by:	DGHS, MoHFW

- Sh. Apurva Chandra, Secretary (HFW) welcome all the participants. He outlined the main agenda, which centered on directions from the Hon'ble Supreme Court of India. The Supreme Court has directed the Secretary (Health and Family Welfare) and the Chief Secretaries of all States and Union Territories (UTs) to collate information about safety and security in all hospitals, additionally to implement immediate measures for workplace for HCWs. He further invited the DGHS, MoHFW to provide a brief overview of the events, current status and way-forward in the matter.
- Dr Atul Goel, DGHS in his presentation described briefly the R.G Kar medical college incident and subsequent events of doctor's protests, and the Supreme Court Suo-motu cognizance of case hearings on the 20th and 22nd of August, 2024. Hon'ble court in its order has constituted a National Task Force entrusted with developing comprehensive recommendations and protocols aimed at ensuring safe working conditions for healthcare workers. The task force is also responsible for preparing an action plan that addresses security in medical establishments, infrastructure development, and the prevention of sexual violence against medical professionals.
- The DGHS also apprised that MoHFW has been directed to launch a web-portal where all stakeholders can submit their suggestions regarding the matter. He apprised the participants

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regarding immediate measures to be undertaken by state governments as communicated through DO letter dated 23rd August 2024.

- The Secretary (HFW) informed the participants that the MoHFW has already circulated a Google form to all States and Union Territories. This form is intended to collect detailed information on the status of safety and security conditions in both government and private hospitals, as per the directive of the Hon'ble Supreme Court of India.
- The Secretary (HFW) emphasized the importance of timely submission and requested that all States and UTs complete and submit the required information by 10th of September, 2024. He also announced that a web-portal has been launched and is live on the MoHFW's website for collecting suggestions from stakeholders. All States and Union Territories are encouraged to participate and contribute their input through this platform. The Secy (HFW) invited the Union Home Secretary to provide his inputs and directions in the matter
- Sh. Govind Mohan, Union Home Secretary highlighted that the hospitals experience heavy foot fall in treating patients, and are particularly vulnerable. Any incidents that occur within hospital premises has a potential to turn into a law-and-order situation. He highlighted that the MoHFW, in collaboration with the National Task Force (NTF), is working on developing Standard Operating Procedures (SOPs) for security management in hospitals.
- The Union Home Secretary also proposed several key measures to enhance security in high-risk healthcare establishments. These include identifying hospitals with high footfall as priorities for security upgrades, conducting comprehensive security audits in collaboration with hospital authorities, local health and police authorities, and focusing on vulnerable areas like emergency rooms and ICUs. Additionally, the proposals emphasized the importance of installing and maintaining CCTV surveillance in these high-risk zones and integrating these systems with local police to ensure quick access to footage during incidents, thereby enabling a swift and effective response.
- Additionally, the Secretary (MHA) informed that the Home Ministry plans to issue security guidelines under the National Health Authority (NHA) framework, which will be shared with states. Local authorities and police will be tasked with implementing these guidelines. The 112 helpline, already operational in some states should be widely used for managing medical emergencies within hospital premises, offering timely support in security situations. The control of access to large hospitals to be overseen by local police, with a system for identity checks in some areas of the hospitals implemented. He emphasized on the criminal provisions on the BNS to deal with crimes against the HCWs and revamped revisions for violence against women can be used effectively in hospitals.
- The Secretary (MHA) also mentioned the MHA will draft a 'Model legislation' as an advisory for the states to adapt and make changes in their existing healthcare worker protection legislations.
- It was pointed that many states have their own existing legislations related to hospital security and violence. These legislations need to be carefully reviewed and modified as necessary to align with current needs and the latest legal frameworks.
- The Secretary (HFW) requested the states to share the compliance report in respect to DO letter issued on 23rd August 2024 mentioning the immediate action plans for the States/UTs on said measures in 10-15 days

- The States/UTs were then invited for their inputs on the matter. Various measures for checking violence in medical institutions have been taken by the States and UTs as enumerated by the Chief Secretaries/ACS/Pr.Secretaries/DGPs of all States/UTs.
- Proper implementation of state legislation already in place in 26 States & UTs to safeguard healthcare professionals was emphasized. States without similar Acts were urged to frame the required legislation.
- The Secretary (HFW) summarised the highlighted points deliberated during the meeting as follows:
 - a) **Identification of High-Risk Establishments:** Each territory/district to identify the hospitals with high footfall and consider them as high-priority establishments for security improvements.
 - b) **Security Audits:** Conducting joint security audits involving District Magistrates and Superintendent of Police, local police authorities along with Deans/Directors of DHs and MCs.
 - c) **Focus on High-Risk Areas.** Special attention to be given to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and intensive care units (ICUs) and labor rooms.
 - d) **CCTV Surveillance.** Ensure the installation and proper functioning of CCTV cameras, particularly in high-risk areas especially coverage of dark zones, alleys etc. Regularly monitor these cameras from a manned- central control room. Establishment of distress call system in the control room
 - e) **Integration with Local Police:** Establishment of a protocol for quick sharing of video footage of any untoward incidents against HCWs with local police to facilitate a swift response and investigation.
 - f) **Security personnel:** Provision of Chief Security Officers in Hospitals and Medical Colleges. All Security personnel to be adequately technically trained. Explore the Possibility of employing the security from the ex-service men (Director General Resettlement). Also, from the own state security forces.
 - g) **Security Committees:** Constitution of internal security committee in hospitals with active involvement of resident doctors (JRs & SRs) and students. Security mock drills akin to fire safety drills may be carried out regularly
 - h) **Security background checks:** Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
 - i) **Hospital Space audits:** Audit of spaces/rooms in hospitals and medical colleges to ensure unutilized rooms/spaces are not misused by undesirable elements.

- 7)
- j) **Regulation of duty hours:** Regulating the number of duty hours of resident doctors by comprehensive and collaborative workload redistribution as required.
 - k) **Bereavement protocols:** Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations.
 - l) **Patient facilitators-** Appointment of Patient wheelchair assistants/trolley-men to assist the patients inside the hospital premises to reduce the footfall of family members & other attendants
 - m) **Patient co-ordinators/social workers:** To facilitate patients for navigation within hospitals and guiding them with relevant information on where to go, what to do etc.

Lastly, the Secretary (HFW) appreciated and thanked all the for participants for suggestions, ideas, inputs and recommendations from all the State/UTs. He requested by all the States/UTs to provide **an action taken report of the immediate/ short-term remedial measures** already initiated as well as appropriate action taken before 10th of September 2024.

Meeting ended with the vote-of-thanks for the Co-chairs and all the participants