FIRE SAFETY ACTION PLAN

U.P. University of Medical Sciences
Saifai, Etawah - 206130



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FIRE SAFETY ACTION PLAN

UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES, SAIFAI ETAWAH

Table of content

SN	Content	Page No.
01	**Purpose, scope & objectives**	3
02	**Governance and responsibilities** • Administration • Fire safety committee • Fire safety officer	3-4
03	**Fire risk assessment**	4
04	**Fire prevention measures** • Engineering controls • Administrative controls	5
05	**Fire safety monitoring committee**	6
06	**Committee for fire safety action plan**	7
07	**PASS technique**	8
08	**Fixed fire protection systems**	9
09	**Fire emergency organization**	9
10	**Fire emergency procedure**	10
11	**Categorization of risk areas**	10
12	**Patient evacuation plan** • Evacuation priority • Evacuation methods • Place-specific actions • Communication plan • Assembly point & counting • Recovery measures after the incident	11-12
13	**Fire drill program** • Staff training • Documentation & record keeping	12-13
14	**Fire safety norms for hostels and residential buildings** • Applicability of norms • General fire safety requirements • Building-wise fire safety requirements • Balcony safety • Responsibilities of occupants • Key principles	13-14

1) Purpose

The purpose of this Fire Safety Action Plan is to:

- Protect occupants, patients, staff, visitors, and University property.
- Minimize injuries, deaths, and damage during a fire emergency.
- Ensure prompt detection, reporting, containment, evacuation, and recovery.
- Maintain continuity of essential medical services.

2) Scope

This plan applies to:

- All hospital buildings and departments.
- Employees, doctors, nurses, students, contractors, and volunteers.
- Patients, visitors, and attendants.

3) Objectives

- Detect fire at the earliest stage.
- Alert occupants immediately.
- Rescue patients from danger.
- Contain the spread of fire and smoke.
- Evacuate safely.
- Coordinate with the fire department.
- Resume hospital operations safely after the incident.

4) Governance and Responsibilities

4.1) Administration

- The administration of the healthcare facility holds overall responsibility for ensuring compliance with all applicable fire safety laws, codes, and guidelines.
- Administration should:
  - Ensure that hospital infrastructure complies with NBC , Fire Service Rules, State Fire Prevention and Safety Acts (as applicable) and any other relevant acts or regulations, as applicable.
  - Approve and periodically review the Hospital Fire Safety Plan [as a part of broader umbrella of Hospital Disaster Management Plan]
  - Facilitate regular fire safety audits and certification from competent authorities.
  - Ensure training and capacity building of all categories of staff on fire safety and evacuation.

4.2) Fire Safety Committee

- Every healthcare facility should constitute a Fire Safety Committee to oversee planning, implementation, and monitoring of fire and electrical safety measures.
- Composition: Representatives from Hospital Administration, Engineering/Maintenance, Nursing, Security, Housekeeping, Clinical departments and any other relevant departments.
- Responsibilities:
  - Review and approval of hospital fire safety plan including fire evacuation plan
  - Oversee and periodically review fire risk assessments and preparedness measures and recommend corrective actions.
  - Establishment and maintaining coordination with local fire services, police, and disaster management authorities.
  - Review of outcomes of fire safety mock drills and implement corrective measures.

4.3) Fire Safety Officer

- **Roles and duties :**

a) Maintain the fire fighting equipment in good working condition at all times.
b) Prepare fire orders and fire operational plans and get them promulgated.
c) Organize and facilitate impartation of regular training to the occupants of the buildings in the use of fire fighting equipment provided on the premises and keep them informed about the fire emergency evacuation plan.
d) Maintain proper liaison with the city fire brigade.
e) Ensure that all fire precautionary measures are observed in all patient care areas as well as stores.
f) Organize fire drills and patient evacuation drills. h) Undertake periodic inspections of fire safety measures

5) Fire Risk Assessment

Common Fire Hazards		
01	Electrical	• Short circuits • Overloaded sockets • Damaged wiring • Faulty medical equipment
02	Medical Gas Hazards	• Oxygen cylinders • Nitrous oxide • Compressed air • Vacuum systems
03	Chemical Hazards	• Alcohol-based hand sanitizers • Laboratory chemicals • Cleaning agents • Solvents and inflammables solutions
04	Heat Sources	• Kitchen equipment • Boilers • Laundry dryers • Sterilizers (Autoclaves)
05	Human Factors	• Smoking • Improper storage • Negligence • Unauthorized electrical appliances
06	Weapons of Mass Destruction-CBRN (Chemical, Biological, Radiological and Nuclear)	• Local Police • District Authorities • NDMA/SDMA • NDRF/SDRF

5) Fire Prevention Measures

5.1) Engineering Controls

- Smoke detectors
- Heat detectors
- Fire alarms
- Automatic sprinklers
- Fire hydrants / Landing Valves
- Hose reels / Wet Risers
- Fire doors
- Emergency lighting
- Exit signs
- Smoke extraction systems
- Fire Pump Houses
- Lightning Arresters

5.2) Administrative Controls

01	Fire safety monitoring committee	Constituted
02	Committee for Fire Safety Action Plan	
03	Electrical Inspections	AE/JE (Electrical) with Service Providers
04	Fire equipments maintenance	Fire Safety Officer through Service provider
05	House Keeping Inspections	Sanitation Officer & Inspectors with Service Providers
06	Fire Safety Audit	District Fire Safety Officer

FIRE SAFETY MONITORING COMMITTEE

उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय
सैफई, इटावा – 206130
Uttar Pradesh University of Medical Sciences
Saifai, Etawah – 206130

पत्रांक : UBS/कु0का0/2025सीजी/कार्या0आदे0/26–27 दिनांक 14 जुलाई, 2025

कार्यालय आदेश

तत्काल प्रभाव से विश्वविद्यालय परिसर में अग्नि सुरक्षा संबंधी व्यवस्थाओं के प्रभावी अनुश्रवण, वर्ष 2024 में सम्पन्न फायर ऑडिट में इंगित कमियों के निराकरण तथा नियमित निरीक्षण हेतु निम्नलिखित Fire Safety Monitoring Committee का गठन किया जाता है:–

1.	प्रो0 रमाकान्त यादव, प्रतिकुलपति	– अध्यक्ष
2.	प्रो0 एस0पी0 सिंह, मुख्य चिकित्सा अधीक्षक	– सदस्य
3.	डॉ0 संजीव कुमार, चीफ वार्डेन(पुरुष छात्रावास)	– सदस्य
4.	डॉ0 उर्वशी यादव, चीफ वार्डेन (महिला छात्रावास)	– सदस्य
5.	डॉ0 विनय गुप्ता, कार्यवाहक सम्पदा अधिकारी	– सदस्य
6.	श्री उमाशंकर, वरिष्ठ प्रशासनिक अधिकारी	– समन्वयक
7.	श्री के0पी0 सिंह, अधिशासी अभियंता	– सदस्य
8.	श्री नरसिंह यादव, सहायक अभियंता(विद्युत)	– सदस्य
9.	श्री अताउर रहमान, सहायक अभियंता (सिविल)	– सदस्य
10.	श्री वेद प्रकाश मिश्रा, पर्यवेक्षण अधिकारी(अग्नि सुरक्षा)	– सदस्य
11.	श्री शोभित कुमार, कनिष्ठ अभियंता (विद्युत)	– सदस्य
12.	श्री धैर्य प्रताप, कनिष्ठ अभियंता (सिविल)	– सदस्य
13.	श्री सुमित कुमार यादव, अग्नि सुरक्षा अधिकारी	– सदस्य

उपरोक्त समिति को निर्देशित किया जाता है कि वर्ष 2024 में संपन्न फायर ऑडिट में इंगित सभी कमियों एवं सुझावों का परीक्षण करते हुए उनके निराकरण हेतु आवश्यक कार्यवाही सुनिश्चित करेगी तथा प्रतिदिन विश्वविद्यालय परिसर का निरीक्षण कर अद्योहस्ताक्षरी के समक्ष प्रातः 09:30 बजे अपनी रिपोर्ट प्रस्तुत करना सुनिश्चित करेगी।

(डॉ0 अजय सिंह)
कुलपति

प्रतिलिपिः– निम्नलिखित का सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित :–

1. संकायाध्यक्ष (चिकित्सा संकाय)।
2. कुलसचिव।
3. [illegible]
4. [illegible]
5. प्रॉक्टर।
6. समस्त संकायाध्यक्ष।
7. समस्त विभागाध्यक्ष।
8. समस्त समिति सदस्य।
9. प्रभारी सी0ए0सी0।
10. निजी स्टाफ प्रतिकुलपति।
11. संबंधित व्यक्तिगत फाइल।
12. कार्यालय प्रति।

उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय
सैफई, इटावा (उ0प्र0) – 206 130
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संः 1363 / यूपीयूएमएस / फुल0कार्या0 (3041–रीजी) / 2026–27 दिनांकः 24 जून, 2026

कार्यालय आदेश

चिकित्सा शिक्षा अनुभाग-1, उत्तर प्रदेश शासन, लखनऊ के पत्र संख्या 139/71-1-2026 दिनांक 25 जून, 2026 के क्रम में, जिसमें चिकित्सा विश्वविद्यालयों, चिकित्सा महाविद्यालयों एवं संबद्ध चिकित्सालयों में अग्नि सुरक्षा व्यवस्थाओं को सुदृढ़ किये जाने हेतु निर्देश निर्गत किये गये हैं, के बिन्दु संख्या-1 के अनुपालन में उ०प्र० आयुर्विज्ञान विश्वविद्यालय, सैफई में **संस्थान स्तरीय अग्नि सुरक्षा कार्ययोजना (Fire Safety Action Plan)** तैयार किये जाने हेतु निम्नलिखित समिति का गठन किया जाता है -

1. प्रति कुलपति – **अध्यक्ष**
2. समस्त संकायाध्यक्ष - सदस्य
3. मुख्य चिकित्सा अधीक्षक – सदस्य
4. चिकित्सा अधीक्षक – सदस्य
5. कुलानुशासक – सदस्य
6. मुख्य छात्रावास अधीक्षक – सदस्य
7. सम्पदा अधिकारी – सदस्य
8. नोडल अधिकारी, फायर सेफ्टी – **सदस्य सचिव**
9. अग्नि सुरक्षा अधिकारी – सदस्य
10. कुलसचिव द्वारा नामित प्रतिनिधि – सदस्य
11. वित्त अधिकारी द्वारा नामित प्रतिनिधि – सदस्य
12. अधिशासी अभियन्ता - सदस्य
13. सहायक अभियन्ता (विद्युत) - सदस्य
14. नोडल अधिकारी, एल०एम०ओ० एवं एम०जी०पी०एस० – सदस्य
15. अग्निशमन अधिकारी, वैदपुरा, इटावा — विशेष आमंत्रित सदस्य

समिति के अध्यक्ष आवश्यकता पड़ने पर अन्य सदस्यों को भी समिति में सम्मिलित कर सकेंगे।

समिति चिकित्सा शिक्षा अनुभाग-1, उत्तर प्रदेश शासन, लखनऊ के पत्र संख्या 139/71-1-2026 दिनांक 25 जून, 2026 में उल्लिखित समस्त निर्देशों एवं बिन्दुओं के अनुरूप विश्वविद्यालय की संस्थान स्तरीय अग्नि सुरक्षा कार्ययोजना **(Fire Safety Action Plan)** का प्रारूप तैयार करेगी तथा अग्नि एवं विद्युत सुरक्षा, आपदा प्रबंधन, निकासी योजना, प्रशिक्षण, मॉक ड्रिल, अग्निशमन उपकरणों की कार्यशीलता, अनापत्ति प्रमाण-पत्रों एवं अन्य वैधानिक अनुपालनों के संबंध में आवश्यक अनुशंसाएँ प्रस्तुत करेगी।

समिति शासनादेश के समस्त प्रावधानों को समाहित करते हुए विश्वविद्यालय परिसर हेतु एक समेकित, क्रियाशील, प्रभावी एवं समयबद्ध संस्थान स्तरीय **अग्नि सुरक्षा कार्ययोजना (Fire Safety Action Plan)** का प्रारूप तैयार कर 03 दिवस के भीतर कुलपति महोदय के अनुमोदनार्थ प्रस्तुत करेगी, ताकि शासनादेश के समस्त निर्देशों का त्वरित एवं प्रभावी अनुपालन सुनिश्चित किया जा सके।

उक्त आदेश तत्काल प्रभाव से लागू होगा।

उक्त आदेश सक्षम अधिकारी के अनुमोदन के उपरान्त जारी किया जा रहा है।

(दीपक बली)
कुलसचिव

प्रतिलिपिः
(1) समस्त संबंधित।
(2) प्रमुख निजी सचिव, मा0 कुलपति (मा0 कुलपति महोदय के अवलोकनार्थ)।
(3) गार्ड फाइल।

(दीपक बली)
कुलसचिव

6) Fire Safety Equipment

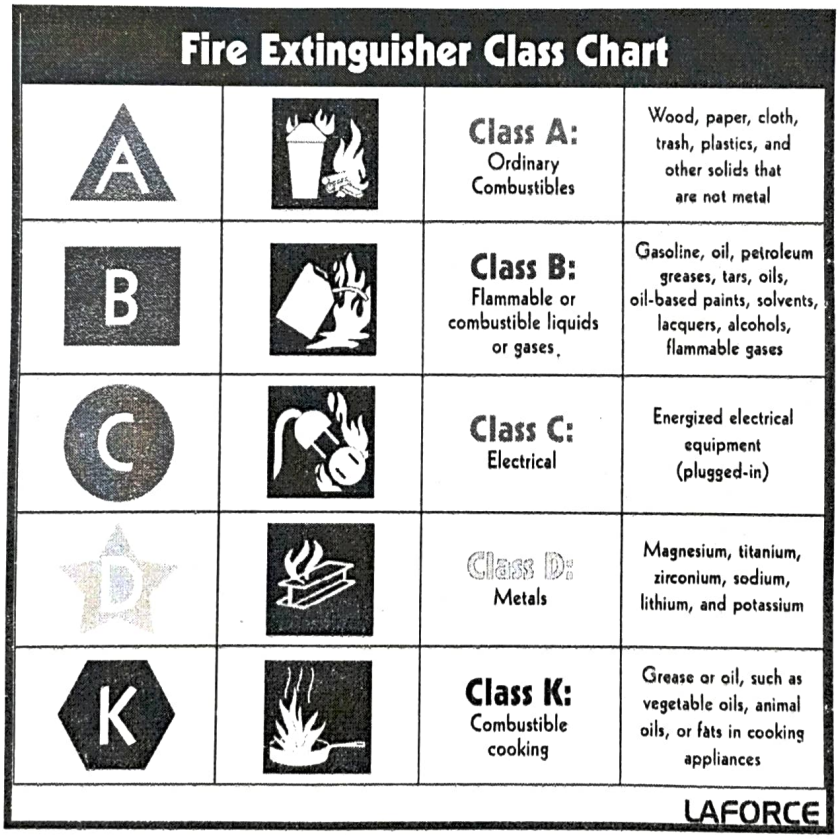
6.1) Portable fire extinguishers are essential for the rapid suppression of small fires at their incipient stage, thereby reducing the likelihood of fire spread and enabling safe evacuation until fixed suppression systems and fire services can respond.

6.2) The selection, installation, and maintenance of portable fire extinguishers should follow the guidelines provided in IS2190. This standard outlines the appropriate types of extinguishers for various fire hazard classifications within healthcare facilities, including water, foam, dry chemical, clean agent, and CO_2 extinguishers. It also provides detailed criteria for the proper placement, coverage, and installation of extinguishers based on the specific hazards present in different areas of the facility.

6.3) According to IS 15683: 2018, there are five classes of fires for which different types of portable fire extinguishers required and available.

7) PASS Technique

P	**Pull**	Pull the safety pin.
A	**Aim**	Aim at the base of the fire.
S	**Squeeze**	Press the handle.
S	**Sweep**	Move side to side until extinguished

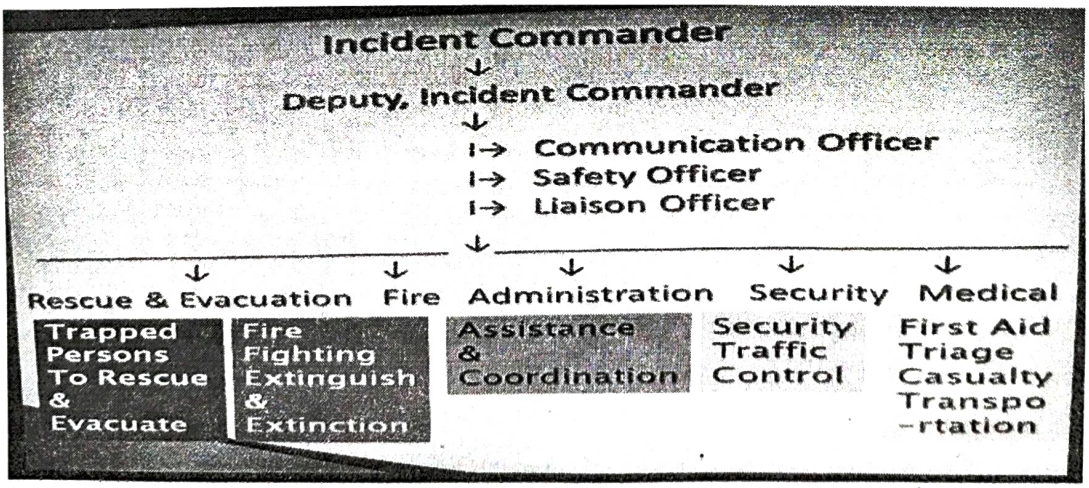


8) Fixed Fire Protection Systems

- Fire hydrants
- Sprinkler system
- Fire pumps
- Hose reels
- Fire alarm panel
- Smoke detectors

9) Fire Emergency Organization

SN	Content	Responsibilities
01	**Emergency Response Leaders** • CMS/ MS/DMS • Head of Department • Nodal Officer Fire Safety	• Overall command • Liaison with fire safety committee and informing to District Fire department • Decision to Declare evacuation • Coordinate recovery
02	Fire Safety Officer	• Lead fire response • Investigate location • Coordinate fire fighting • Monitor evacuation • Maintain communication
03	Nursing Supervisor	• Coordinate patient evacuation • Assign nursing staff • Ensure patient records accompany patients • Account for all patients
04	Security Team	• Open emergency gates • Guide fire brigade • Control traffic • Prevent unauthorized entry • Secure evacuation routes
05	Engineering Department	• Shut off electricity if necessary • Shut off medical gas supplies in affected areas when appropriate • Operate emergency generators • Assist fire department



10) Fire Emergency Procedure

Steps	Title	Anyone discovering fire shall
Step 1	Discover Fire	• Stay calm • Raise alarm • Call hospital emergency number • Inform security • Activate nearest manual call point
Step 2	RACE Procedure	**R – Rescue** • Rescue persons in immediate danger. • Prioritize patients requiring urgent assistance. • Do not endanger yourself.
		A – Alarm • Activate fire alarm. • Notify: o Fire department o Hospital control room o Security o Fire safety officer
		C – Confine • Close doors. • Close windows. • Shut oxygen valves if safe. • Isolate affected area.
		E – Extinguish or Evacuate • Fight only small fires. • Use correct extinguisher. • If unsuccessful within seconds, evacuate.

11) Categorization of Risk Areas

01	High-Risk Areas	Intensive Care Units (ICUs), NICUs, HDUs, Nurseries, Operation Theatres, Recovery Rooms Medical gas storage and manifolds Kitchens with LPG or oil-based cooking Laboratories handling chemicals and flammable gases Areas with combustible/flammable materials (including stores) Electrical rooms, substations, and generator rooms Battery storage/ server rooms
02	Moderate-Risk Areas	General wards, Outpatient Departments (OPD) Waiting areas and consultation rooms Laundry rooms with dryers and fabric storage Record rooms and storage spaces
03	Low-Risk Areas	Administrative offices Conference/training rooms Canteens (excluding kitchens) External open spaces within hospital premises

12) Patient Evacuation Plan

12.1) Hospitals usually evacuate **horizontally first** (to another fire-safe compartment on the same floor), followed by **vertical evacuation** (to another floor or outside) if necessary.

Evacuation Priority	
Priority 1	• Patients nearest the fire
Priority 2	• Ambulatory patients
Priority 3	• Wheelchair patients
Priority 4	• Bedridden patients

12.2) Evacuation Methods

- Walking
- Wheelchair
- Stretcher
- Evacuation chair
- Blanket drag
- Mattress drag
- Two-person carry
- Four-person carry
- Assembly Points

12.3) Place-Specific Actions

SN	Place	Specific Actions
01	Intensive Care Unit (ICU)	• Continue life support whenever possible. • Transfer ventilated patients with portable oxygen and monitors. • Prioritize critical patients with trained staff.
02	Operating Theatre	• Complete or safely stop surgery if feasible. • Disconnect nonessential equipment. • Transfer patients to recovery or a safe area with the surgical team.
03	Laboratory	• Secure hazardous chemicals. • Shut down gas supplies if safe. • Isolate radioactive materials according to protocols.
04	Pharmacy	• Protect controlled drugs. • Secure flammable chemicals. • Shut down ventilation if required.
05	Kitchen	• Turn off gas supply. • Use wet chemical extinguishers for cooking oil fires. • Evacuate staff.
06	Medical Gas Safety	• Shut oxygen only in the affected zone when authorized and safe. • Remove portable oxygen cylinders from danger if possible. • Never use oil or grease on oxygen equipment. • Avoid sparks and open flames near oxygen-enriched areas.

12.4) Communication Plan

Notify	• Hospital Emergency Control Room	9068831557, 9456086323
	• Fire safety	7275354428
	• Fire Department	101
	• Police (if needed)	112/100
	• Ambulance Services	108/102
	• Hospital Administration	CMS & MS
	• Engineering Department	In-Charge/EE/AE/JE
	• Security Department	In-Charge /ASO

12.5) Assembly Point

Everyone should	• Proceed to the designated assembly area. • Stay with their department. • Do not block emergency vehicle access. • Await instructions.
Department heads should	• Count staff and patients. • Report missing persons immediately.

12.6) Recovery after the Incident

- Ensure the fire is fully extinguished.
- Obtain clearance from the fire department.
- Assess structural safety.
- Restore utilities.
- Replace damaged equipment.
- Restock fire safety supplies.
- Provide medical care and psychological support if needed.
- Conduct an incident investigation and implement corrective actions.

13) FIRE DRILL PROGRAM

Conduct	• Monthly extinguisher training • Quarterly departmental drills • Semi-annual evacuation drills • Annual full-scale hospital fire drills
Evaluate	• Response time • Alarm activation • Evacuation speed • Communication effectiveness • Staff performance • Equipment functionality

13.1) Staff Training Requirements

All hospital staff should receive training in:

- Fire prevention
- Fire hazard identification
- RACE procedure
- PASS technique
- Patient evacuation methods

- Medical gas safety
- Emergency communication
- Department-specific response roles
- Transportation of Patients

13.2) Documentation

Maintain records of:

- Fire risk assessments
- Equipment inspections and maintenance
- Fire drills
- Staff training
- Incident reports
- Corrective and preventive actions

13.3) Key Principles

- Life safety is the highest priority.
- Use the RACE protocol: Rescue, Alarm, Confine, Extinguishers /Evacuate.
- Use the PASS technique when operating a fire extinguisher.
- Evacuate horizontally before vertically whenever possible.
- Never use elevators/Lift during a fire.
- Maintain clear communication with all responding teams.
- Regular training, drills, and equipment maintenance are essential for effective fire preparedness.

14) Fire Safety Norms for Hostels and Residential Buildings

14.1) Applicability

These norms shall apply to all University-owned and University-managed:

- Two-storey residential buildings and hostels.
- Three-storey residential buildings and hostels.
- Four-storey residential buildings and hostels.
- Multi-storey residential buildings, including faculty residences, staff quarters, resident doctors' hostels, interns' hostels, nursing hostels, and students' hostels.

14.2) General Fire Safety Requirements

- Fire extinguishers shall be installed on every floor and maintained in working condition.
- Emergency exits, staircases, corridors, balconies, and common passages shall remain free from obstruction at all times.
- Fire alarm systems, emergency lighting, and exit signage shall be maintained in functional condition.
- Electrical installations shall be inspected periodically. Unauthorized wiring, overloading of electrical circuits, and use of substandard electrical appliances are strictly prohibited.
- Storage of combustible or inflammable materials in corridors, staircases, balconies, electrical rooms, or common areas is prohibited.
- Fire safety equipment shall not be tampered with or obstructed.
- Fire evacuation plans and emergency contact numbers shall be displayed prominently in every building.

14.3) Building-wise Fire Safety Requirements

A. Two-Storey Buildings

- Portable fire extinguishers shall be provided on each floor.
- At least one unobstructed staircase shall be available for evacuation.
- Fire evacuation maps shall be displayed.
- Mock fire drills shall be conducted at least once every year.

B. Three-Storey Buildings

- All provisions applicable to two-storey buildings shall apply.
- Fire alarm systems shall be installed and maintained.
- Emergency lighting shall be provided in staircases and common corridors.
- Mock fire drills shall be conducted at least twice every year.

C. Four-Storey Buildings

- All provisions applicable to three-storey buildings shall apply.
- Hose reels/hydrants shall be provided wherever required under applicable fire safety regulations.
- Staircases and emergency exits shall remain completely unobstructed.
- Periodic inspection of all fire protection systems shall be undertaken.

D. Multi-Storey Buildings

- Automatic fire detection and alarm systems shall be maintained in operational condition.
- Wet risers, hydrants, fire pumps, and dedicated fire water storage tanks shall be tested and maintained periodically.
- Fire Department access roads shall remain unobstructed at all times.
- Lifts shall not be used during fire emergencies except designated fire lifts, where provided.

14.4) Balcony Safety

- Balconies shall remain open and accessible to facilitate emergency rescue, smoke ventilation, and fire fighting operations.
- Permanent enclosure of balconies by iron grills, steel grills, aluminium sections, brick masonry, glass panels, polycarbonate sheets, fabricated structures, or any other permanent construction is strictly prohibited.
- Only removable pigeon safety nets made of fire-resistant or non-combustible material may be installed, provided they do not obstruct emergency rescue or fire fighting operations.
- Balconies shall not be used for storage of combustible materials, LPG cylinders, furniture, waste, or any item that may obstruct evacuation or increase the fire load.
- Any unauthorized alteration or enclosure of balconies shall be removed by the occupant at their own cost. Failure to comply may result in disciplinary action and recovery of removal charges as per University rules.

14.5) Responsibilities of Occupants

- Maintain fire safety within their allotted premises.
- Immediately report any fire hazard to the fire emergency number or nodal Officer of Fire
- Participate in fire safety awareness programmes and mock drills.

Reference: National Guidelines on Fire and Life Safety in Healthcare Facilities, 2026, Ministry of Health & Family Welfare (MoHFW).

Shashi Kr. Kanojia JE- Elect.

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