

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 916
TO BE ANSWERED ON 29TH NOVEMBER, 2024**

PREVENTION OF VIOLENCE AGAINST HEALTHCARE WORKERS

916. MS SAYANI GHOSH:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is considering tabling the Bill titled ‘The Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019,’ in light of the absence of any central law to safeguard healthcare workers;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government is aware of the fact that the causes of violence against healthcare workers include patients’ expectations, high out-of-pocket expenditure, and a lack of proper communication between doctors and patients; and
- (d) if so, the steps taken/proposed to be taken by the Government in this regard?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) & (b): As per Constitutional provisions, ‘Health’ and ‘Law & Order’ are State subjects. Therefore, it is the primary responsibility of the concerned State/ Union Territory to take note of events and eventualities for taking appropriate action to prevent violence against healthcare professionals. It needs to be dealt with suitably by the State/ Union Territory under provisions in the Bharatiya Nyaya Sanhita (BNS), 2023 and the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 so that medical professionals discharge their professional pursuits without fear of violence.

Many States have already enacted laws to address violence against healthcare professionals. Most of the State laws cover minor offences and prescribe punishment for them. The major offences/ heinous crimes are adequately covered under BNS, 2023. As the State laws have adequate provisions to address day-to-day minor offences and serious offences can

be addressed by BNS, 2023, a separate Central law to deal with offenses against healthcare professionals is not required.

(c) & (d): It is the primary responsibility of the concerned State/ Union Territory to take note of events and eventualities for taking appropriate action to prevent violence against healthcare professionals. However, the Ministry of Health and Family Welfare (MoHFW) issued advisory to all Central Government Hospitals/ Institutes, All India Institutes of Medical Science and Medical Colleges to ensure filing of FIR by the Institutes within six hours of any incident of violence on medical professionals.

All the States/UTs had also been advised by MoHFW to take immediate measures (**Annexure**) for enhancing security and providing safer working environment for medical professionals.

Taking cognizance of recent incident of alleged rape and murder of a trainee doctor in R. G. Kar Medical College and Hospital, Kolkata, the Hon'ble Supreme Court of India constituted a National Task Force (NTF) for formulating effective recommendations to remedy the issues of concern pertaining to safety, working conditions and well-being of medical professionals and other cognate matters. The NTF has already submitted its report to the Hon'ble Supreme Court of India.

Annexure referred to in reply to parts (c) & (d) of Lok Sabha Unstarred Question No. 916 for answer on 29.11.2024

Extracts from recent advisories issued by the Ministry of Health & Family Welfare to States/UTs to take immediate measures for enhancing security and providing safer working environment for medical professionals

- i. Display of State laws for healthcare workers' protection and relevant Sections of Bharatiya Nyaya Sanhita (BNS), 2023 along with punitive/ penalty details in conspicuous places inside the hospital premises in local language and English.
- ii. Constitution of 'Hospital Security Committee' and 'Violence Prevention Committee' involving senior doctors and administrative officers to strategize and implement appropriate security measures.
- iii. Regulation of access for general public and patient relatives to key areas of the hospital. Strict visitor pass policy for patient attenders/ relatives.
- iv. Provision for safe movement of resident doctors/ nurse within different blocks and hostel buildings and other areas of the hospital during night duties.
- v. Ensuring proper lighting inside all areas of residential block, hostel blocks & other hospital premises.
- vi. 'Routine Security patrolling' in all the hospital premises during night time.
- vii. Setting up of a 24x7 manned security control room in the hospitals.
- viii. Establishing close liaisoning with nearest police station.
- ix. Constitution of 'Internal Committee on Sexual Harassment' in the hospital.
- x. Taking stock situation of all CCTV cameras (number and functionality) inside the hospital premises and for necessary implementation/upgradation of the same.
- xi. Identification of high-risk establishments to identify hospitals with high footfall and consider them as high-priority establishments for security improvements.
- xii. Conducting security audits in consultation with local health, police authorities to assess and improve security measures.
- xiii. Focus on high-risk areas by giving special attention to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and Intensive Care Units (ICUs) and Labour Rooms.
- xiv. Ensuring installation and proper functioning of CCTV Cameras, particularly in high-risk areas with regular monitoring of the cameras from a manned central control room.
- xv. Establishment of a protocol for quick sharing of video footage of any untoward incident against healthcare workers with local police to facilitate swift response and investigation.
- xvi. Security personnel to be technically oriented and trained in soft skills. Employing ex-servicemen (from Directorate General of Resettlement) as security personnel in the

identified high-risk areas of the hospitals. Also, exploring of such manpower from the State's own security forces.

- xvii. Constitution of Internal Security Committee in hospitals with active involvement of residents and students; also laying down of clear SOPs for incidence response.
- xviii. Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
- xix. Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations.
- xx. Deployment of patient facilitators/ MTS for all patient related activities inside the hospital, which requires ferrying or shifting of the patients from diagnostics to therapeutics.
- xxi. Trained persons to man help-desks, guide patients to navigate the hospital systems and processes.
