

**Operational Guidelines for  
Establishment of Burns Units at  
Medical Colleges under  
National Programme for  
Prevention & Management of  
Burn Injuries (NPPMBI)**

## Executive Summary

Burn Injury is potentially a big Public Health Problem. In fact, more people die due to burn injuries than Malaria and Tuberculosis. In India alone, around 7 million persons suffer from burn injuries, out of which, 7 lakh need hospital admission and 2.4 lakh become disabled. As per the data extrapolated from the information received from three major Government Hospitals in Delhi, approximately 1.4 lakh people die of burn injuries annually. This comes to one death every 4 minutes due to burns; however, burn injury is mostly unrecognized in our country. Only media reports highlight cases during Diwali festivals, bride burning cases and chemical burn injuries due to acid/alkali attacks.

Moreover, no treatment facilities specific for burn injuries are available in most parts of India, and all such cases are treated by General Practitioners and Quacks. Most of the burn victims belong to vulnerable group of the society. The misery of burn patients is further aggravated as the treatment requires prolonged hospitalization and multiple corrective plastic surgeries, leading to economic hardship. A large number of burn injury patients require psychological counseling as well as physiotherapeutic rehabilitation for many years.

However, the death and disability due to burn injury is preventable to a great extent provided timely and appropriate treatment is given by trained personnel. The management of burns is a distinct branch of medical super specialty. However, trained manpower as well as dedicated burn units are restricted to bigger cities, and that too in a few tertiary care hospitals in our country.

The National Programme for Prevention and Management of Burn Injuries (NPPMBI) is an initiative by the Directorate General of Health Services, Ministry of Health and Family Welfare to strengthen the preventive, curative and rehabilitative services for Burn Victims.

The programme has falls within the overall ambit of centrally assisted scheme, namely, "Human resource in Health and Medical Education". As per the financial norms of this umbrella scheme, the financial assistance during the 12<sup>th</sup> FYP will be shared between Central and State Government in a ratio of 75:25. However, this ratio will be 90:10 in respect of North Eastern states and Hilly states of Himachal Pradesh, Uttarakhand and J & K. Rs. 450 crores has been allocated in the budget for the 12<sup>th</sup> Five Year Plan, for the Medical College component.

During the 12<sup>th</sup> Five Year Plan, the Programme will be expanded to cover 67 Medical Colleges for establishment of Burn Units across the country in a phased manner. The unfinished work of the 3 Medical colleges taken up during 11<sup>th</sup> plan under the pilot project will also be taken up along with 67 new medical colleges.

## **1. Introduction**

1.1 Burn Injury is a major public health problem, yet not addressed properly in our country. Unlike other injuries, Burn Injury is accompanied by trauma, scars and disfigurement, which takes years to heal both physically and psychologically. Many of the burn injury patients require psychological counseling as well as physiotherapeutic rehabilitation and repeated plastic surgeries for many years, thus, augmenting their financial hardship. Moreover, specialized treatment facility for burn cases is not available in many of the medical colleges, consequently leading to high mortality and morbidity.

1.2 Under such circumstances, and keeping in view the rising number of deaths due to burn injuries, a project was initiated during the 11<sup>th</sup> Five Year Plan by the Directorate General of Health Services, Ministry of Health & Family Welfare, for development of burn units in identified Medical Colleges and District Hospitals. The project is now being continued as a full-fledged National Programme in the name of "**National Programme for Prevention & Management of Burn Injuries (NPPMBI)**" during the 12<sup>th</sup> Five Year Plan.

1.3 The programme is being implemented through State Government Medical Colleges and District Hospitals. However, the present guidelines pertain only to programme component being implemented through Medical Colleges. The District Hospital component will be dealt through NRHM for which separate guidelines have already been issued.

## **2. Initiatives taken during 11<sup>th</sup> Five Year Plan:**

A Pilot Project was initiated in the middle of the 11<sup>th</sup> FYP, in Oct 2010, wherein, three Medical Colleges and six Districts Hospitals in three states were identified for developing burn units. Under the project financial assistance was provided to the identified Medical Colleges and District Hospitals for development of burn units/ wards. It was a 100% centrally sponsored programme and financial assistance was provided for construction/renovation/up-gradation, procurement of equipments and contractual manpower. The pilot project has been approved to be continued as a National Programme during the 12<sup>th</sup> Five Year Plan.

## **3. 12<sup>th</sup> Five Year Plan:**

Unlike the 11<sup>th</sup> FYP, the programme will no more be 100% centrally sponsored. The programme has now been merged within the overall ambit of centrally assisted scheme, namely, "Human resource in Health and Medical Education". As per the financial norms of this umbrella scheme, the financial assistance during the 12<sup>th</sup> FYP will be shared between Central and State Government in a ratio of 75:25. However, this ratio will be 90:10 in respect of North Eastern states and Hilly states of Himachal Pradesh, Uttarakhand and J & K. Rs. 450 crores has been allocated in the budget for the 12<sup>th</sup> Five Year Plan, for the Medical College component.

#### 4. Objectives of the programme

- To reduce incidence, mortality, morbidity and disability due to Burn Injuries.
- To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- To establish adequate network of infrastructural facilities along with trained personnel for burn management and rehabilitation.
- To carry out research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based program planning for Burn Injuries, monitoring and subsequent evaluation.

#### 5. Focus areas of the programme

The Programme has four main components: - (i) Prevention (ii) Treatment (iii) Rehabilitation and (iv) Training. A brief overview is given below:-

❖ **Prevention:** Prevention is one of the crucial aspects of any programme; the same is true for the burn programme as well, as a large percentage of burn injuries can be prevented by taking appropriate preventive measures. Hence, in the National Programme, it is proposed to undertake following activities to ensure better awareness through print and electronic media among the general population for prevention of burn injuries:

- Activities related to electronic media will be undertaken through Doordarshan, Cable TV, Internet, Mobile phone SMS, CCTVs at the railway stations, hospitals, schools and other public places.
- Activities for print media will be taken up through newspapers, advertisements, magazines, posters, charts, folders for disseminating information.
- Conventional methods like melas, rallies and quiz, folk dance etc will also be utilized.
- Awareness campaign for school children and college students will be organized.
- Outdoor publicity will be done in form of Hoardings, Wall Paintings, Neon Signs, Kiosks, Bus Panels, etc.

❖ **Treatment:** Physical Infrastructure in identified Medical Colleges will be strengthened by establishing/strengthening burn units through National Programme. Grants will be given to the states for construction/alternation/renovation/modification of the existing structure, engagement of manpower and purchase of equipments.

The burn unit in a Medical College will have 12 beds (8 beds + 4 ICU beds) with OT. In order to prevent infection, there will be packaged type air cooled/water cooled units with requisite number of air changers.

There will be a dedicated OT having facilities for skin storage, auto and homo grafts. The operation theatre may be part of the OT block of the Medical College. If the existing operation theater of the Medical College has sufficient capacity to operate burn patients, funds will be provided to upgrade the existing OT wherever necessary. In case this is not possible then a separate OT for burn patients will be established. The Burn unit will function under overall control and guidance of the Head of the Surgery /Burn & Plastic Surgery Department of the Medical College.

- ❖ **Rehabilitation:** Follow up and rehabilitation services will be provided to restore functional capacity of burn patients which includes corrective plastic surgeries and physiotherapy enabling the patient to achieve functional independence and better quality of life. Existing Physiotherapy units will be strengthened by adding more equipments, and by providing Physiotherapists and Community Based Rehabilitation Workers for rehabilitation of burn victims.
  
- ❖ **Training:** Under this component, surgeons, medical officers, paramedics and multi-disciplinary workers will be imparted hands on training in “*Burn Injury Management*” at the identified Central and State Training Centres.

## **6. Central support for establishing the Burn Unit**

### **6.1 Design of the Burn Unit-**

A design diagram depicting the proposed Burn Unit is enclosed at ***Annexure I***. The Unit would require approximately 725 sq. meters of area (including 50 sq. meters for operation theatre which may be established in the existing OT Block of the Medical College). The space for burn unit with 12 beds (8 general beds + 4 ICU beds + other required facilities) will be identified within the hospitals premises. Wherever such facilities already exist, the same will be augmented through addition/alteration/ renovation so as to ensure that they have the required number of beds including ICU beds for treatment of burn injury patients.

It shall be the responsibility of the states to provide adequate space/built up area for addition/alteration or new construction for creating a burn unit. The maximum grant to the tune of Rs. 2.175 crore @ Rs. 30,000 per sq. meter will be provided to each Medical College for the purpose of construction. Any extra cost over and above this amount will have to be borne by the State Government.

### **6.2 Equipment-**

An amount of Rs. 1.29 crore has been proposed for this purpose under the programme. The equipments recommended for the burn unit are placed at ***Annexure II***.

### 6.3 Manpower Provision-

There is provision for engagement of manpower for a limited period of three years only on contractual basis. An amount of Rs. 1.038 crore per annum is the estimated amount of assistance under the programme. Funds for this purpose would be released only when the construction of the Burn unit is completed and equipments are procured. Financial support for recruitment of manpower on contractual basis will be limited for a maximum period of 3 years. After 3 years, it will be the responsibility of the State Governments concerned to continue the facility with their own resources. Commitment to this effect will be done by the states through Memorandum of Understanding (MoU) a copy of which is placed at **Annexure-III**. Details of contractual Manpower to be recruited, along with the recommended remunerations is placed at **Annexure IV**. However, the states have option to pay the remunerations as per the state norms.

## 7. Unit cost per Burn Unit

Sl. No	Component	Cost (Rs. in crores)
1.	Construction (725 sq. meter @ Rs. 30000 per sq. meter)	2.175
2.	Manpower ( for 3 years)	3.114
3.	Equipment	1.290
<b>Total</b>		<b>6.579</b>

## 8. Training of Manpower

8.1 Monitoring cell in Directorate General of Health Services (Dte.GHS) will organize training programme for the doctors and paramedics to be deployed in the burn units. The trainees will be exposed to functioning of various Burn Care facilities including Burn Ward, Casualty, OPD, Dressing Room, ICU, and Burn Operation Theatres.

8.2 27 Medical Colleges across the country will be identified as State Training Centres for conducting training. While Safdarjung Hospital, assisted by RML & LNJP will train the Surgeons/Medical Officers from the State Training Centres, who will form the core group of trainers to provide training to Surgeons/Doctors to be employed in burn wards in their respective states.

## 9. Monitoring and Evaluation

9.1 The Directorate General of Health Services will provide technical guidelines for establishment of burn unit in Medical Colleges. The Central Burn Cell at Dte.GHS, MoH&FW, will monitor and supervise the programme. Apart from this, the following provision for monitoring and supervision has been made:

### I. National Monitoring & Advisory Committee-

The Committee consists of group of experts from well-established burn units and other eminent persons in the field of burns injury management. This group will interact through meetings at the Centre, and will advise the Program officials on technical aspects of the programme.

## II. State level- Monitoring-

State Implementation Committee will act as an advisory body for monitoring, supporting and dealing with core issues for smooth functioning of the program at state level. The Director/ Jt. Director of Health Services, Director/ Jt. Director of Medical Education, Executive Engineer/Architect from state PWD, State IEC Officer and the State Programme Manager would be the members of the Committee. Regional Directors, Dte. GHS, Ministry of Health and Family Welfare, of the respective states will be member representative of the state monitoring committee. The committee will be headed by the Principal Secretary (Health) of the respective states.

## III. Evaluation-

The programme will be evaluated by an independent agency at the end of the 12<sup>th</sup> plan. There will also be a mid-term evaluation.

## 10. State responsibilities

- 1) The State Govt. should be willing to be a partner in the programme and agree to sign a Memorandum of Understanding (MoU) with the Dte.GHS, Ministry of Health & Family Welfare.
- 2) The states should undertake to share 25% of the proposed assistance decided for various activities under the programme and rest 75% will be the responsibility of the Central Government. The ratio of central and state share for NE and hilly states of Himachal Pradesh, Uttarakhand and J & K will be 90:10.
- 3) The states should forward a list of Medical Colleges in the requisition format placed at **Annexure V** along with the information about the hospitals where the states would like to establish the burn unit.
- 4) States should provide all the diagnostic and other supportive hospital services for the burn patients. The maintenance of burn units will be the responsibility of the concerned hospital from the beginning.
- 5) The state should undertake to own the responsibility of taking over the burn unit in all respect after the period of 3 years assistance for manpower is completed.

## 11. Funding norms and release of funds

11.1 The programme will no more be a 100% sponsored programme like 11<sup>th</sup> plan. During 12<sup>th</sup> plan funds decided for assistance will be shared between Central and State Government in a ratio of 75:25. However, this ratio will be 90:10 in respect of North Eastern States and Hilly states of Himachal Pradesh, Uttarakhand and J & K. The funds will be transferred through the consolidated fund of the states.

11.2 The states will have to sign MOU with Dte.GHS, Ministry of Health & Family Welfare, agreeing to the norms set up under the programme. The process of release of funds for construction will be initiated only if the plan for establishment of burn unit is formally approved by the State PWD with design diagram along with estimated cost. The cost estimate prepared by the state PWD should not exceed the cost permitted for construction of burn unit. Further

release of funds for equipments and manpower, will depend upon the completion of construction and submission of Utilization Certificates and SOE as per the provision of General Financial Rules (Rules 19-A) supported by Audited Statement of the State Accountant General.

## **12. Registration and reporting of burn case:-**

Burn Registry Format & Quarterly Format has been developed for registration and reporting of burn patients (**Annexure-VI & VI**). Each identified Medical college will have to fill up these formats and communicate the same to the monitoring cell at Dte.GHS for the purpose of analysis.

## **13. Outcomes & Deliverables**

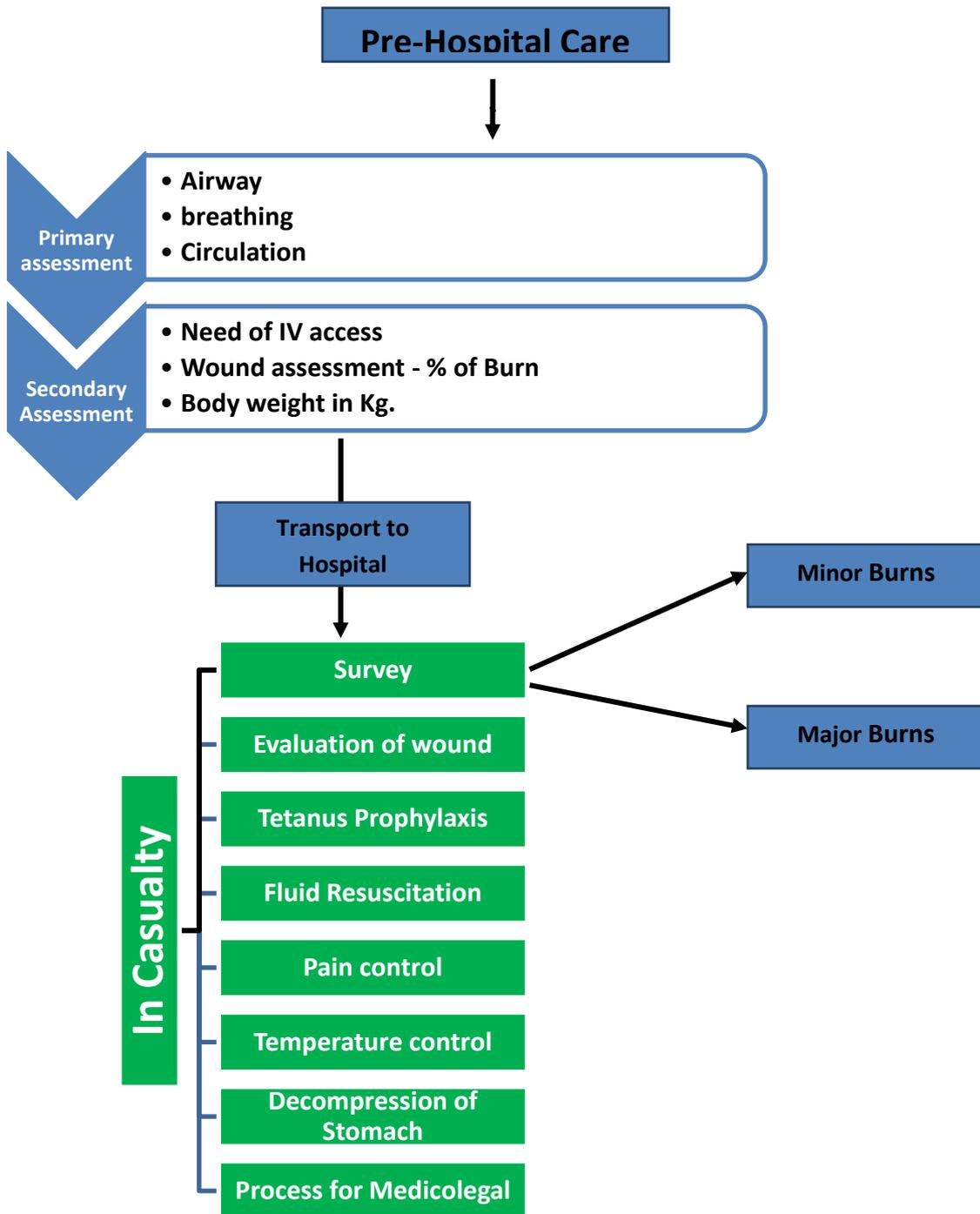
### **13.1 Outcomes-**

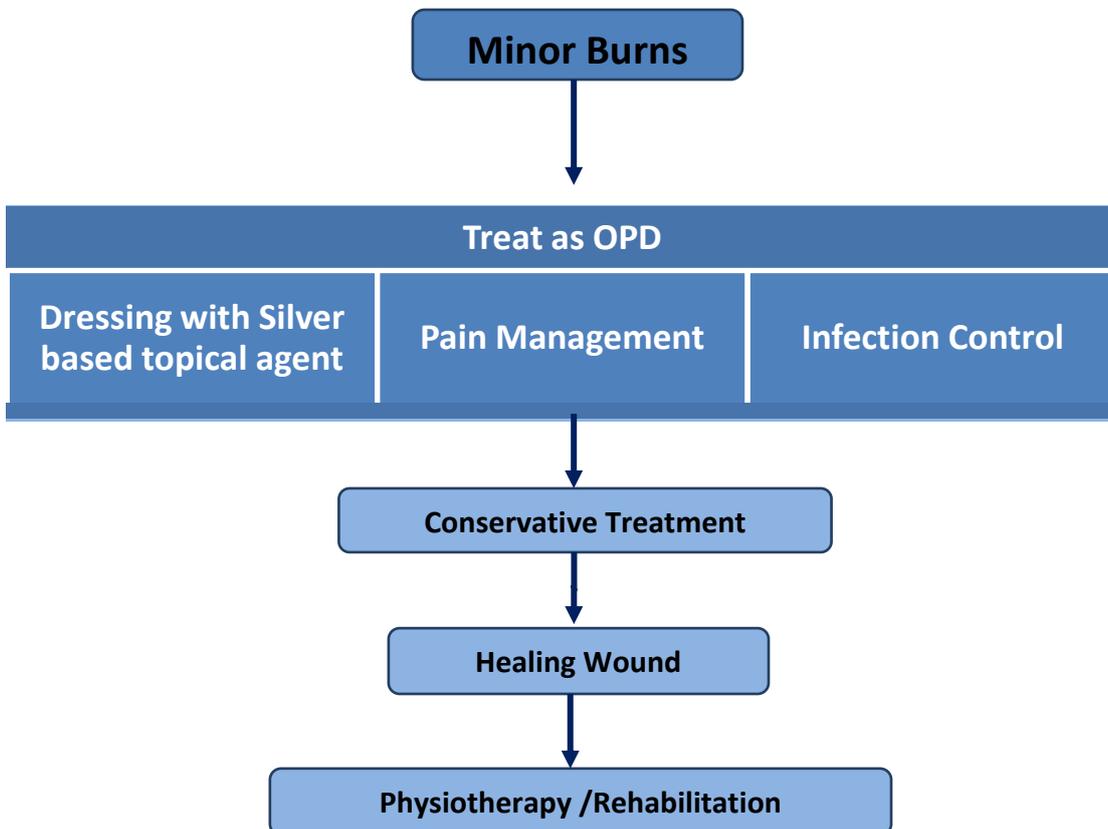
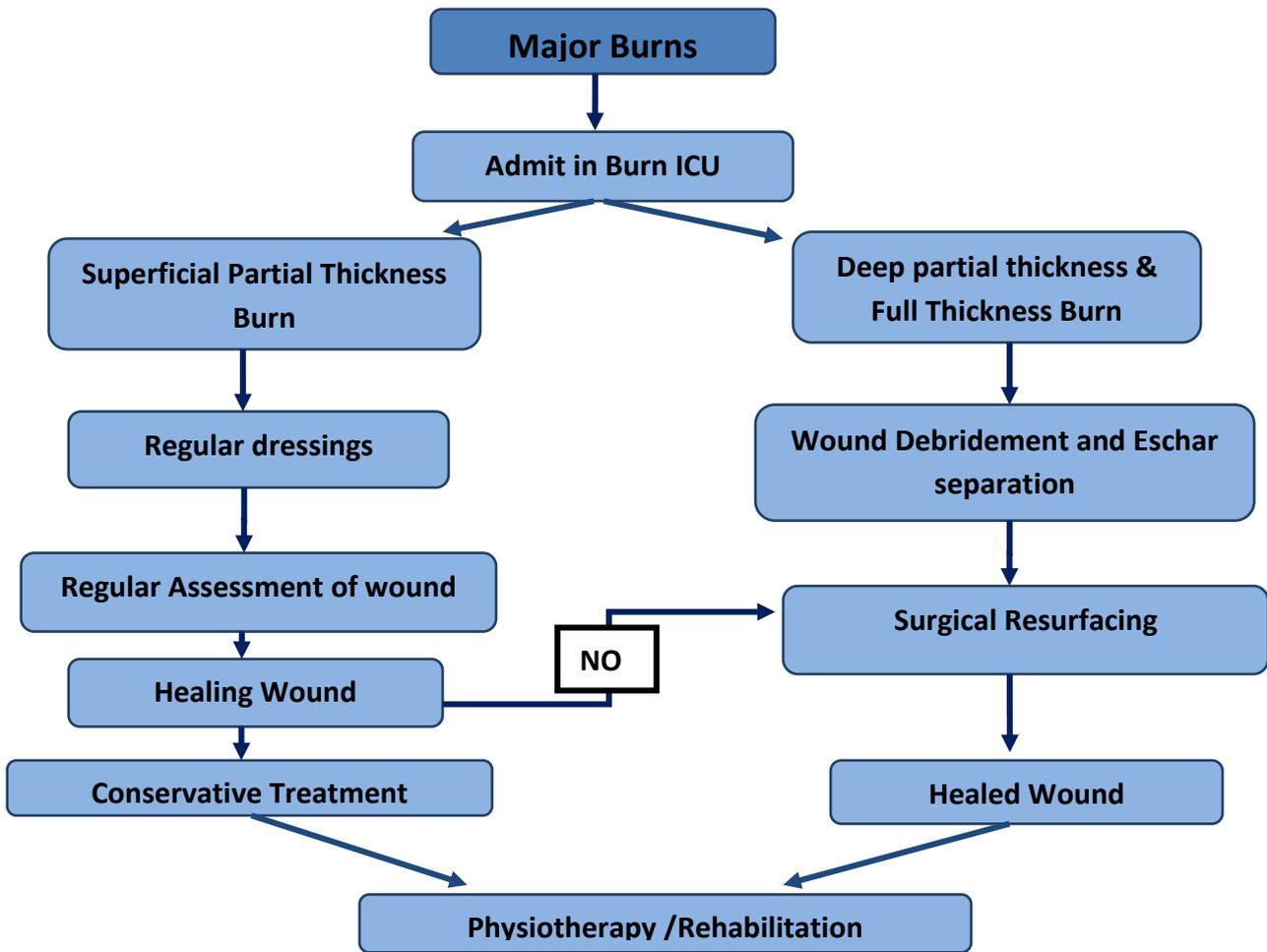
- Burn unit will be established for round the clock treatment facilities at identified Medical Colleges which will help in reducing incidence, mortality, morbidity and disability due to Burn Injuries.
- Enhanced awareness among general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers through IEC activities.

### **13.2 Deliverables-**

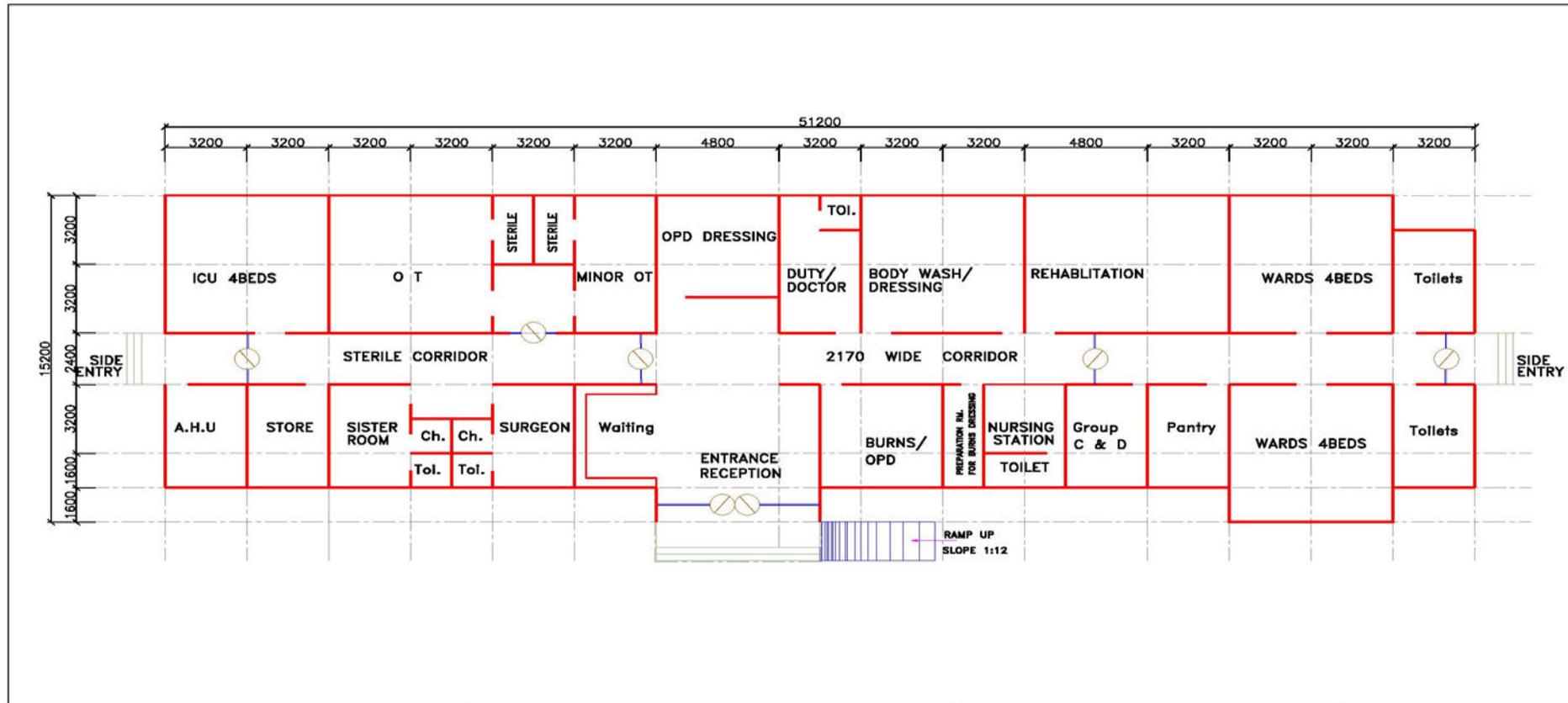
- Development of a Practical Handbook on Burn Injury Management to serve as a guide for conducting training programmes.
- Training of Surgeons/Medical Officers of Medical Colleges selected as “State Training Centres” as well as Medical Colleges where burn units are established.
- Initiation of the process of Burn Registry, thus initiating a process of data collection, collation and interpretation in respect of epidemiology of burn injuries in the country, that will help in formulation of scientifically sound policies.

## 14. Guiding Principles





Schematic Design Diagram of Burn Unit at Medical College



**SCHEMATIC PLAN OF BURNS HOSPITAL AT MEDICAL COLLEGE CAMPUS**

**NOTES:**  
 This schematic diagram for burn unit is indicative, depicting all the elements essential for establishing a full fledged Burn Unit. However, the states may modify the design according to the space available with them. The states should ensure that the design prepared by their civil authority should be forwarded to Directorate General of Health Services for prior approval.  
 This note is as per:  
 Minutes of meeting dated 23/5/14 vide letter No. S.11025/11/2011-MH-II, DTe,GHS

**NOTES:**  
 1. AREA - 725 sq.m. Approx.  
 2. The plan to be modified as per site conditions  
 3. Cost to be based on CPWD /PWD/ Govt. approved local rates.  
 4. Burns unit to be centrally airconditioned.

CENTRAL DESIGN BUREAU FOR MEDICAL & HEALTH BUILDINGS D.G.H.S , NEW DELHI  
 DRG. NO. - BH/MC/01  
 DATE: - 05/06/2014  
 SCALE: -



**List of Equipments recommended for the Burn Unit**

1. Furniture for Burn Ward
2. Equipment recommended:
  - Ventilators (2)
  - Vital parameter monitor(4)
  - Skin graft mesher (2)
  - Humby's knife(5)
  - Portable light(2)
  - Dermatome (2)
  - For Rehabilitation
    - Shoulder Wheel
    - Over-head pulley
    - Static Bicycle
    - Quadriceps table
    - Hand Gripper
    - Ladder Wall
    - Muscular Stimulator
    - Ultrasound Machine (Therapeutic 1 & 3 MGH)
    - Paraffin wax bath
3. Weighing Machine
4. Burn's basic instrument set (2)
5. Electric Cautery (1)
6. Material & Supplies
7. Equipment required for ICU/OT-
  - Baby incubator
  - Baby warmer
  - Baby cradle
  - Cradle for adults with bulbs
  - Basic model of Boyles apparatus with different size tube for Resuscitation/Intubation laryngoscope (for Respiratory burns inhalation burns)/ Ambu bag
  - Haemotocrit centrifuge
  - Hemoglobin meter
  - Small Refrigerator in ICU to store blood/ plasma and vaccine etc.
  - Refrigerator in OT to store/keep skin-graft

**Memorandum of Understanding (MOU) between Ministry of Health & Family Welfare, Government of India and Department of Health, Government/UT Administration of \_\_\_\_\_ for implementation of the “National Programme for Prevention and Management of Burn Injuries (NPPMBI)”**

**1. Preamble**

- 1.1 “Burn Injuries” are major public health problems all over the world. More number of people die globally due to burn injuries than Malaria and Tuberculosis. In India alone, around Rs. 70 lakh people suffer from burn injuries, out of which Rs. 7 lakh need hospital admission and Rs. 2.40 lakh become disabled. As per the data extrapolated from the 3 major government hospitals in Delhi, approximately Rs. 1.4 lakh people die of burn injury annually. This comes to one death every four minutes due to burns. The misery of severe burn patients is further aggravated as the treatment usually requires prolonged hospitalization and multiple corrective surgeries, thereby, causing extreme economic hardship.
- 1.2 The incidence of burn injuries is increasing at an alarming rate in our country. As per the information received from 3 major government hospitals in Delhi, there has been a 10 fold increase in OPD cases and 4.5 times increase in IPD cases during the last 5 years. However, the death and disability are preventable to a great extent, provided timely and appropriate treatment is given by trained personnel. Trained manpower as well as dedicated burn units, which are required for proper management of burn injuries, are currently severely lacking in our country.

**2. About the Programme**

- 2.1 The NPPMBI has been initiated with the aim to assist the State Governments in establishing dedicated burn units in the identified State Government Medical Colleges. The programme will be part of the “Human resource in Health and Medical Education Scheme” and assistance to be provided to the states will be governed by the norms set under this parent scheme. One of the important criteria under the scheme is that the assistance proposed under the programme for various components will be shared between the centre and state Governments in the ratio of 75:25 (for North Eastern and hill States of Uttarakhand, Himachal Pradesh and Jammu and Kashmir, this ratio will be 90:10).
- 2.2 Grants will be provided to the identified Medical Colleges of State Governments for developing a 12 bedded burn unit including 4 ICU beds, one Operation Theater and procurement of some essential equipment. There will also be a short term provision for hiring of contractual manpower. There is also provision for IEC activities for increasing awareness among the general public, and school children in particular, on the measures to prevent burn

injuries through audio-visual and print media, health melas, advocacy campaigns and school awareness camps.

### 3. Memorandum of Understanding

3.1 Now being fully aware of the increasing incidence of burn injuries and in order to address the problem, the Memorandum of Understanding is being signed between Joint Secretary, Ministry of Health & Family Welfare, Government of India (hereafter referred to as 'MoHFW') and the State Government/UT Administration of ————— (Name of the State/UT) (hereafter referred to as "State") for providing accessible, affordable, high-quality, comprehensive and dedicated burn management facilities in the following identified medical colleges of the State:-

- 1
- 2
- 3

3.2 The signatories to this Memorandum of Understanding have agreed as set out, herein, as below:

3.3 This MoU will be operative with effect from \_\_\_\_\_ and will remain in force till 31<sup>st</sup> March, 2017 or till its renewal through mutual agreement whichever is earlier.

### 4. Funding norms:

4.1 NPPMBI will be part of the Scheme "Human resource in health and Medical Education" and hence funds releasing to the States will be governed as per the following two main criteria of the parent scheme:

1. Proposed amount of assistance will be shared between Central Government and State Government in the ratio of 75:25 (for North Eastern and hill States of Uttarakhand, Himachal Pradesh and Jammu & Kashmir, this ratio will be 90:10).
2. Funds will be released through treasury route.

4.2 Grants will be provided for the following purposes:-

- 1) **Construction/alteration** - Funds to the tune of Rs. 2.175 crores are proposed for construction/alteration for a 12 bedded Burn Unit including 4 ICU beds along with an Operation Theatre. A suggestive design diagram depicting the proposed burn unit is enclosed at **Annexure 1**. The unit would require approximately 725 sq. meter of covered area, including 50 sq. meters for operation theatre which will be established in the existing OT block of the medical college. Approved rate of the cost of construction will be @ Rs, 30,000 per sq. meter.
- 2) **Equipment** – The amount proposed for procurement of the equipment are to the tune of Rs.1.29 cr. A recommended list of equipment for each burn unit along with indicative cost is placed at **Annexure 2**. Equipments will be procured by the identified hospitals as per

the state norms. The responsibility of maintenance of these equipments will be entirely of State Government.

- 3) Contractual Human Resource** – Financial support to the tune of Rs. 1.038 crores (recurring cost) for contractual engagement of Human Resource for a maximum of 3 years period have been proposed under the programme. A list indicating the number and type of Human Resource support and indicative salary is placed at **Annexure 3**. The remunerations mentioned are recommended and the state may follow its own norms for the recruitment of manpower.

#### 4.3 Sharing of Expenditure

The above mentioned proposed assistance on various components will be shared between the Central Government and State Government in the ratio of 75:25 (90:10 for North-eastern and Hill States of Jammu & Kashmir, Uttarakhand and Himachal Pradesh). Funds will be transferred to the states through consolidated funds of the states. The 75% / 90% of the Central share will preferably be utilized for construction and purchase of equipments whereas; the state may consider utilizing its 25% / 10% share on human resource component.

### 5. Government of India Commitment

- 5.1 GOI will release 75%/90% (for North-Eastern and Hilly States of Jammu & Kashmir, Uttarakhand and Himachal Pradesh 90:10) of the Central Share of the grant to the states, after inspection of identified medical colleges and signing of MoU. Release of grants will be governed as per the norms set under the parent scheme of Human resource in Health and Medical Education. The subsequent release will be based on progress achieved and on states fulfilling their responsibilities.

- 5.2 Dte.G.H.S./ MoHFW shall undertake to do the following:-

- (i) Preparation and dissemination of operational guidelines to facilitate implementation of the Programme.
- (ii) Training to Medical and Para-medical staff and health functionaries involved in the programme.
- (iii) Development of IEC material and strategy.
- (iv) Conducting third-party external evaluation at the end of the 12<sup>th</sup> Five Year Plan.

### 6. State Government responsibilities:- The burn unit will be part of the Medical College in all respect and the State shall –

- a) Identify the State Nodal officer for liaison with Central Government and identified medical colleges.
- b) Contribute 25% of its share (10% for North-eastern and Hilly States of Jammu & Kashmir, Uttarakhand and Himachal Pradesh) proposed to be incurred for implementation of the programme.
- c) Provide land free of cost for construction of burn unit in case it is required.
- d) Provide support of faculty from specialties other than Burns and Plastic Surgery.

- e) Provide diagnostic support services like Laboratory, Radiological and other investigational facilities.
- f) Provide Rehabilitation and Physiotherapy services to the burn injury patients.
- g) Be responsible for maintenance of the Burn Unit and equipment procured through central grant from the beginning.
- h) Conduct training and IEC activities.
- i) Take over the responsibility of running the burn unit fully once these units are fully functional after the 12<sup>th</sup> Plan period.
- j) Create permanent posts to undertake the liability of the contractual manpower recruited under the programme, to ensure unhindered functioning of burn units once the 12<sup>th</sup> Plan period is over.
- k) Ensure that grants provided by the central government are used only for the purpose of agreed activities and are not diverted for meeting any expenditure other than burn care related activities.
- l) Any escalation of cost due to delay in implementation will be the liability of the State Government.
- m) The State Government shall ensure that the Utilization Certificate (duly audited) is sent to the MoHFW, Government of India in form 19 A as per the condition period stipulated in the General Financial Rules.
- n) Submit a progress report as per approved action plan along with documentary evidence indicating achievement of mutually agreed milestones such as status of construction, procurement of equipments and deployment of manpower etc.
- o) Submission of Quarterly report on the working of burn units and maintenance of Burn Registry as per the prescribed format.

## **7. Monitoring and Evaluation**

- 7.1 There will be a monitoring cell in MoHFW. The cell will monitor all the activities under the programme. Dte. GHS, M/o H&FW, Government of India will also review the progress of implementation of the projects from time to time at its own level.
- 7.2 The progress at the State level will be reviewed on quarterly basis. For this purpose, a Monitoring Committee will be set up by the respective States with the following suggested composition:

I	The Commissioner & Secretary (Health & Family Welfare), Government of .....	Chairman
II	The Executive Engineer (Building) PWD, of the district/institution	Member
III	The DHS / DME of the concerned states	Member
IV	The RD, Health & Family Welfare, Dte.G.H.S. (representative from the Government of India)	Member
V	The Medical Superintendent / Director of respective Hospitals	Member
VI	State Nodal Officer nominated by the State Government	Member Secretary

7.3 Monthly performance progress proforma will be developed.

## **8. Fund Flow Arrangement**

8.1 Funds will be transferred to the State Government through consolidated fund of the concerned state and not directly to the hospital/institution.

8.2 Initially 75% / 25% of the cost of construction and equipment will be released as the case may be after signing the MoU and inspection of the identified hospitals. Further funds will be released after assessment of work progress and gap analysis in r/o available manpower in the concerned Hospital/Institution.

8.3 Subsequent release shall be regulated on the basis of written report to be submitted by the State indicating the work progress including the following:-

- a) Documentary evidence of releasing 25% of its share.
- b) Submission of Progress report and Quarterly report in the prescribed format.
- c) Timely submission of Utilization Certificate and Audit Report, wherever they become due as per agreed procedure under General Financial Rules.

## **9. Bank Accounts of the Societies and their Audit**

9.1 Funds released under this project will be kept in interest bearing accounts in any designated nationalized bank or such banks as may be specified by Government of India.

9.2 An account in the name of "State\_\_\_\_\_ Burn Injuries Programme" should be opened for this scheme.

9.3 The State Government will prepare and provide to Dte.G.H.S / Ministry of Health & Family Welfare a consolidated statement of expenditure, including the interest that may have accrued.

9.4 The funds routed through the MoU mechanism will also be liable to statutory audit by the Comptroller and Auditor General of India.

## **10. Expenditure statement and provision of Audit**

10.1 The State Government will prepare and provide to the Ministry of Health & Family Welfare, a consolidated statement of expenditure.

10.2 The funds will be liable to statutory audit by the Comptroller and Auditor General of India.

10.3 The funds will be released through electronic procedure.

**11. Suspension/Reduction/Cancellation**

11.1 Noncompliance of the commitments and obligations set hereunder, and/or failure to make satisfactory progress may require Ministry of Health and Family Welfare, Government of India, to review the assistance committed through this MOU leading to suspension, reduction or cancellation of the assistance. The Ministry of Health and Family Welfare, Government of India shall give advance adequate alert to the State Government before contemplating any such action. In the event of cancellation, funds released and interest accrued shall be returned to PAO, M/o H & FW, GOI.

And whereas the State of ..... have been selected for implementation of NPPMBI, this MOU is being signed between the State of \_\_\_\_\_ and Ministry of Health and Family Welfare, Government of India on the above mentioned mutually agreed terms and conditions.

The MOU will be operative w.e.f. \_\_\_\_\_ to \_\_\_\_\_ signed this day, the ..... of .....Government of India .....2014.

For and on behalf of the Government of .....	For and on behalf of the Government of India (Ministry of Health & Family Welfare)
Principal Secretary(H&FW) Government of ..... Date:	Joint Secretary Ministry of Health & Family Welfare, Government of India

**Details of Contractual Manpower to be recruited along with recommended remuneration**

<b>Sl. No.</b>	<b>Name of the post &amp; consolidated salary per month</b>	<b>No. of post</b>	<b>Cost in crores (per annum)</b>
1.	Burns & Plastic Surgeons/General Surgeon @ Rs. 70,000/ per month	1	0.084
2.	Anesthetist @ Rs. 70,000/-per month	2	0.168
3.	Medical Officer with 1 to 2 years' experience preferably with MS in Surgery @ Rs. 50,000/- per month	4	0.240
4.	Staff Nurses @ Rs. 25,000/- per month (1 required for maintenance of Burn Registry)	12	0.360
5.	OT Technician @ Rs. 15,000/- per month	1	0.018
6.	Multipurpose Rehabilitation/ CBR Workers @ Rs. 15,000/- per month	2	0.036
7.	Dresser @ Rs. 10,000/- per month	2	0.024
8.	Data Entry Operator for Burn Registry @ Rs. 10,000/-per month	1	0.012
9.	Multipurpose workers (Nursing orderly/ Nursing attendants/ Safai Karamchar @ Rs. 8,000/- per month	10	0.096
	<b>Total</b>	<b>35</b>	<b>1.038</b>

### Requisition Format for Establishing Burn Unit

**Title of the Scheme: *National Programme for Prevention & Management of Burn Injuries (NPPMBI)***

<b>Name of State</b>	
<b>Name of Medical College</b>	
<b>Address of Hospital</b>	
<b>Name of Dean/Principal</b>	
<b>Telephone Number</b>	
<b>Email id</b>	
<b>Fax Number</b>	
<b>Name &amp; Addressed of Head of Dept. for Burns Unit</b>	
<b>Telephone Number</b>	
<b>Mobile Number</b>	
<b>Email id</b>	
<b>Is the hospital receiving funding for Trauma Care from any Central Government Scheme viz. NRHM, etc. If, yes then please furnish details.</b>	

**I. GENERAL INFORMATION OF MEDICAL COLLEGE**

<b>S.N</b>	<b>Proposed Trauma Care Facility</b>	<b>Status (Put a ✓ mark wherever applicable)</b>
1	Name of nearest referral hospital	
2	Distance of nearest referral hospital (in Km)	
3	No. of Ambulance in hospital	
4	Whether ambulance is functional	1. Yes 2. No 3. Others (mention)
5	No. of Operation Theatres	
6	Availability of ICU	1. Yes 2. No
7	Availability of 24*7 hour service	1. Yes 2. No
8	Availability of 24*7 hours Blood Bank	1. Yes 2. No
9	Availability of Pharmacy in hospital	1. Yes 2. No
10	Availability of casualty department	1. Yes 2. No
11	No. of patients admitted in IPD in a month (Average)	
12	No. of burn cases in a month (Average)	
13	No. of deaths related to burns in a month (Average)	
14	Name of Block/Building for Burns Unit	
15	Floor location in the Building	1. Ground floor 2. First floor 3. Second floor 4. Third floor 5. Fourth floor 6. Others (mention)----- -----
16	Distance from Casualty (in Km)	
17	Approachability	1. Ramp 2. Staircase 3. Lift
18	Space available for proposed Burns Unit (in Sq. Ft)	

**II. STATUS OF EQUIPMENT** (Put a ✓ mark wherever applicable)

<b>S.N</b>	<b>Equipment recommended under Scheme</b>	<b>Requirement as per scheme</b>	<b>Available and Functional</b>	<b>Available but Non Functional</b>	<b>Not Available</b>	<b>Remarks</b>
1	Ventilator	2				
2	Vital Parameter Monitors	4				
3	Dermatome	2				
4	Skin Graft Mesher	2				
5	Portable Lights	2				
6	Humbly's Knife	5				
7	Rehabilitation 1. Shoulder wheel 2. Over – head pulley 3. Static Bicycle 4. Quadriceps table 5. Hand Gripper 6. Ladder Wall 7. Muscular Stimulator 8. Ultrasound Machine - Therapeutic - MGH 9. Paraffin wax batch	1 3				
8	Burn's basic instrument set	2				
9	Electric quaternary	1				
10	OT equipments					

**III. STATUS OF HUMAN RESOURCE** (Put a ✓ mark wherever applicable)

S. N	Human Resource recommended as per Scheme	Total requirement as per Scheme	Status		Remarks
			Available	Not Available	
1	Burns & Plastic Surgeon/ General Surgeon	1			
2	Anaesthetist	2			
3	Medical Officer with MS in Surgery	4			
4	Staff Nurses	12			
5	OT Technician	1			
6	Dressers	2			
7	Multipurpose Rehabilitation/CBR Workers	2			
8	Multipurpose Workers (Nursing Orderly/ Nursing Attendants/ Safai Karmachari)	12			

**Sign & seal of Medical Superintendent**

**Date:**

BURN DATA REGISTRY FORMAT

BURNS RECORD

Burn Unit Registration Number

NAME

AGE

SEX

RELIGION NATIONALITY

ADDRESS

DATE&TIME OF ADMISSION

DATE&TIME OF DISCHARGE/DEATH

C.R.NO.

M.L.C./NONMLC

PLACE OF BURN KITCHEN/HOME/WORK/TRAFFIC/SCHOOL/OTHER/UNKNOWN

DATE&TIME OF INJURY

DESCRIPTION OF INJURY

INHALATION INJURY

MARITAL STATUS

MARRIED UNMARRIED/NOT APPLICABLE(CHILD)/UNKNOWN

EMPLOYMENT

EMPLOYED/RETIRED/N.A.(CHILD)/STUDENT/UNEMPLOYED/UNKNOWN

FAMILY INCOME

LOW/AVERAGE/HIGH/UNKNOWN

TYPE OF RESIDENCE  
HOME

CITY HOUSE/CITY APARTMENT/RURAL HOUSE/TENT/SLUM  
/HOMELESS/OTHER/UNKNOWN

FAMILY SIZE                      NO. OF PERSON                      ADULTS                      CHILDREN                      NUCLEAR/JOINT

LITERACY                      ILLITERATE/LITERATE-PRIMARY/BASIC/HIGHSCHOOL/INTER/  
GRADUATE&HIGHER/UNKNOWN/N.A.(INFANT)

TYPE OF INJURY                      FLAME/SCALD/CONTACT/ELECTRICAL/CHEMICAL/OTHERS

CLOTHINGS                      COTTON/SYNTHETIC/WOOLEN-COAT/SHIRT/PANT/SAREE  
SALWAR/FROCK/OTHERS(SPECIFY)

BURN DEPTH ALL SUPERFICIAL/MOSTLY SUPERFICIAL /MOSTLY DEEP/ALL DEEP

PUTTING OUT THE FLAMES WATER SAND/BLANKET OR QUILT/DROP & ROLL/HANDS/  
FIRE EXTINGUISHERS/NOT FLAME BURN/UNKNOWN

FIRST AID                      COLD WATER/ICE/OINTMENT/NOTHING/UNKNOWN/OTHER(SPECIFY)

SMOKE INHALATION                      CONFIRMED/SUSPECTED/NO/NOT FLAME BURN

KITCHEN EQUIPMENT USED                      GAS/PRESSURE STOVE/WICK STOVE/ANGEETHI/CHULHA/  
OPEN FIRE/OTHERS

TYPE OF KITCHEN                      PERMANENT/TEMPORARY-OPEN/STANDING/SITTING

TYPE OF ACCIDENT                      SUICIDE/HOMICIDE/ACCIDENT

PERSONAL HISTORY                      EPILEPTIC/ALCOHOLIC/DRUG ADDICT/SMOKER/NONSMOKER  
/MENTAL ILLNESS

FAMILY HISTORY                      DIABETES/HYPERTENSION/MENTAL ILLNESS

LAST MENSTRUAL DATE

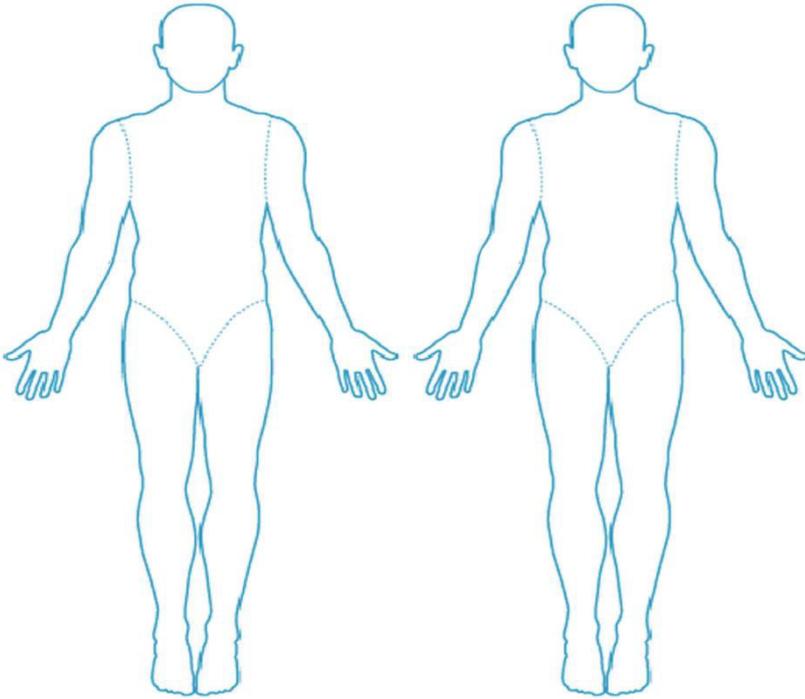
Adult body	% of total	Child body	% of total
Part	BSA	Part	BSA
Arm	9%	Arm	9%
Head	9%	Head and Neck	18%
Neck	1%	Leg	14%

Leg 18%  
 Anterior trunk 18%  
 Posterior trunk 18%

Anterior trunk 18%  
 Posterior trunk 18%

FRONT

BACK



Shallow Burns  Deep Burns 

**Calculate Extent of Burn**

Head&Neck .....%  
 LeftUpper Limb .....%  
 RightUpper Limb .....%  
 LeftLowerLimb .....%  
 Right LowerLimb .....%  
 AnteriorTrunk .....%  
 PosteriorTrunk .....%  
 Perineum .....%  
 TOTAL .....%  
 Round to nearest whole number .....%

**SINGNATURE OF BURN UNIT  
 INCHARE/HEAD OF DEPT**

**QUARTERLY REPORTING FORMAT**  
**Quarterly Reporting of Burn Injury Cases**  
**Under the Pilot Programme for Prevention of Burn Injuries**

Name of Medical College/District Hospital: \_\_\_\_\_

Quarter Ending (  ): (31<sup>st</sup> March, 30<sup>th</sup> June, 30<sup>th</sup> September & 31<sup>st</sup> December)

**A. Burn Injury Data:-**

Sl. No	Number of Burn Injury Cases	During the Reporting Quarterly	Cumulative total (Till quarter ending)
<b>1.</b>	<b>OPD Cases</b>		
1.1	Male (above 14 yrs.)		
1.2	Female (above 14 yrs.)		
1.3	Total (1.1 +1.2)		
1.4	Children (below 14 yrs.) Male		
1.5	Children (below 14 yrs.) Female		
1.6	Total (1.4 + 1.5)		
<b>2.</b>	<b>IPD Cases/Admission</b>		
2.1	Male (above 14 yrs.)		
2.2	Female (above 14 yrs.)		
2.3	Total (2.1 +2.2)		
2.4	Children (below 14 yrs.) Male		
2.5	Children (below 14 yrs.) Female		
2.6	Total (2.4 + 2.5)		
<b>3.</b>	<b>Discharged after treatment</b>		
<b>4.</b>	<b>Died</b>		
<b>5.</b>	<b>Corrective Surgeries conducted</b>		

**B. Status of progress of establishment of Burn's Unit:-**

Sl. No	Component	Progress	Reasons for delay (if any)
1.	Construction		

Sl. No	Component	List of Manpower Recruited	Time	Salary	Reasons for delay (if any)
2.	Manpower				

Sl. No	Component	List of Equipment	Cost	Reasons for delay (if any)
3.	Equipment			

**C. Financial Status:-**

Sl. No	Components	Funds Received from GOI	Expenditure incurred	Balance	SOE/UC Submitted Y/N
1.	Construction				
2.	Manpower				
3.	Equipment				

**Remarks**

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**Dated:**

**Signature of Principal/  
Medical Superintendent of Medical College/District  
Hospital**