

Hospital Fire Safety: A preventable tragedy demands urgent action

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Dear Editor,

In August 2026, a devastating fire broke out in the neonatal nursery of the Pakistan Institute of Medical Sciences (PIMS), Islamabad, resulting in the deaths of 14 neonates. The subsequent inquiry identified serious deficiencies in fire-safety preparedness, including shortcomings related to fire detection, evacuation preparedness, electrical inspection, emergency response, and record keeping [1,2]. Although the precise ignition source remained under investigation in the interim inquiry, the incident highlighted broader systemic gaps in hospital fire preparedness, particularly in critical care and inpatient units [1].

Critical care areas such as neonatal intensive care units (NICUs), intensive care units (ICUs), and coronary care units (CCUs) present unique fire-safety challenges because of the simultaneous presence of oxygen-enriched environments, extensive electrical equipment, and patients who may be unable to evacuate independently. Evidence from hospital fire incidents has shown that electrical faults and oxygen-related equipment are among the important causes of fires in critical care environments [3,4]. These factors make regular risk assessment and strict adherence to fire-safety standards essential.

Several preventable factors require particular attention, including poorly maintained electrical infrastructure, inadequate automatic fire detection and suppression systems, insufficient staff training for the evacuation of ventilator - or incubator-dependent patients, and infrequent fire drills in critical care areas.

Regulatory bodies should establish and enforce a robust surveillance framework to ensure that hospital administrations comply with fire-safety requirements. Regulations alone cannot protect patients unless their implementation is routinely monitored, and deficiencies are addressed promptly. Emphasis should be placed on:

1. Mandatory fire-safety audits, particularly in NICUs, ICUs, CCUs, and other inpatient units.
2. Automatic fire detection and suppression systems appropriate for hospitals and oxygen-enriched clinical environments.
3. Clearly defined evacuation protocols for non-ambulatory, ventilator-dependent, and incubator-dependent patients.
4. Continuous quality improvement (CQI) through regular fire drills, staff training, incident review, and corrective action.

Hospital fires are not isolated events. Published evidence demonstrates recurring deficiencies involving electrical safety, oxygen systems, emergency preparedness, evacuation planning, and compliance with fire-safety standards [3,4]. Investigative committees may identify deficiencies after an incident, but meaningful improvement requires accountability, implementation of recommendations, and continuous monitoring rather than action only after a tragedy has occurred.

The neonates who lost their lives were under the protection of our healthcare system, and the loss experienced by their families cannot be compensated emotionally or financially. This incident must serve

as a wake-up call for healthcare institutions, administrators, and regulatory authorities. A proactive and accountable fire-safety system should be established before another preventable tragedy occurs. As healthcare professionals, we must encourage our institutions to act before the next emergency—not after it.

References

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