GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 2013/H/14/5/1/Policy **New Delhi, Dated 11 .03.2013**

Chief Medical Directors,
All Indian Railways.

Sub:-Yardsticks for manpower planning for medical department on Indian Railways.

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Please find enclosed herewith a copy of the yardsticks for manpower planning for medical departments on Indian Railways which have been formulated considering the special needs of the Railways system. It is advised that these yardsticks be followed so that right size of manpower is available in the medical department. However, in specific situation there may be a need to engage staff & doctors in variance of the yardstick, Railways may send their proposal duly recording detailed justification thereof with concurrence of Associate Finance & approval of General Manager of the zone.

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Health Directorate
Railway Board

Sub: Yardstick for Manpower Planning for Medical Department/Indian Railways.

It is essential to prepare proper yardstick, so that the right size of manpower is available in the field units and Headquarter offices.

A. General Remarks

A.1 Style adopted for preparation of the yardstick

In the present yardstick – Requirement of the manpower has been proposed based on functional unit and their job requirements.

A.2 Special features of Medical Department

While considering the yardstick for Medical Department, certain specific features of Medical Department are required to be noted. They are:-

1. The workload cannot be kept pending for next day. That is the patients who have reported today need to be attended today only.

2. Number of emergency calls to be attended very heavy. Adequate coverage of 24 hours emergency calls to be given.

In addition to general emergency in all major Railways hospitals, there are emergency calls related to various specialties to be attended by specialists of a particular specialty. Specialist doctor of one speciality cannot attend the emergency calls of other Department. This workload is very heavy and of very serious nature.

3. The workload of doctors cannot be down delegated to para-medical staff. First interaction with the patients has to be done by a doctor only.

4. Any delay in providing proper medical treatment to any patient can cause serious health hazard. Hence, all cases to be attended well in time.

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5. Quality of work is very important. There is no scope of sub-standard work.

6. Railway hospitals and health units are covered under C.P.A. Act. A Railway beneficiary can claim compensation under C.P.A. Act for deficiency in services. Hence, it is important to improve working pattern of Railway hospitals and health units to avoid having any deficiency in services.

7. Under R.T.I. Act now anyone can ask details about the workload and the existing manpower available. If the manpower available is provided to be less than adequate, the case of deficiency in service can be taken up under C.P.A. Act.

8. Technology is advancing very fast. Doctors and para-medical staff is required to upgrade their knowledge and skill on regular basis. Regular training is a constant feature.

9. There are six major service departments in Indian Railways. These departments provide service to Railway employees and retired Railway employees.

   They are - Civil Engineering
   - Electrical Engineering
   - Telecom Engineering
   - Medial Department
   - Personnel Department
   - Accounts Department

   The Personnel Department and Accounts Department have fixed workload and have created required amount of manpower.

   Civil Engineering + Electrical Engineering + Telecom Engineering provide only regular maintenance services and petty repair services.

   For any major activities to be undertaken special "work" needs to be sanctioned by the consuming department.

   Whereas for Medical Department, the workload is not fixed. It is expanding as more and more RELHS people are joining the scheme at the same time all the expenditure needs to be arranged and executed by Medical Department only. Hence, there has to be adequate fund under revenue budget and manpower made available to manage all types of situations including what has not been predicted.

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A.3 Targets to be achieved

Railway Hospitals and Health Units need to be reorganized keeping certain important targets to be achieved

1. Standard of services

The standard of services provided should be above the standard as considered satisfactory under C.P.A. Act and as per Indian Medical Council Standard.

2. Casualty Services

Any patient reporting to casualty should be attended by doctor on duty immediately.

3. O.P.D. Services

Waiting time of an O.P.D. patient should not be more than 2 hours during peak working hours of O.P.D.

4. Investigation procedure

4.1 Common Investigations

These should be got done on daily basis.

4.2 Special Investigations

These should be got done within 3 days after the advice given by a clinician.

5. Indoor admission

This should be freely available to all needy patients.

6. Surgical procedure

6.1 Emergency surgery

It should be done immediately and round the clock.

6.2 Planned surgery

The waiting time should be less than one week after the patient has been found to be fit and ready for the surgical procedure.

7. Hospital acquired infection

The incidences of hospital acquired infection should be as minimum as possible. Ideally it should be "zero" incidence which is impossible to achieve. Atleast the incidence should be comparable to other best hospitals in India.

8. Accessibility of Health Care Delivery System

To improve "Accessibility" of Indian Railway Health Care Delivery System to that extent that even a Railway beneficiary residing at wayside Railway station should be able to get primary level health care at least twice a week in the same Railway station where he/she is posted.

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A.4 Requirement of R.G. and L.R. Staff

Number of manpower given in the chapter below is how many working hands are required to deliver the desired services.

Requirement of R.G. & L.R. staff to be calculated as per the existing rules.

For Medical Department, R.G. & L.R. is required to be calculated for medical officers also. As medical officers are working in field and handling patients directly, non-availability of doctors create deficiency of services.

At present in Railways percentage of L.R. staff allowed varies from 12.5% to maximum of 30% of working hand + R.G. hands.

While the minimum limit of 12.5% can be used for most of the categories but for certain categories higher percentage should be used.

Categories for whom higher percentage of 20% should be used:-

1. Nursing staff
2. Pathology Lab. Supdt.,/Lab Assistant
3. Radiographer

Justification

1. These categories of staff are absolutely essential to run the hospital properly.
2. In nursing staff there are some special features.

2.1 They are mostly ladies.

2.2 Maternity leave are now to be given for 4½ months. Many of them take their own leave in addition to the sanctioned maternity leave to look after the new born baby. Hence, the total period of absence from duty becomes very prolong.

3. In Pathology Lab Supdt.,/Lab Assistant and the Radiographer category, number of posts sanctioned for each hospital is normally very small.

Absence of even one person reduces the working strength to 50% or 33% which is significant and does interfere with the working of the department significantly.

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B. Railway Health Unit

B.1. Aims & objectives

B.1.1 To provide services related to industrial medicine.
B.1.2 To provide primary level health care to Railway beneficiaries.
B.1.3 To undertake administrative activities to provide proper services as per A.1.1 and A.1.2 given above.

B.2. List of activities normally done at health unit level

B.2.1 Activities related to Industrial Medicine

(i) To attend Railway accidents and other disaster including other untoward incidences.
(ii) To attend station calls related to travelling sick passengers in the train, at Railway Station, Rly. yards etc.
(iii) To issue RMC Sick & Fit Certificate.
(iv) In major health units, P.M.E. is also done.
(v) Activities related to safe water supply system in Railway Stations.
(vi) Activities related to safe food supply in Railway Stations. Implementation of ~~PFA~~ FSSA Act, medical examination of food vendors etc.
(vii) If the health unit is attached to Production Unit or Workshop, then activities related Factory Act.
(viii) To attend station calls related to perishable goods unloaded in the Railway Stations.
(ix) To undertake "tests" for alcohol for staff involved in Railway accident/or booked.

B.2.2 Activities related to Curative Medicine.

(i) To provide medical treatment to Railway beneficiaries attending O.P.D. service of the health unit.

To provide -
- Consultancy Services
- To arrange common
- Investigations done.
- To supply medicines.

(ii) To attend emergency cases round the clock.
(iii) To visit to line section on periodical basis. The activity will get augmented to a great extent in near future as Road Mobile Medical Van will be operated extensively.

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(iv) To refer and follow up patient to a higher medical centre.

B.2.3 Activities related to Preventive & Promotive Medicine

(i) Colony sanitation of major Railway colonies.
(ii) Control of mosquito and other vector borne diseases.
(iii) Regular immunization programmes.
(iv) Maternity and child health programme.
(v) Health education programme.
(vi) School health programme.
(vii) Community based health survey and disease prevention programme.
(viii) To implement pulse polio programme and other national/State Health Programme.
(ix) To supervise sanitation work as applicable.

B.2.4 Activities related to administration

(i) Medical officer incharge of the health unit is local administrative head.
(ii) Material Management.
(iii) ARME Management
(iv) Incharge/Member of local committee like Housing Committee etc.

B.3 Requirement of Medical officers & Other Para Medical staff

B.3.1 GDMO (General Duty Medical Officer)

(i) For activities limited to headquarter where the health unit is located

(a) One GDMO is required to attend OPD patient load of 50 patients per day. In addition to the regular O.P.D attendance, he/she will also attend to all the activities as listed under Para A-2 above.

(b) Additional GDMO will be required when average daily O.P.D. attendance goes beyond 50 patients per day by another 50 patients or part thereof.

(ii) Regular visit of wayside Railway Station by Road Mobile Medical Van.

A proposal is under examination in Railway Board to provide Road mobile medical van to provide better health care to Railway employees posted in wayside Railway Stations.

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Under this scheme each wayside Railway Station to be visited atleast twice per week. During each visit about 40 minutes to 60 minutes time will be allotted to each station to provide the desired services.

One G.D.M.O. doctor will be able to cover each day one line section covering 6 No. of Railway Stations and total kms. by road 60 kms. + 60 kms. (to and fro journey) i.e. 120 kms. as per calculation given below.

6 No. of Railway stations X 45 minute per station	= 4.5 hours
120 kms. by Road @ 30 kms. per hour	= 4.0 hours
	= 8.5 hours

Hence one such GDMO doctor will be able to cover 3 such sections.

Additional G.D.M.O. doctor will be required to cover more number of railway stations or if more kms. to be covered as per the scale as given above.

(c) Availability of lady doctor in health unit.

Most of the Railway health units have only one G.D.M.O. post, which is manned mostly by one male doctor.

There is a constant demand from recognized unions and others to make one lady doctor available in the health unit to attend to lady patients.

The demand is justified. To post a lady doctor in a health unit is very difficult task. Hence, a better and practical solution will be to engage one locally available lady doctor on part-time basis for 2 to 4 hours per day for this purpose.

B.3.2 Requirement of Para Medical Staff

(i) Minimum number of Para-medical staff as required for all health units are:-

(a) One post of pharmacist
(b) One post of dresser/O.T. assistant
(c) Two posts of Hospital attendant (one male and one female)

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(d) One post of Hospital safaiwala

(ii) Additional number of para-medical staff as required:-

(a) Lady Staff nurse : All major health units where average daily O.P.D. attendance is more than 50 per day, should have one post of staff nurse.

(b) Pharmacist : The Pharmacist in the health unit has to do duties & responsibilities as given in IRMM 2000 in Para 203/13.

After performing all these activities, one post of pharmacist can do the work of dispensing medicines upto 50 OPD patients per day.

In case, the OPD attendance is more than 50 patients per day, additional post of Pharmacist is required for every 100 additional patients per day or part thereof.

(c) Additional Hospital Attendant: In addition to the minimum two posts of hospital attendant, additional one hospital attendant will be required for each additional post of doctor (GDMO or lady doctor or part-time medical officer etc.) being operated in the health unit.

C. Railway Hospitals

C.1 Aims & objectives

C.1.1 To provide services related to industrial medicine.
C.1.2 To provide primary level health care to Railway beneficiaries.
C.1.3 To provide secondary level health care.
C.1.4 To provide tertiary level health care to the extant possible.

Note:- *Assistance is taken from other Government and private hospitals wherever it is found that total medical care is not possible to provide by the "in-house system".*

C.2 Extent of speciality services that should be made available in various Railway hospitals.

To provide secondary level health care, it is essential to develop speciality services. The extent of speciality services required to be developed will depend on scale of Railway Hospital. Following guidelines should be followed:

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Scale of Railway	***Extent of minimum hospital speciality services should be made available***
C.2.1 Sub Div. Railway Hospital & other Rly hospitals with less than 50 indoor beds.	1. General Medicine 2. General surgery 3. Gynaecology & obst. 4. Anaesthesiology 5. Dental surgery
C.2.2 Sub Div.Rly. Hospital & other Railway hospitals attached to Workshops with indoor beds 50 to 100.	1. General Medicine 2. General surgery 3. Gynae. & Obst. 4. Anaesthesiology 5. Dental Surgery 6. Paediatrics 7. Orthopaedic Surgery 8. Ophthalmology

Note: *In the hospitals grouped under para B.2.1 and B.2.2, there should be X-ray and Pathology Departments being manned by group 'C' & 'D' staff and supervised by nominated medical officer of other department of that hospital.*

C.2.3 All Divl.Rly.Hospitals Irrespective of their bed strength and all other hospitals with more than 100 beds.	1. General Medicine 2. General Surgery 3. Gyna & Obst. 4. Anaesthesiology 5. Dental Surgery 6. Paediatrics 7. Orthopedic Surgery 8. Ophthalmology 9. Chest Medicine 10. ENT Surgery 11. Radiology 12. Pathology
C.2.4 Central Hospital of Zonal Railways irrespective of bed stength	1. General Medicine 2. General Surgery 3. Gynaecology & Obst. 4. Anaesthesiology 5 Dental Surgery 6. Paediatrics 7. Orthopaedic Surgery 8. Ophthalmology

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9. Chest Medicine
10. ENT surgery
11. Radiology
12. Pathology
13. Cardiology
14. Psychiatry
15. Nephrology
16. Uro Surgery
17. Neurology
18. Dermatology
19. Oncology

In addition all central hospitals of Zonal Railways are expected to develop super speciality wings as per local requirement.

C.2.5 CRI/Varanasi and other Railway hosp. where fully developed cancer treatment centre has been developed.	1. Cancer Surgery 2. Cancer Chemotherapy 3. Radiotherapy Unit 4. Anaesthesiology 5. Pathology 6. Radiology 7. Physicist 8. Nuclear Medicine

C.3 Casuality Services

C.3.1 Doctors – Availability of doctors in Casualty Unit round the clock all the 7 days every week is very essential for proper functioning of Casualty Unit. Following yardstick should be followed.

(i) Sub divisional Railway hospitals & other Railway Hospitals with indoor beds less than 50 beds.

a) From 9 AM to 5 PM – the doctor working in O.P.D. should look after the casualty services in addition to his/her own.

b) From 5PM to next day 9 AM - The casualty should have doctor physically available in the Casualty Unit. For these 16 hours two number of GDMO doctors are required.

c) On Sunday and gazetted holiday

One GDMO doctor should be available in 8 hourly duty shift for whole 24 hours.

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(ii) In other Railway Hospitals – Doctor should be physically available round the clock in the Casualty Unit and work on 8 hourly shift Duties for all the 7 days/week.

C.3.2 Para Medical Staff

(i) Minimum number of para-medical staff should be present in all the casualty services round the clock in 8 hourly shift duties.

(a) One post of Dresser/OT Assistant
(b) One post of Hospital Attendant
(c) One post of Hospital Safaiwala
(d) One post of Ambulance Driver

(ii) Additional Para-medical Staff required

One post of staff nurse and one post of additional hospital attendant in 8 hourly shift duties in all other important railway hospitals. They are:-

(a) All Central Hospitals
(b) All Divisional Hospitals
(c) All other Railway Hospitals with Indoor beds 100 and above

C.3.3 In very busy casualty units of Railway hospitals

In few Railway hospitals, the casualty unit is very busy. In these units average daily (in 24 hours) casualty patients attended are 60 or more. For these units, following additional manpower is required over and above as described above.

This additional manpower should be available round the clock in 8 hourly.

(a) One additional GDMO doctor
(b) One additional nurse
(c) One additional hospital attendant
(d) One person in group 'C' out of the Reception, Registration and Record Keeping Department of the hospital for receiving telephone calls, record keeping, registration and controlling movement and availability of ambulances.

C.4 Reception, Registration and Record keeping departments of the Hospital

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C.4.1 Activities of the Department

(i) To manage the reception counter.
(ii) To do all the registration activities of the hospital.
- This includes O.P.D. registration.
- Casualty registration which is 24 hours/day/7 days/week.
- Registration of all indoor cases including admission through casualty services.

(iii) To do proper record keeping of all indoor cases and selected O.P.D. cases.

(iv) To perform protocol duties.

C.4.2 Requirement of manpower

(i) Central Hospital

(a) At Reception

One group 'C' person as protocol inspector.

Two persons as Receptionists.

One will be on duty from 7A.M. to 3 P.M. the second person will be on duty from 10 A.M. to 8 P.M.– 6 days/week.

(b) At Registration

Total Number of persons required depending upon the number of O.P.D. patients attending. On average, one person is required to be for every 150 number of OPD attendance.

Peak working hours in Registration Counter is 9 A.M. to 1 P.M. During this period full complement staff should be present. Except those people who are posted in casualty services.

During other period number of staff required to be available is much less. The spared staff should work in the indoor record room.

(c) Indoor Record Room

There should be one person (group 'C') incharge of the indoor record room. He/she should get assistance from persons reporting from Registration Counter after peak hour that is after 1 P.M.

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There has to be one group 'D' staff in each indoor record room.

(ii) Divisional Railway Hospital and other Railway Hospitals upto 100 indoor beds.

Protocol Inspector not essential.

At reception, two receptionists are required. Other staff as per yardstick given for Central Hospital.

(iii) Other Railway hospitals with less than 100 beds.

- Only one Receptionist at Reception.
- Other staff as per yardstick given for Central Hospital.

C.5 O.P.D.Services

C.5.1 General O.P.D.Services

(i) Doctors : G.D.M.O. doctors are required one for every 50 patients attending General O.P.D. Additional doctor required - one for every 50 or part thereof for additional O.P.D. patients.

(ii) Nurses : One nurse will be incharge of O.P.D. services, both general O.P.D. and specialist O.P.D. and the casuality unit.

- One nurse will be required for the injection room and for recording E.C.G. – both the activities should be done in the same room.

In many Central Hospitals where large number of E.C.G. are being done in the O.P.D., it will not be possible to combine these two activities. In these hospitals, the injection activity should be shifted to casualty. The one nurse will be able to do 30 E.C.G. per O.P.D. day. Additional nurse to be posted, if number of E.C.G. to be done is more than that.

(iii) Other Para Medical Staff

- One Hospital Attendant is required with each O.P.D. room working independently in general O.P.D.
- One Safaiwala is required for floor area of O.P.D. building at a rate 5000 Sq. feet area per shift of 8 hours. For toilets 15 minutes are required for each toilet.

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C.5.2 Speciality O.P.D. clinics

(i) Doctors :

(a) Eye Clinic – In all Central Hospitals with 250 beds and above should have minimum of 3 number of Eye Specialists.

In all Central Hospitals with less than 250 indoor beds and other major Railway hospitals with 150 beds and above should have minimum 2 number of eye specialists.

In other Railway hospitals in which Ophthalmology should be developed as indicated in Para C.2, there should be one Eye Specialist doctor.

(b) ENT Clinic – same as Eye Clinic.

(c) Dental Clinic – Minimum one Dental Surgeon in all Railway Hospitals upto O.P.D. attendance of 25 dental patients per day. Additional Dental Surgeon forevery 25 or part thereof dental patients attending the Dental Clinic per day.

(d) Chest Clinic – One doctor.

(e) Psychiatry Clinic – one doctor will be able to attend 20 patients per day. Additional posts are required if the patients' load becomes more.

(f) Skin Clinic- One doctor will be able to attend 60 patients per day. Additional posts are required if the patients' load becomes more.

(g) For other specialities, namely, medicine, surgery, gynaecology and obstetrics, paediatrics, orthopaedic, nephrology, cardiology, neurology etc.– requirement of doctors is given along with indoor workload, as in these unit work of indoor, O.T. and O.P.D. is integrated.

(ii) Group 'C' posts + Group 'D' posts

Name of the Clinic	**Group 'C' posts**	**Group 'D' posts**
Eye Clinic	Refractionist-cum-Optimetrician Central Hospital – Minimum 2 posts Other Hospitals - Minimum 1 post	One post with each specialist doctor posted on regular basis.
ENT Clinic	Audiometrician-cum-Speech Therapist Central Hospital – Minimum 2 posts Other Hospitals - Minimum 1 post	- do -
Psychiatric Clinic	Clinical Psychologist Central Hospital – Minimum 2 posts Other Hospitals - Minimum 1 post	- do -
Dental Clinic	• Dental Hygienist Central Hospital – Minimum 2 posts Other Hospitals - Minimum 1 post • Dental Technician One post with each of Dental Surgeon working. Both regular Dental Surgeon and Part time Dental Surgeon.	2 posts in Central Hospital. 1 post in other Railway hospitals.
Chest and Respiratory Clinic	T.B. health visitor/equivalent 2 posts in Central Hospital an other major Railway hospitals with 150 beds above. 1 post in other Railway hospitals.	One post with each specialist doctor working.

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(g) Other Speciality clinics

These clinics are run in various rooms of O.P.D. Normally, they have fixed days of operation in the same room for 2/3 types of specialties.

One post of Group 'D' is required for each of such rooms where such clinics are being held.

C.6 Imaging Department (X-ray + USG + Colour Doppler etc.)

C.6.1 Medical officers

In all the Railway hospitals where radiology has been earmarked as speciality in the para C-2. There has to be one number of Radiologist doctor made available.

He/she will be able to clear the load of 15 No. of U.S.G. studies per day and reporting of 50 No. of X-ray films per day and undertaking 2 No. of special radiological investigations.

Additional Radiologist is required if:

(a) Workload is more as per yardstick as given above.

(b) If more equipments are needed to be operated simultaneously like 2 or 3 U.S.G. machines, 1 U.S.G. and one colour doppler etc.

(c) New sophisticated equipment added up like CT scan, Mammography, bone densitometry, M.R.I. scan etc.

C.6.2 Radiographer

(i) In all Divisional Hospitals, Production Unit Hospitals, CRI/Varanasi, there should be minimum two posts of Radiographers.

Additional one post of Radiographer to be added for every 30 number of exposures or part thereof over and above of first 60 number of exposures, which can be handled by first 2 radiographers.

(ii) X-ray taken 24 hours/day for emergency cases

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(a) In Central Hospital, the X-ray Department is kept open 24 hours/day/7days/week. There are many other major Railway hospitals where the administration desires to keep the X-ray department open 24 hours a day/7 days a week.

Hence, the number of technicians required in these hospitals will be:-

- For regular workload, the number of radiographers required to be calculated as per (i) above.

- For emergency work outside the regular work, one post is required for each evening shift and night shift each day. For Sunday and holidays, one post is required for all the three shifts.

(b) For other Railway Hospitals and the regular Radiographer may be placed on call duties. When they are called, they are required to be paid overtime allowance.

(iii) For Sub-Divisional Railway Hospitals and other small Railway Hospitals, as per workload requirement, only one post of Radiographer is adequate.

But adequate L.R. staff is required to be arranged, so that the unit remains functional.

(iv) It is required to be understood that as per B.A.R.C. Act, X-ray can be done by a qualified radiographer only.

Hence, proper planning of adequate L.R. radiographer should be done in such a fashion that no X-ray department remains unmanned on any day of the month.

(v) U.S.G. Room - 1 lady group 'D' staff required per radiologist doing USG etc. simultaneously.

C.6.3 Group 'D' staff

(i) For all Railway hospitals, there should be minimum one group 'D' staff.

(ii) Additional group 'D' staff is required to be posted based on workload.

One group 'D' will be adequate for workload of two radiographers.

Additional posts will be required for additional 3 posts or part thereof of regularly working radiographer. If this unit is open 24 hours, then one group 'D' staff required to be posted in each shift.

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C.6.4 Nuclear Medicine Department

Manpower required is:

Specialist Medical officer	-	1 post
Physicist	-	2 posts
Group 'D' staff	-	2 posts

C.6.5 Safaiwala

In Central Hospital there is a need for dedicated Safaiwala – 1 post for the Imaging Department.

For other Railway hospitals, it should be clubbed with other O.P.D. activities.

C.7 Pathology Department

C.7.1 Pathologist/Microbiologist

1. Central Hospital with 250 beds and above

Pathologist	-	2
Microbiologist	-	1

2. Central Hospital less than 250 beds

Pathologist	-	1

3. Other Railway Hospitals were Pathologist is required as per para C.2

Pathologist	-	1

C.7.2 Technician

OPD registration by **one group 'C' person**.
Collection-OPD-**20 patients per hour by one technician.**
Indoor collection-**10 patients per hour per technician.**

Clinical Haemagology

Without blood cell counter- **50 samples/day/per person.**
With blood cell counter - **75 samples/day/per person.**
Biochemistry

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With semi auto-analyzer - **One technician/40 samles/4 hours.**
With auto-analyzer - **One technician per machine.**
In Central Hospital with more than 250 beds – **2 technicians/machine.**

Clinical Pathology & Immunology **50 samples/day/per technician.**

In Central Hospital with more than 250 beds - **2 persons (for immunoassay sys)**

Histopathology & Cytology
2 Technicians/200 HP+300 Cyto/month
Microbiology – **1 technician/30 samples/day**

C.7.3 For non-technical work
(i) One post of Lab. Supdt. (senior most) should work as Material Manager, Repair & Maintenance of medical equipment.

(ii) One group 'C' person who can make data entry in computer and generate computer printed pathological report.

C.7.4 Group 'D' staff

(i) Report dispatch
(a) One person for OPD report dispatch with "envelop system".
(b) One person for indoor report dispatch.

(ii) For collection

(a) For OPD collection room – one person.

(b) One group 'D' person with each indoor collect technician.

(iii) Main Pathology Lab.

One Hospital Attendant for every 2 sections of Pathological Department.

(iv) Safaiwala

One post where path lab. + collection centre are in the same place.

Two posts wherever the collection centre and main pathology lab are separated at a distance.

C.7.5 Emergency Lab Service

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In all Central Hospitals and other major Railway Hospitals (i.e. Railway hospital more than 150 beds), laboratory services should be available 24 hours/day. Hence, emergency path lab should function from 5 p.m. to next day 8 a.m.

One Lab. Technician with one Attendant should be on duty for 8 hours/shift duties. Hence, each day two technicians required. On Sunday and other holidays, 3 technicians required.

In other Railway hospitals, Lab. Supdts. are required to be called on emergency duty and paid overtime allowance as per rules.

C.8 Blood Bank

The Blood Bank wherever is required to be operated needs license from Food & Drug administrative authority. They have laid down their own yardstick of manpower. That is required to be satisfied to get the license. Hence, their yardstick needs to be followed.

C.9 Physiotherapy Unit

Both Physiotherapists and group 'D' staff are required as per scale given below:-

	No. of Physiotherapists	No. of Group 'D' staff
All Central Hosps. with 250 beds & above.	3	2
Other Central Hospitals with less than 250 beds and other Railway hosps. about 150 beds.	2	1
Rest all the Div. Hosps. + Production Unit Hosp. + Workshop based Hosp. & Sub-Div. Hosp. with 50 beds & above.	1	1

C.10 Hospital Administrative Wing

C.10.1 Doctors

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(i) Central Hospital with beds 250 and above.
- M.D.
- S.A.G. IRMS officer – One such
- IRMS officer in SAG/JAG – two such.

(ii) Central Hospital with less than 250 beds.
- M.D.
- IRMS officer in JA grade – Two such.

(iii) All Divisional Hospitals and other Railway hospitals with 100 beds and above.
- CMS/M.S. as In charge
- Two JAG/SG Medical Officer

(iv) Other Railway Hospitals
- CMS/M.S. In charge
- One JAG/SG Medical Officer

C.10.2 Nurses (ANO or Senior Matrons)

Scale of the Hosp.	No. of posts
(i) Central Hosp. 250 beds and above.	8
Duty wise distribution:	▪ ANO as incharge of the Hospital. ▪ ANO to look after staff matter. ▪ ANO to look after linen of the Hospital. ▪ ANO to look after T&P items. ▪ ANO to look after prevention of Hospital acquired infection. ▪ Two ANO on duty for the evening shift and night shift. ▪ ANO to work as RG/LR for the above group of nurses.
(ii) Central Hosp. less than 250 beds.	6 Same as for Central Hospital with 250 beds and above with modification that incharge ANO will look after staff matters and linen ANO to look after HAI related issues also.

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(iii) Divl. Hosp., Production Unit Hosp. & other Hosp. with more than 100 beds.	3
(iv) Other Railway Hosps. with beds 50-100.	2
(v) Other Railway Hosps. beds less than 50.	1

C.10.3 Office Staff

Three Clerks for hospitals having 50 beds or less. Additional two Clerks for every additional 50 beds.

One additional Clerk where DNB Teaching programme and Junior Residency exists.

One Steno each for every full time Hospital Administrator.

Additionally one Steno each for every 10 Medical officers.

Group 'D'

Hosp. with less than 50 beds	- 1 post
Hosp. with 50-100 beds	- 3 posts
Hosp. with more than 100 Beds.	- 3 posts for first 100 beds, then1 post for every additional 50 beds.

C.11 Central Medical Store and Pharmacy services department

C.11.1 Component of the Department

(i) Central Medical Store
- Quarantine store
- Main store

(ii) Indoor Sub-store
(iii) O.P.D. Sub-store
(iv) Local Purchase Sub-store
(v) Dispensary unit

C.11.2 Officers

For Central Hosp. with 250 beds and above

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One IRMS medical officer to do full time duty.
Three APHO officers – one for medicine under Head 11-231.
- One for other items under Head 11-232.
- One for T&P items procured
Under revenue budget head-11-232, plus M&P items plus Repair & Maintenance of medical equipments.

For Central Hosp. with 250 beds and below

One IRMS officer should be deputed to work as incharge and should work for ½ day on medical store and ½ day on any other areas.

He/she should be assisted by two APHOs. One should look after medicine i.e. 11-231 head. The other one for other items under head 11-232 plus M&P items and repair and maintenance of all medical equipments.

For other major Railway hospitals with indoor beds more than 150

IRMS officers for half a day
One APHO
For rest of the Railway hospital
IRMS officer for half a day.

C.11.3 Group 'C' and Group 'D' manpower required

		Central Medical store	Indoor Substore	O.P.D. Substore
Central Hosp. with 250 beds & above	Gr.C Gr.D	6 4	2 1	2 1
Other major Rly Hosp. 150 beds and above	Gr.C Gr.D	4 2	2 1	2 1
Rest all Div.Hosp. Production Unit Rly.Hosp workshop based Rly.Hosp. 50 beds and above	Gr.C Gr.D	2 2	1 1	1 1
Rest of the Rly. Hospitals.	Gr.C Gr.D	2 1	In these Railway Hospitals, only sub-store will function.	1 1

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C.11.4 Local Purchase Section

	Gr.C	Gr.D
- For all Central Hospital	2	1
- For all the Div. Hospitals, all Production Unit Hosps., all sub Div.Hosps. with beds more than 50 and CRI/Varanasi Railway Hospital.	1	1
- For rest of the sub Div. Rly.Hospitals	No additional manpower required as the work to be done by manpower of sub-store of these Units.	

C.11.5 Dispensing Unit

Group 'C'

One post of Pharmacist is required to dispense medicines to 100 O.P.D. patients. Additional pharmacists are required for additional every 100 patients or part thereof over and above the first 100 patients.

Group 'D'

One Group 'D' employee is required in each pharmacy unit.

C.12 Other Investigating Laboratories

	Group 'C'	Group 'D'
Non-invasive Cardiac Lab.	1	1
Neurology Lab.	1	1
Respiratory Lab.	1	1

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C.13 Cardiac Catheterization Lab.

C.13.1 Doctors
From the Department of Cardiology.
C.13.2 Para-medical staff
Catheterization Lab., Technician
- 2 for each shift of 8 hours.
Nurses - 3 - For each shift of 8 hours.

Group 'D' - H.A. 1 - For each shift of 8 hours.
Safaiwala - 1 - For each shift of 8 hours.

C.14 Surgical Operation Theatre

C.14.1 Surgical operation theatre is the most important component of any hospital. About 30% of the total patients' load of hospital passes through this bottleneck of surgical operation theatre. Hence, in order to make any Railway hospital functioning efficiently and to provide proper quality services, it is essential that the surgical operation theatre should be made functional very efficiently and of very high quality.

In order to make the surgical O.T. to function very efficiently, it is essential to plan for proper manpower and the manpower planning has to be of perfect order.

C.14.2 Before proper manpower can be planned, it is essential to finalize the operating system to be followed in the surgical O.T.

C.14.3 Component of surgical O.T.

i) Pre-operative ward

Patients planned for surgery from indoor wards should be transferred to pre-operative ward in the previous evening.

The patients coming for surgery from O.P.D. will report to Matron incharge of pre-operative ward.

Collecting patients from various indoor wards that are listed for surgical operation is the duty of nurse incharge of pre-operative ward. The patient, the indoor case sheet, investigation reports, x-ray etc. are to be received properly by nurse incharge of pre-operative ward. One note on this to be jointly signed by nurse incharge of pre-operative ward and the nurse incharge of the ward from where the patient is being transferred.

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(ii) Reception in the O.T.

The nurse on duty in reception

- Will have completed list of patient to be operated.
- To send patients from pre-operative ward to O.T. in proper order.
- To keep the relatives informed about progress of surgery done.

(iii) Sterilization Section

In major hospitals, there will be C.S.S.D. (Central Sterilization and Sterilie Department). Even though there has to be a small sterilization machine inside the O.T.

In hospitals where CSSD is not available, total sterilization work is being done in the sterilization section of O.T.

(iv) Operation theatre room

Where actual surgical operations are being done.

(v) Post operative recovery room

After operation patients are being kept under close observation in the immediate post operative period. When the patient is certified fit for transfer to I.C.U./post operative ward by anaesthetist, then the patients from the post operative room are shifted to either to post operative ward or surgical ICU depending upon the condition of the patient.

Proper handing over note to be signed jointly by the nurse handing over the patient and the nurse receiving the patient at every stage.

(vi) Post operative ward

Patients who are declared fit for transfer to be shifted to either post operative ward or I.C.U. as per the need of the patient.

In post operative ward, the OPD cases should be discharged either the same day or next day as per directives by the clinician in charge. Other cases also should be shifted to other indoor wards by next day morning and the ward should be ready for receiving fresh cases from O.T.

C.14.4 Anaesthetists

i) Number of anaesthetists required depends upon number of surgical operations, type of surgeries done and duration of such operations.

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ii) Anesthetists are required to keep a very close and constant watch on various vital parameters of the patients, who are under effect of anesthesia and to take prompt decision.

iii) Each anesthetist should perform active anesthesia work for 6 hours per day during which the patient is under effect of anesthesia.

iv) One anesthetist should give anesthesia to one patient only at a time.

v) Whenever very complicated surgical procedure is being undertaken like complicated cancer surgeries extending operating time more than 6 hours, situations where complicated procedure to be followed as single lung anesthesia etc., surgical operation done in very young children or very old people, in such situations, two or more anesthetists, whenever felt essential, should be deployed simultaneously for such cases.

vi) There are some surgical procedures where the surgical operations are being done by local anesthetist, given by surgeon himself/herself, for example, most of the operations done for eye & ENT and some other general operations. During these operations, the anesthetists do not require to get involved actively in these cases, but the anesthetists should be available in O.T. complex, so that his/her services can be availed immediately in case of any emergency.

vii) For endoscopic procedure also, active assistance from anesthetist is not required. But there may be rare occasions when emergency may arise and the assistance from anesthetist is required. Hence, all endoscopy rooms should be attached to O.T., so that, if required, help from anesthetist can be availed easily.

viii) Hence, to conclude No. of anesthetists should be available directly proportional to number of O.T. used simultaneously for surgery where anesthetist has to give active anesthesia.

In very big O.T. as available in most of the Central hospitals in addition to the above, there has to be one very senior anesthetist working as overall incharge of anesthesia work to keep watch on quality of anesthesia work and other activities of O.T. and also to assist to any one of the actively working anesthetists, if there is problem in the case.

C.14.5 Planning for the Para- medical staff for O.T.

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Planning of Nursing Staff and all other para- medical staff for O.T. should be planned in a comprehensive way. The regular working hand of nursing staff, leave reserve staff, rest giver staff, all to be calculated as per the scale and made available in an O.T. on regular basis. Rest giver staff, nursing staff or other para-medical staff deputed to O.T. from general leave reserve pool of the hospital does not work, as the new incumbent does not know the working of the O.T., hence unable to function. Actually, the new person can cause significant damage to the functioning of the O.T. leading to serious complications. Hence, all the staff required for O.T. including RG + LR staff should be posted in O.T. throughout the year on regular basis, so that they know the working of O.T. properly.

C.14.6 Nursing Staff

(c) O.T. Sister Incharge

They are involved in overall management of O.T. The main area of activities are in safety, asepsis, supply of material, coordination between various people required to work in harmony.

No.of posts required -

All Central Hospitals + all major Rly. Hospitals with beds 200 and above and CRI/Varanasi.	2 posts
For all other Railway hospitals	1 post

(d) Pre-operative ward

Two nurses in 8 hourly shift. They will collect from indoor all major cases for surgery. They will also receive the OPD cases for surgery.

(c) Theatre Nurse (Scrub Nurse)

Each O.T. complex has 2, 3 or more numbers of operation theatres, where actual operation is being conducted. A theatre nurse (scrub nurse) is one who gets "washed" and puts on sterile gloves and assist surgeon directly in the operative procedure. Number of theatre nurse (scrub nurse) required for a particular surgical operation depends upon type of surgery is being undertaken.

- For minor surgery – One

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- For Major Surgery – Normally one but sometime there may be need for two.
- For super specialty surgery – 2 or 3 depending upon the case.

(d) Floor Nurse

These nurses are not 'washed' and do not put on sterile gloves. They assist the anesthetist, and theatre nurse in timely supply of various arterials, keep an account of small instruments, mops etc. used, so that nothing is left in the abdomen or other cavities of the patient when they are closed.

Number of floor nurses required depend upon the type of surgery that is being done.

For special major surgeries and very complicated surgeries, one floor nurse is required for each operation theatre.

For major surgical procedures, one floor nurse is required for two operation theatres.

For sub-divisional Railway hospital and other small Railway hospitals, separate floor nurses are not required as Sister Incharge of the O.T. will be able to do that job.

(e) Nurse for post operative recovery room

There has to be dedicated set of nurses on duty in post operative room, one or two or three nurses are required depending upon number of surgeries done.

They will also arrange to dispatch patients from post operative recovery room to post operative recovery ward or ICU etc.

(f) Nurse on duty at reception of O.T.

There should be one reception centre for all major O.T. Complex. There should be one nurse available doing the following duties:

- To have the complete list of surgeries to be done on day-to-day basis.
- To arrange for patients both from indoor and from O.P.D. to come to O.T. in proper time and with all the required documents.

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- To keep progress of all operative procedures and keep the relatives of the patient informed about the progress of their respective cases.

C.14.7 O.T. Technician

The O.T. Technician assists the anesthetist discharging his/her duty properly. The O.T. Technician looks after functioning of all O.T. equipment, keeps detailed record of patients' vital parameter and assists the anesthetist.

Number of O.T. Technicians should be equal to the number of anesthetists used simultaneously in the O.T.

C.14.8 O.T. Assistant

These groups of people are developed from dresser and they look after the sterilization system of the O.T.

Number of O.T. Assistants required will depend upon the style of working of the hospital. In some Central Hospitals and other major Rly. hospitals, there is separate CSSD (Central Sterilization Supply Department). In these hospitals, bulk of the supply of Sterile materials to OT comes from CSSD. Hence, total work level of supply of Sterile material from O.T. itself is less in quantity.

But in rest of the Railway Hospitals, where there is no CSSD department, the sterilization unit of O.T. supplies the sterilized material to the OT & rest of the whole hospital.

Requirement of OT Assistants in O.T.

	Railway Hospitals without CSSD Deptt.	Railway hospital with CSSD Deptt.
Central Hospitals & Other major hospital with more than 250 beds.	4 posts	2 posts
Div. Rly. Hospitals & other hospital more than 100 beds.	3 posts	2 posts
Other Railway hospital	2 posts	Nil (These hospitals will not have separate CSSD Deptt.

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C.14.9 Group 'D' Staff

	Hosp. Attendant	Safaiwala
Central Hopital & other Major hospitals with 200 beds.	4	3
Div. Rly. Hosp. & other Hosp. with more than 50 beds.	3	2
Other Railway hospitals.	2	1

C.15 CSSD Department (Central Sterilization snd Supply Department)

In all Central hospitals and other major Railway hospitals with more than 200 beds should have a separate CSSD department.

Their main function is to make material sterile. To keep them in stock properly and to supply the sterile, material to all the areas of the hospital for use including OT.

The manpower requirement of this Unit should be :

C.15.1. Sr. Matron - One post

She will be over all in charge.

C.15.2 O. T. Assistant – 3 posts.

C.15.3 Group 'D' Staff -1 post.
Safaiwala - 1 post

C.16 I.C.U. (Intensive Care Unit)

They are mostly Medical I.C.U. or Surgicl I.C.U. In smaller Railway hospitals there is only one I.C.U. where all critically ill patients are being kept.

C.16.1 Availability of Doctors

In the I.C.U. of all Central Hospitals, all Divisional Hospitals and all other Railway hospitals with 100 beds and above should have dedicated doctors on duty in I.C.U. 24 hours/day.

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In all major Central hospitals with 250 beds and above should have dedicated I.C.U. doctors with P.G. qualification of the required speciality and in other hospitals, it should be MBBS level doctor.

C.16.2 Para Medical Staff

As explained in the chapter of O.T., while planning for Para Medical Staff for I.C.U., also the planning should include working hand, RG & LR staff, incumbent posted as RG & RL from general pool can not function efficiently in ICU due to lack of knowledge and may even cause damage to the health of the critically ill patients:-

(i) Nursing Staff:-

(a) I.C.U. nurse in-charge

There has to be one senior nurse to work as I.C.U. in-charge. There has to be separate I.C.U. in charge nurses if I.C.U. is separate i.e. separate Surgical I.C.U. & Medical I.C.U.

(b) Working I.C.U. Nurses

In I.C.U. there should be one working I.C.U. nurse for every two beds per shift of 8 hours.

(ii) I.C.U. Technician:-

There should be one ICU technician in the morning shift only.

(iii) Hospital Attendant

One H.A. for every four I.C.U. beds per shift.

(iv) Safaiwala

One Safaiwala for every four I.C.U. beds per shift.

C.17 Indoor wards

The number of doctors and other para-medical staff required depends upon the level of health care provided.

C.17.1 General Care Indoor beds.

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(i) Doctors - 1 Doctor for every 30 indoor beds.

(ii) Nurses - 1 Nurse as incharge for every 40 beds.

For clinical work for 20 beded indoor ward

Morning shift – 2 nurses
Evening shift - 1 nurse
Night shift - 1 nurse

(iii) Group 'D' – Hospital Attendant (M or F) for every 20 beds.

Morning shift – 2 H.A.
Evening shift - 1 H.A.
Night shift - 1 H.A.

One Safaiwala for every 20 beds in each shift of 8 hours.

C.17.2 Indoor beds where speciality based medical treatment is provided.

(i) Doctors

These indoor doctors are normally having specialist qualification and providing following services:-

a) Providing specialist services to patients admitted in Indoor Ward.

b) Providing specialist services to I.C.U. ward.

c) Attending various VIP patients both in Indoor and OPD basis.

d) Providing specialist services in Speciality Clinic in O.P.D.

e) To perform various surgery and other procedure like endoscopy, delivery of pregnant mothers, TMT examination, Endoscopic examination etc.

f) Attending emergency calls related to the speciality services 24 hours/day and 7 days per week.

g) For such type of job requirement, unit system of manpower planning is best suited. The unit should have capacity to fulfil the following requirements:-

- To provide expertise in that speciality.

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- To take up large amount of routine workload where expertise is not required like admission note, discharge note, progress report note, getting the case investigated etc.

- Combinedly the unit should be able to discharge all the duties and responsibilities of that speciality as described para (a) to (f) above.

One such unit should be made of 3 doctors. One doctor should have requisite P.G. qualification. He/ she should be assisted by 2 more doctors, who should be M.B.B.S. doctors or P.G. student doctors.

h) The number of Units required depends upon the degree of speciality services that is provided by the Railway hospitals.

- For all Railway hospitals except the Central Hospital.

One such Unit for every 30 indoor beds of concerned speciality should be provided.

- For all Central Hospitals in all departments except in departments where tertiary level health care is provided.

One such unit for every 20 indoor beds of concerned speciality should be provided. In addition, one senior resident doctor to be provided for every 20 such beds.

- For Super speciality units available in Central Hospitals.

One such unit for every 10 indoor beds of concerned speciality. In addition, one senior resident to be provided for every 10 such beds.

(i) <u>Supporting doctors for Honorary Visiting Specialist</u>

Large number of Honorary Visiting Specialists are engaged in Railway hospitals. They work only for 2 hours/day and for 6 days/week or 4 days/week or 2 days/week.

They attend patients in OPD, there are indoor cases and surgical operations and other surgical procedures are done.

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The patients need to be prepared for surgical procedure and other procedure, need to be followed up in post operative period, need to be provided with treatment as advised. They need assistance in O.P.D.

For all these activities, there is a need to provide adequate amount of doctors to support these Honorary Visiting Specialists. Without this support, their service cannot be fully utilized.

Hence, for this following yardstick may be followed:-

(i) Wherever IRMS specialist doctor in the same speciality is available, he/she will be able to do the job.

(ii) Wherever IRMS specialist doctor of that speciality is not available, then one MBBS doctor should be provided for:

- One MBBS doctor for one Honorary Visiting Specialist when coming all the 6 days in a week.
- One MBBS doctor for two Honorary Visiting Specialists when Honorary Visiting Specialists are coming 4 days/week.
- One MBBS doctor for three Honorary Visiting Specialists when Honorary Visiting Specialists are coming 2 days/week.

(ii) Nurses + other para-medical staff

(a) For I.C.U. area, requirement has bee given under description of I.C.U. under para C-16.

- For intermediate care ward

- Nurses

One Nurse as incharge for 20 beds.

One clinical Nurse for every 10 indoor beds per shift of 8 hours.

- Group 'D'

Hospital Attendant - 1 No. for every 10 indoor beds per shift of 8 hours.

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Hospital Safaiwala -1 No. for every 10 indoor beds per shift of 8 hours.

Proportional number of RG + LR staff.

- For General Care Ward – Scale as given in Para C.17.1 - (iii)

C.18 Renal Dialysis Unit

C.18.1 Medical Officer

Two medical officers should be present. One of them should have adequate specialization qualification i.e. MD; DM (Nephrology). The other one may be MBBS or MD (Medicine).

C.18.2 Para-medical staff

A Haemodialysis Unit with 3 unit of Haemo-dialysis machine and also doing peritoneal dialysis should be:

For each shift of 8 hours

- Matron incharge - 1
- Nurse - 1
- Dialysis Technician - 2
- Group 'D' H.A. - 1
- Group 'D' Safaiwala - 1

For additional dialysis machine added up for every 2 such machines added For each shift of 8 hours

Nurse	-	1
Dialysis Technician	-	1
H.A.	-	1

C.19 Kitchen staff

Railway hospitals where large number of special type of diet is not required to be served may try to avoid their own kitchen and provide reasonable food from Railway canteen if available nearby. For Railway hospitals, where kitchen required to be provided, should have manpower as below:-

- Dietician - 3 for first 250 beds then 1 for every 100 beds.

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-	Cook	-	2 for each 100 beds
-	Cook-mate	-	2 for each 100 beds
-	Bearer	-	2 for each 100 beds

C.20 Labour Room and Baby Nursery Unit

Pregnant mothers in labour need to be watched very closely.

Hence wherever there is some labour care, there has to be dedicated nurse and Group 'D' (female) on duty.

Labour room having more than 30 deliveries per month need to be having separate set of nurses and group 'D' staff. In other labour room, extra nurses and group 'D' staff should be posted to attach Gynae. & Obst. Ward from where they should be diverted to labour room wherever there is a labour case.

Baby Nursery Unit

The scale and style of management should be same as given in I.C.U. (C-16).

C.21 Ambulance Services

The ambulance services should be available round the clock all the days.

Minimum one ambulance should be available.

In hospitals where there are many calls to be attended or the ambulance services are required very frequently, there has to be more than one ambulance on duty at a time which may be 2 or 3 or 4 ambulances at a time depending upon the need.

In addition there should be system to call private ambulance on need basis if there is a need for ambulance service during the period when the ambulance is out on duty.

To the extent possible, ambulance services should be organized by hiring the ambulance alongwith manpower, fuel etc.

C.22 Security System

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Every Railway hospital should have proper security system organized. It can be private security system. It should work round the clock and all the days.

Total manpower required will depend upon lay out of the hospital and size of the hospital etc.

For Central Hospital with 250 beds and above about 35 people are expected to be required to be engaged.

C.23 Hospital Waste Management

- Matron Incharge - 1 post

- Group 'D' staff

  Hospital with 50 beds - 1 post
  Two posts for hosp. 50-100 beds
  Additional one post for every 100 beds over and above 100 beds.

C.24 H.M.I.S.

Central Hospital - 3 Group 'C' staff

Div. hosp.+other Railway Hosp. more than 100 beds - 2 Group 'C' staff

Other Rly. Hosps. - 1 Group 'C' staff

C.25 Hospital Laundry

Mechanical laundry is essential for all Railway hospitals.

It is advisable to develop mechanical laundry of its own by Railways to be manned by people from private sector on payment.