SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

CODE OF STAFF INSTRUCTIONS

MEDICAL DEPARTMENT

DUTIES AND POWERS OF MEDICAL ADVISER, SENIOR MEDICAL OFFICER(ADMIN.), SENIOR MEDICAL OFFICER(HEALTH) AND SENIOR MEDICAL OFFICER(PURCHASES), HEAD OFFICE.

1. MEDICAL ADVISER:

The Medical Adviser of the Institution shall perform such duties as prescribed in the Provincial Employees' Social Security Ordinance and Regulations framed thereunder

2. SENIOR MEDICAL OFFICER (HEALTH):

He shall perform the following duties relating to welfare of secured workers and their dependents and implementation of E.P.I. Programme:-

1) Cases of leave, re-imbursement of expenses relating to maternity, medical care in respect of secured workers.

2) Over-all supervision and execution of E.P.I. programme in SESSI and discharge of related functions like procurement, storage and distribution of vaccines, procurement of equipment and supplies, collection of E.P.I. returns from Medical Circles and Hospitals, their compilation and onward transmission to the Government and related Agencies.

3) Co-ordination between the Institution and Government and other Agencies.

4) Working as Authorised Medical Attendant in respect of SESSI employees posted at Head Office and processing claims of re-imbursement of medical bills in respect of employees of SESSI.

5) Dealing with matters pertaining to Doctors appointed on Retainership basis by the Institution.

6) Performing any other duty which may be assigned.

3. SENIOR MEDICAL OFFICER (ADMINISTRATION):

1) Appointment, leave, transfers and postings, disciplinary cases, grant of annual increment, retirement and other administrative duties in respect of Medical and Para-Medical staff.

2) Compilation of statistical returns and their submission to the Government and other Agencies.

3) Medical Board in respect of employees of the Institution.

4. SENIOR MEDICAL OFFICER (PURCHASES):

He shall act as Secretary to the Central Purchase Committee for purchase of medicines and shall be responsible for preparation, revision and categorisation of Pharmacopea and all matters related to purchase of medicines i.e. placement of orders/payment of bills to Suppliers and allied matters.

The Senior Medical Officer (Admin.) and Senior Medical Officer (Health) shall be assisted by Deputy Director (Medical), Social Security Officer (Medical) and other ministerial staff in discharge of their related duties.

5. FUNCTIONS OF A DISPENSARY:

The functions of a dispensary are:

1, To provide medical care to secured persons and their dependents as included in the Scheme,

2, To issue certificate of proved incapacity to enable them, to claim cash benefits under the Ordinance.and

3, To provide medical care to employees of the Institution and their dependants including dependent parents (residing with them).

6. S T A F F :

The above functions will be carried out by the dispensary staff consisting of:

1) Medical Officer.
2) Lady Medical Officer.
3) Dispensar/Dresser/E.P.I.Vaccinator.
4) Assistant/Junior Clerk.
5) Naib Qasid.
6) Aya.
7) Sanitary workers.

7. DUTIES AND FUNCTIONS OF MEDICAL OFFICER/LADY MEDICAL OFFICER IN-CHARGE OF DISPENSARY:

In addition to the professional duties as doctor, the Medical Officer/Lady Medical Officer in-charge will also be administrative head of the dispensary. He/she shall see that the premises are kept neat and tidy and the furniture and fixture are properly maintained at all times. He/she will ensure that the staff of dispensaries is properly uniformed (as per entitlement), punctual and regular and suitably oriented for the discharge of their duties. He/she will also be responsible for the proper maintenance of the dispensary records including safe custody of medicines/equipment, etc. and submission of periodical reports and returns to the higher officers as may be required from time to time. In addition to the above Medical Officer/Lady Medical Officer in-charge will ensure that established medical procedures are followed by all para-medical staff working in his/her unit.

8. POWERS OF MEDICAL OFFICER/LADY MEDICAL OFFICER IN-CHARGE

1) He will be controlling authority of all the staff members under his control.

2) He will be competent to grant casual leave to the staff under his control in accordance with the rules and instructions on the subject.

3) He shall ensure that the staff maintains discipline and shall report disciplinary breach to the Senior Medical Officer concerned.

4) He shall initiate the A.C.Rs. of all the staff under his control.

9. The Medical Officer/Lady Medical Officer in-charge shall also maintain the following registers (including other records which may be required from time to time) which will be kept in the charge of the respective members of the staff assigned the duties in respect thereof:

S.No.	Name of Registers	Officer Incharge
1)	Medicine Stock Register.	Medical Officer Incharge.
2)	Instrument and Appliance Register.	-do-
3)	Linen Register.	Dispenser/Dresser.
4)	Dead Stock Register.	Junior Clerk.
5)	Petty Cash Book.	-do-
6)	O.P.D. Register.	-do-
7)	Attendance Register.	-do-
8)	Consumption of medicine Register.	Medical Officer.
9)	Treatment Register for Staff.	-do-

10. The Medical Officer/Lady Medical Officer in-charge shall be personally responsible for the correctness of the entries to be made in the registers and the same shall be authenticated by his signature. He shall ensure the proper custody of these registers as well as the properties of the Institution at the dispensary.

11. Before beginning the day's work, the Medical Officer/Lady Medical Officer in-charge will inspect the premises of the dispensary, shall ensure that adequate staff is present, medicines to be prescribed are available in the Store and the dispensary, and all other sections of the dispensary are properly equipped and manned to handle the day's work without any hindrance. A list of the available medical supplies should be circulated to all doctors in the dispensary to avoid prescription of non-available items.

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12. The Medical Officer/Lady Medical Officer in-charge will be incharge of the Store, the key of which will be in his/her possession at all times. He/she will ensure that the receipt/issue of medicines is also done under his/her personal supervision and the relevant entries in the registers are made immediately after the transaction has taken place. Weekly random physical verification of the medical supplies in the Store shall be made by him/her to ensure that the medicines which are likely to fall short are requisitioned and collected from the Senior Medical Officer well in time so that no secured worker is refused medicines for non-receipt of the same from the Central Medical Store. He/she shall also be personally responsible to ensure that no expired medicine is allowed to be consumed and shall furnish a certificate to Head Office to the effect that no such medicine exists in his/her store.

13. He/she shall, every day, make random physical verification of medicines received by secured worker or their dependents, from the dispensing room by comparing it with the prescription in the O.P.D. Book. This will ensure judicious issue of medicines to the patients by the para-medical staff.

14. All controlled documents including the leave books, certificates of incapacity M1, M2, M3 shall be in the personal custody of the Medical Officer/Lady Medical Officer in-charge

15. The Medical Officer/Lady Medical Officer in-charge shall ensure that all doctors in his/her unit have, on their table, the following minimum equipment:-

a) A thermometer.
b) A stethoscope.
c) A B.P. Instrument.
d) An E.N.T. Set.
e) A Torch.

16. The Medical Officer/Lady Medical Officer in-charge shall ensure frequent use of the above equipment by the doctors in his/her unit while examining the patients.

17. Wherever vehicles are under the control of Medical Officer/Lady Medical Officer in-charge the judicious use and proper maintenance of the same shall be ensured through regular checking of the log book, maintenance book and regular physical inspection of the vehicle.

18. The Medical Officer/Lady Medical Officer in-charge shall perform other duties in respect of the dispensary under his/her control, as assigned to him by the Head Office or the Senior Medical Officer of the Circle from time to time.

DUTIES OF MEDICAL OFFICERS AND LADY MEDICAL OFFICERS:

19. In the actual day to day working of the dispensary, the Medical Officer/Lady Medical Officer shall, after the Clerk has determined the entitlement of the secured worker or his dependant, to the medical care, take clinical history of the patient, examine him/her with particular emphasis on the affected system, note down the clinical findings and prescribe appropriate treatment in the prescription column of the M-4 Form of the Medical History Book. Diagnosis should be recorded as far as possible. The period of incapacity should be mentioned in the column provided for the purpose. Each column should be filled in properly and writing in one column should not encroach the other columns. Medical History Book will not be considered complete until all the columns have been filled in legibly. To avoid unscrupulous entries, a horizontal red-line may be drawn across the concerned page immediately under the prescription or where other entries have ended.

20. The Medical Officer/Lady Medical Officer shall be personally responsible for the correctness of all the entries made in the Medical History Book.

21. Separate Medical History Books shall be maintained for employees of the Institution and Monthly Statement of their cost of treatment will be sent to the Senior Medical Officer of the Circle.

22. The Medical Officer/Lady Medical Officer will decide if he/she should issue any certificate of incapacity (Form M-1 & M-2) and at a later date certificate of fitness (M-3) to resume work. All these certificates should be prepared in triplicate. One copy will be given to the secured worker concerned for claiming benefit the other will be sent to his employer for information and the third copy retained by the Medical Officer for the office record.

23. The patient will then return to the Clerk who will make corresponding entries in the relevant register and hand over Forms M-1, M-2 and M-3 to the patient and send him to the dispenser for dispensing of medicines and implementation of the orders written on the Medical History Book. First dressing shall be done by the Medical Officer himself. Subsequent dressings may be done by the Dresser, under his personal supervision. For this, detailed but easily understandable instructions shall be given to the subordinate staff and their ability to carry them out, assessed and commented upon from time to time. Under no circumstances, the Intravenus Injections be administered by other than Medical Officer/Lady Medical Officer. The dispenser will carry out the orders of the Medical Officer and keep the Medical History Book with himself. At the end of the day, he will arrange all such books in the order of their issuance and return them to the Clerk. In this way, the Medical Officer will know what he had prescribed on the previous day(s) and also assess the effect of his treatment as reflected in the patients rate of recovery. Progress notes should be written on the left hand side of the relevant page of Medical History Book and the treatment on the right as on the first day. Under no circumstances should the Medical History Book be allowed to be taken away by the patient outside the dispensary, as it forms an important part of record.

24. The Senior Medical Officer is the incharge and controlling authority for the Circle falling under his jurisdiction. He ~~ensures that the medical care as defined~~ in the S.S.Ordinance and Regulations is adequately imparted to the entitled secured workers, their dependants, employees of the Institution and their dependants. He shall perform all other such duties which may be assigned to him from time to time by Head Office.

25. POWERS & FUNCTIONS OF THE SENIOR MEDICAL OFFICER:

Administrative Powers:

1) Appointment and transfer of Staff:

Senior Medical Officers will have the power to appoint Peons and Chowkidars. The powers for appointment of the staff above the ranks of Peons and Chowkidar, shall rest with the Head Office. However, the S.M.O.s will continue to be the appointing authority in respect of the para-medical staff excepting Medical Officers and Lady Medical Officers. The S.M.O.s shall further have full authority for transfer of the staff including Medical Officers within their Circles.

2) Leave:

The Senior Medical Officer will be authorised to grant Casual Leave and all kinds of leaves to all the subordinate staff under his administrative control as permissible under the rules except the Earned Leave to the Medical Officer and Lady Medical Officers.

3) Initiating the Annual Confidential Reports:

The Senior Medical Officers shall initiate the Annual Confidential Reports in respect of Medical Officers and Lady Medical Officers and submit the same to the Head Office. The reports of the para-medical and other staff will be initiated by their immediate Supervisors and S.M.O.s will be the countersigning authority. Annual Confidential Reports of the Audit Officers will not be initiated by S.M.O.

4) Disciplinary Powers:

The Senior Medical Officers shall have full powers to take disciplinary action against the members of the staff in respect of which they are the appointing authority. The Medical Officers and Lady Medical Officers shall work under the administrative control of the S.M.O. concerned.

As their immediate Supervisor, S.M.O. will be competent to call for explanation and to issue warnings but disciplinary action including suspension, reduction in rank, dismissal, etc. will be taken by the Medical Adviser/Commissioner in the capacity as the appointing authority.

26. Financial Powers:

In accordance with the provisions of Provincial Employees' Social Security (Procurement of Supplies & Property) Regulations, 1967, as adopted by Sind Employees' Social Security Institution, the S.M.O's and M.O's shall be authorised to incur the following expenditure without reference to the Purchase Committee:-

1)	Senior Medical Officer.	Upto Rs.100/- at a time on any item subject to a maximum of Rs.300/- in a month.
2)	Medical Officer/ Incharge Dispensary.	Upto Rs.20/- at a time on purchase of life saving drugs not in stock, subject to a maximum of Rs.50/-in a month.

27. In addition, the Senior Medical Officer is the in-charge of the Central Medical Store at the Circle from where the requirements of medicines of the dispensaries of the Circle are met The S.M.O. is also competent to operate the Annual Budget of the Circle including the budget for local purchases in accordance with the Purchase Regulations.

28. The Senior Medical Officer's Office will maintain the following registers which will be in the charge of the following members of the staff:-

a)	Stock Register of Medicines.	Store Keeper
b)	Instruments and Appliances Register.	-do-
c)	Lenin Register.	Assistant/ (General).
d)	Dead Stock Register.	-do-
e)	Budget Control Register	-do-
f)	Ledger - General & Subsidiary.	Accounts Assistant.
g)	Cash Book.	-do-
h)	Attendance Register, etc.	Assistant Admn.
i)	Salary Register.	Audit Officer.

29. The Senior Medical Officer shall ensure proper maintenance of all the books and registers by the staff concerned. He shall also ensure the safety, proper use and adequate maintenance of the articles mentioned therein. Regular maintenance of Stock Registers in respect of receipt/issue of supplies will be ensured by the S.M.O. by countersigning against each entry made in it.

30. The Senior Medical Officersshall have the following staff for their offices with the specific duties mentioned against each:-

S. No.	DESIGNATION OF THE OFFICER/ OFFICIAL	DUTIES TO BE PERFORMED
1.	Audit Officer.	Audit Officer posted at Circle shall perform his duties as a part of Audit Department, Head Office, he being on the strength of Head Office. Following are the duties of Audit Officer: 1) He shall verify the records of receipt/issues of medicines through F-10 and F-13 being maintained at Central Medical Store of the Circle. 2) He shall verify the monthly Statement of Accounts (F-16) prepared by Accounts Officers before it is submitted to Accounts Department, Head Office. 3) He will prepare monthly Bank Reconciliation Statements and submit the same alongwith monthly audit report to the Director Audit, Head Office. 4) He is supposed to visit the dispensaries of the Circle concerned once in a month to verify the Medical Store and the records of consumption of medicines.

		5) He is required to ensure that all medicines received from Central Medical Store have been correctly entered in the Stock Registers at the store of dispensaries. 6) The Audit Officer is required to audit all types of payment vouchers/transfer vouchers duly authorised by the S.M.O. concerned. He will sign Debit/Credit Notes. 7) He will work as a member of bi-annual stock taking committee of the Circle. 8) Any other work specifically assigned to him by S.M.O. I/C or Head Office.
2.	Accounts Officer.	The Accounts Officer posted at the Directorate is supposed to supervise the entire accounts work of the Circle. He will perform the following duties at the Circle:- 1) He will ensure that all books of accounts of the Circle are maintained properly as per standing instructions. 2) He will ensure submission of Accounts Statement (F-16) to Head Office on monthly basis. 3) He will assist the S.M.O. I/C concerned in the preparation of annual/revised budget of the Circle. 4) He shall act as a member of Local Purchase Committee. 5) Any other accounts work specifically assigned to him by S.M.O. or Head Office.

3. Accounts Assistant.

Accounts Assistant is posted at the Circle to perform the duties of Accounts Section. Following are the duties of Accounts Assistant:-

1) He is required to prepare payment vouchers/transfer vouchers (F-9 & F-2) debit/ credit notes.

2) He is required to maintain all books of accounts including cash book under the supervision of Accounts Officer.

3) He will assist the Accounts Officer for preparation of F-16 and Annual Budget of Circle.

4. Store Keeper.

He will receive all medicines supplied to the Circle as per Purchase Orders placed by head Office. He will be responsible for distribution of these medicines to the dispensaries according to the instructions of the S.M.O. The record of the receipts and the supplies made to the dispensary will be maintained in Stock Registers of medicines. He will prepare the Annual Consumption Report of the Circle, put up the annual demand of the Circle under guidance of the S.M.O. He will be reponsible for proper storage of each item of medicine as per recommendation of the Manufacturer.

On receipt of medicines, he will seek advice of the S.M.O. as to whether to accept such medicines as have a shelf life of less than 80% of the total life and those which are likely to expire within three months of their receipt.

He will submit every month a certificate to the S.M.O. that no medicine has expired during the month or is likely to expire within next three months.

5. Assistant (Admin.)

He will assist the S.M.O. in dealing with the administrative matters pertaining to the Circles and shall maintain the record of correspondence and files in respect of the dispensaries on one hand and the Head Office and other agencies on the other hand.

6. Assistant (General).

He will maintain all the books regarding linen, dead stock, requirements in maintaining the vehicles, statistics, etc. and perform other duties as may be assigned to him by the S.M.O. He will also collect the statistical return from all the dispensaries and compile Comparative Statement of the Circle for submission to the Head Office.

7. Stenotypist.

He will do all the typing work of Circle and take dictation from S.M.O. and perform such other duties as may be assigned to him by the S.M.O.

8. Despatch Clerk.	He will maintain inward and outward registers and enter incoming and outgoing letters and shall also arrange for delivery of the dak to the respective addressees. He will be attached to the S.M.O.
9. Drivers.	The drivers shall perform the assigned duties and shall be responsible for the maintenance of the vehicle and up-keep of the vehicles under their charge and keep informing the in-charge concerned about any technical requirements of the vehicle.
10. Naib Qasid.	He will act as an orderly.

DOCUMENTS TO BE PRODUCED BY THE CLAIMANTS TO BENEFITS:

31. Every secured person will be issued with a Registration Card (Form R.5) and should be asked to produce it whenever he attends the dispensary. It will establish:-

1) his name: the order in which the various parts of the name are set out should always be followed when opening up other forms.

2) his Social Security Number: when writing this, one figure only should be written neatly in each of the six boxes.

3) his thumb print (which provides a quick test of identity).

4) the names and addresses of his recent employer and the periods of the employment.

5) the date he became secured.

6) the address of the dispensary to which he has been allocated.

7) the daily wage.

32. In addition, a secured person who wishes to claim cash benefit is asked to obtain from his employer a copy of Form B-2 before doing so. This also quotes his name and Social Security Number, daily wages and will provide evidence of entitlement to medical care - when it has been established:

i) that he is a secured person, and

ii) that the contribution tests have been satisfied, a Medical History Book should be prepared and handed over to the secured person for taking it to the Medical Officer.

33. If an applicant for medical care within the first three months states that his incapacity is the result of an employment injury, such a note should be made in the Medical History Book in red ink. The Medical Officer should consider whether the incapacity is consistent with the statement of the secured person. If it is, he may examine him and give treatment in the usual way, striking out Claim for Sickness Benefit on the reverse of Form M-1 before giving it to the secured person to take to the Local Office. If is not, he should tell the person that the incapacity does not relate to an employment injury, and that he is not yet entitled to Sickness Benefit. After three months have elapsed, the secured person applying may well have a title to Sickness Benefit, and the dispensary should obtain such confirmation from the Local Office.

ACTION WHEN THE CALLER AT A DISPENSARY IS AN AGENT OF A SECURED PERSON:

34. If someone other than a secured person calls at the dispensary to claim medical care on his behalf, the caller should be questioned to try to ascertain whether the secured perdon is entitled to the benefit claimed. Regulation 32 of the Benefit Regulations provides that an agent may be appointed to act on behalf of a secured person. Normally, an agent should be a close relative or friend. The agent should be requested to produce the Registration Card (Form R.5) of the secured person, or Form B-2, Certificate of Contribution and Wages. If neither document can be produced, endeavours should be made to contact the employer by telephone to verify that the secured person is entitled to benefit. As soon as entitlement has been verified in cases where a cash benefit is claimed as well as medical care, Form B-18 and should be obtained in order that the doctor may arrange to visit the secured person at his home. The Medical Officer will decide, at this visit, whether or not the secured person can reasonably be expected to attend the dispensary personally in future. It is in order for a secured person to attend the dispensary for treatment, but to have an agent take his certificate to the Local Office and collect his benefit on his behalf.

35. The numbers listed in the special list of Causes of Morbidity, reprinted as Appendix II of these instructions should be used to describe the cause of incapacity on the Medical Certificate, as this will simplify the work in the Local Offices. Normally, certificates, if incapacity for work continues, should be issued at weekly intervals, and the patient should be asked to call again after the expiration of that time or earlier. In special circumstances, domicilary visit may become necessary.

36. Although it is the desire of the Institution that all secured persons should be dealt with in a reasonable and helpful manner, the Medical Officer should NOT certify a secured person as being incapable of work, unless he is fully satisfied of the fact. He should refuse to issue a certificate if he has any doubt. In most cases, the issue of a Medical Certificate establishes a right to draw a cash benefit; the validity of the statement made on it must, therefore, be above question.

37. If the Medical Officer is satisfied that the claimant has suffered an employment injury, by reason of an accident or by contracting an industrial disease, he should strike out the word 'SICKNESS', on the claim part of the reverse of Form M-1.

38. After the examination, the Medical Officer should, if required to do so prepare appropriate Medical Certificate, and instruct the patient to complete the claim on its reverse (the Clerk will assist if required), before taking it to the Local Office.

39. A secured woman should be examined by a Lady Doctor or a Male Doctor in the presence of a female attendant and in the case of maternity benefit by the Lady Doctor only.

40. Drugs for daily use in the dispensary shall be issued from the main store of the dispensary in the form of weekly requisitions made in duplicate on the Weekly Requisition Book signed by the Compounder and sanctioned by the Medical Officer. The original will be kept in the stores and the duplicate returned to the Compounder after the issuance of medicines against his signature. All poisonous drugs shall be kept in a separate almirah which will show in bold red lettering the word "POISON" patent medicines shall be similarly kept in a separate almirah. All medicines, injections, etc. required for use in an emergency shall be kept in a separate almirah, which should be easily accessible throughout twenty-four hours and whose key shall remain with the Medical Officer Incharge on duty.

DUTIES OF CLERK:

41. He will receive the patients as they enter the dispensary and make adequate arrangements for their seating in the Waiting Room. He will determine their entitlement to the medical care and direct them to the Medical Officer. He will be responsible for maintaining the register entrusted to him.

DUTIES OF DISPENSER:

42. He will dispense the medicines and carry out other treatment prescribed by the Medical Officer in the Medical History Book.

DUTIES OF DRESSER:

43. He will do the dressings ordered by the Medical Officer under his personal supervision.

DUTIES OF AN E.P.I. VACCINATOR:

44. He will vaccinate children of appropriate age with vaccines as directed and screened by L.M.O./M.O.

DUTIES OF AN AYAH:

45. She will help the L.M.O./M.O. to carry out medical examination of a secured woman or a lady patient visiting the dispensary.

MATERNITY BENEFIT CLAIMS:

46. The Lady Doctor will provide pre-natal confinement and post-natal medical care in accordance with the provisions of Section 38 of the Ordinance. The case may take the form of examination (including any necessary drugs) etc. and treatment, given at the dispensary, or at the claimant's home if the Medical Officer is satisfied that the woman is unable to travel to the dispensary, or at the claimant's home to a hospital with which arrangements have been made by the Institution. The addresses of the Hospitals, and other outside arrangements will have been notified by the Medical Adviser in a Circular. A secured woman claiming Maternity Benefit is entitled to ask for certificates in respect of the pregnancy, as under:-

i)	Certificate of expected confinement.	All cases Form B-25.
ii)	Certificate of expected confinement Maternity Benefit only.	Form B-6.
iii)	Certificate of Actual confinement.	Form M-9.

REFERENCE TO A SPECIALIST:

47. When a Medical Officer feels that nature of the disease is such that consultation with a Specialist is necessary, he should complete Form M-16 and send the patient to such a Specialist (through S.M.O. concerned). Details of all such cases should be entered in the register maintained for this purpose. Detailed notes of these cases should be written in Medical History Book mentioning the diagnosis and justifying referred to the Specialist. All patients should as far as possible be treated at the dispensary level and reference to the Specialists should be made only in those cases when an Expert's opinion is considered absolutely essential for the proper treatment of patient. Cases requiring indoor treatment should be sent direct to the hospital by completing Form M-15.

REFERENCE TO THE HOSPITAL:

48. Ordinarily all cases of employment injury will be referred to the Institution's own Medical Centres, i.e. Injury Treatment Centres, Dispensaries for treatment. The Medical Officer willthen decide if the injured should be sent to the hospital for admission and indoor treatment. In such a case, he will complete the Form M-15 and refer the patient as soon as possible. This Form will similarly be used when referring patients suffering from serious illness to the hospital for indoor treatment. In special circumstances, the patient may be sent by the Mill Authorities direct to the hospital by completing the Form M-15 on behalf of the Medical Officer and inform the latter immediately afterwards.

MEDICAL EXAMINATION TO DETERMINE AGE:

49. If there is serious doubt in the Benefit Section of a Local Directorate regarding the age o any child for whom a share of a survivor's pension has been claimed, they will refer the case to the Medical Officer of the dispensary at which the deceased was registered, for an examination of the child to be made to determine the age. This will be done by the Awarding Clerk concerned completing Part 1 of Form B-26, and handing it to the claimant, with the request that he or she should take it, and the child or children specified, to the dispensary at any early date. The Medical Officer should examine the children, give his estimate of their ages in Part 2 of the Form, and return the form by post to the Local Office. The date of birth will be deemed to be the 1st January of the year of birth calculated from the age as determined by the Medical Officer. No records need be kept of the result of these examinations other than that on Form B-26.

SUBSEQUENT VISITS TO THE DISPENSARY:

50. The caller will establish his identity as before by producing his Registration Card (Form R-5) or other document. The Clerk will extract the Medical History Book containing the case history (Form A-4) and hand it to the caller to give to the Doctor when his turn comes for the Doctor to see him.

INJURY BENEFIT: ENTITLEMENT TO DENTAL TREATMENT:

51. Section 44(1)(b) of the Ordinance includes dental care as part of the medical care to be made available to secured persons who have suffered the effects of an employment injury. It should be noted that the provision of dental care is to be strictly limited to this type of claimants It should be noted that the entitlement to this benefit only arises if the need for it is directly related to an employment injury; a secured person whose teeth were damaged as a result of an employment injury would be entitled to have them attended to, provided only that the employment injury occured after the 'appointed day' for the start of the scheme; a secured person whose hand only was injured as the result of an employment injury would have no right to have the defective teeth treated.

APPENDIX - I

NOTE FOR MEDICAL PRACTITIONERS
FOR THE PROVISION OF MEDICAL CARE:

52. Medical care is defined in Section 45(1) of the Ordinance as:-

a) general practitioner care, including domicilliary visits,

b) a specialist care for in-patients and out-patients and such specialist care as may be available outside hospitals,

c) essential pharmaceutical supplies as prescribed by a medical practitioner,

d) hospitalization where necessary, including cases of pregnancy and confinement,

e) pre-natal, confinement and post-natal care, either by medical practitioners or by qualified midwives.

53. In addition, Section 44(1)(b) specifies that dental care is to be provided if dental care is required as a result of an employment injury.

54. GENERAL PRACTITIONER: may be defined as comprising medical examination, diagnosis and treatment, usually in the dispensary, but to be given by domicilliary visiting where the Medical Practitioner is of the opinion that it would be unreasonable to expect the claimant to attend the dispensary.

55. SPECIALIST CARE: will be available to the extent permitted by the arrangements made by the Institution in its dispensaries/hospitals and between the individual specialist or hospital and the Institution. The extent of these arrangements will be made known to all Medical Practitioners by means of medical circulars issued periodically to them by the Medical Adviser. Patients should not be referred to places of specialists not on the list of the Institution.

56. ESSENTIAL PHARMACEUTICAL SUPPLIES: include dressings and medicines prescribed by the Medical Practitioner in accordance with the formularylaid down by the Institution, in accordance with the advice given by the Medical Adviser.

57. HOSPITALIZATION: will be arranged by the Medical Practitioner where he considers it necessary, including boarding, lodging and nursing. It will be provided in those hospitals and other medical Institutions, which have been the subject of arrangements with the Institution. Their addresses and other details will be set out in a Medical Circular.

58. PREGNANCY AND CONFINEMENT CARE: Benefits are available to all secured women and the wife/wives of a secured worker. The medical care will be given by a female Medical Practitioner, either an employee of the Institution or on the panel of the Institution. Hospitalization during confinement will be made available to all secured women or to the wife/wives of a secured worker.

59. DENTAL CARE: is to be provided only to claimants of injury benefit, and then only if the need for dental care arises from the employment injury.

60. EXAMINATION OF SECURED PERSONS:

A Medical Practitioner shall, when making his examination:

a) decide that further diagnosis (e.g. by X-Rays, Laboratory Examination, etc.) is necessary,

b) determine the therapeutical treatment of the secured person, giving him all instructions regarding behaviour, diet, etc.,

c) prescribe the use of pharmaceutical products, if necessary, within the limits laid down,

d) direct him to the Out Patient Department of a hospital if need be,

e) direct him to the In-Patient Department of a hospital if need be,

f) complete the medical history (Form M-4) - Man or Woman,

g) If necessary, make an appointment for a further medical examination;

In case of pregnancy or confinement of a secured woman, the Lady Doctor shall:

1) conduct periodical pre-natal examination as necessary. Such examination to include measurement of the pelvis and test of urine, taking of blood-pressure, and detection of abnormal conditions. If the examination have to be conducted by a male Medical Practitioner, he shall permit a female to be present at that time,

2) furnish necessary medical care during the pregnancy,

3) furnish post-natal care as long as it is necessary,

4) in the case of pregnancy of a secured woman, on the occasion of the first examination, determine the date on which the confinement may be expected to occur, and instruct the woman to make a claim for medical care on Form B-25, ensuring that every assistance is given to enable her to do this,

5) issue a certificate on Form B-6 (but not more than eight weeks before the date of the expected date of confinement) and after confinement has taken place, a further certificate on Form M-9 of the date of confinement.

h) determine whether or not he is incapable of work, and if so, furnish to him a certificate to that effect on Form M-1, indicating thereon either (i) the presumptive duration of the incapacity, as a rule three days and no longer, and the date when the person shall be re-examined, or (ii) the date of expected recovery from his incapacity to work, if within a week of the date of first examination. The cause of the incapacity should be shown as a number in accordance with the List of Diseases in Appendix-II.

61. LIST OF CAUSES OF INCAPACITY: APPENDIX - II

1) Tuberculosis of respiratory system.
2) Tuberculosis other forms.
3) Syphalis and its sequelae.
4) Geneoocal infection.
5) Dysentary, all forms.
6) Other infective diseases commonly arising in intestinal tract:
   - 6a) Cholera.
   - 6b) Enteric fever.
   - 6c) Other infective diseases.
7. Certain diseases common among children:
   - 7a) Scarlet fever.
   - 7b) Diptheria.
   - 7c) Whooping cough.
   - 7d) Measles.
   - 7e) Mumps.
   - 7f) Chicken Pox.
8. Typhus and other rickettsial diseases.
9. Malaria.
10. Diseases due to Helminths:
   - 10a) Filariasis.
   - 10b) Ankylostomiasis.
   - 10c) Other
11. All other diseases classified as infective and parasitic:
   - 11a) Moningecoocal infection. (CEREBROSPINAL FEVER)
   - 11b) Plague.
   - 11c) Small Pox.
   - 11d) Leprosy.
   - 11e) Kala Azar.
   - 11f) Parasitic skin infections.
   - 11g) Tetanus
   - 11h) Yas (Frambeesia).
   - 11i) Infeclious hepatitis (catarrhal jaundice).
   - 11j) Other infectious and parasitic diseases.

12) Malignant neoplasms, including neoplasms of Lympathatic, Haemospostic tissues.
13) Benign neoplasms and neoplasms of unspecified nature.
14) Allergic disorders.
15) Diseases of thyroid gland.
16) Diabetes mellitus.
17) Avitaminosis and other deficiency states.
18) Anaemias.
19) Psychoneurosis and phychosis
20) Vacular lesiens affecting central nervous system.
21) Diseases of eyes:
   - 21a) Trachoma.
   - 21b) Cataract.
   - 21c) Other diseases.
   - 21d) Injury eye.
22) Diseases of ear and mastoid process.
23) Rheumatic fever.
24) Chronic rheumatic heart disease.
25) Arteriosceleratic and degenerative neart disease.
26) Hypertensive.
27) Disease of veins.
28) Acute nasopharyngitis (common cold).
29) Acute pharyngitis and tonsillitis and hypertrophy of tonsils and adenoids.
30) Influenza.
31) Pheumonia.
32) Bronchitis.
33) Silicosis and occupational pulmonary fibrosis.
34) All other respiratory diseases.
35) Diseases of stomach and duodenum, except cancer.

36/ Appendicitis.

37/ Hernia of abdominal cavity.

38/ Diarrhoea and enteritis.

39/ Diseases of gallbladder and bile ducts.

40/ Other diseases of digestive system:

- 40a) Diseases of the teeth.
- 40b) Other diseases.

41/ Nephritis and nephrosis.

42/ Diseases of genital organs:

- 42a) Diseases of male genital organs.
- 42b) Diseases of female genital organs.

43/ Deliveries, complications of pregnancy, child-birth and the perpeurium

- 43a) Normal deliveries.
- 43b) Complications of pregnancy, child-birth and the perpeurium.

44/ Boils, abeesses cellulitis and other skin infections.

45/ Other diseases of skin.

46/ Arthritis and rehumatism, except rheumatic fever.

47/ Diseases of bones and other organs of movement.

48/ Congenital malformations and diseases peculair to early infancy.

49/ Other specified and ill-defined diseases:

- 49a) Epilepsy.
- 49b) Diseases of nerves and peripheral ganglia.
- 49c) Urinary calculus.
- 49d) Other diseases of urinary system.
- 49e) Other specified and ill-defined diseases.

50. Accidents, poisonings, and violence:

- 50a) Open fractures (all sites).
- 50b) Closed fractures (all sites).
- 50c) Complicated fractures (all sites and complications).
- 50d) Dislocations (all sites).
- 50e) Head injury excluding fracture.
- 50f) Internal injury, chest, abdomen, and pelvis.
- 50g) Lacerated open, and contused wounds,
- 50h) Burns and scalds.
- 50i) Occupational poisoning.
- 50j) Other poisoning.
- 50k) Other violence.

62. ALPHABETICAL LIST OF DISEASES:

A		Classified Sickness Group
1) Abdominal colic	.....	49a
2) Abortion	.....	43b
3) Abortive fever	.....	6c
4) Abscess	According to cause	4
5) Achlorhydria	.....	35
6) Achloric Anaemia	.....	18
7) Accident (not occupational)	50 Sub-group according to nature of injury.	
8) Accidents (Occupational)	50 Sub-group according to nature of injury.	
9) Acne	.....	45
10) Acromegaly	.....	49e
11) Anxylostoniasis	.....	11f
12) Acute gonorrhoea	.....	49
13) Addison's anaemia.	.....	18

B

C

D

E

189) Epistaxis	According to cause	
190) Epithallema	...	12
191) Erysipelas	...	11j
192) Erythroblastosis	...	48
193) Essential hypertension	...	26
194) Exophthalmic goitre	...	45
195) Extrasystole	...	49e

F

195) Facial paralysis	...	49b
196) Fistula	...	40b
197) Favus	...	11f
198) Femoral hernia	...	37
199) Fever (undiagnosed)	...	11j
200) Fibrecystic disease of bone	...	47
201) Fibroids uterus	...	13
202) Fibroma	...	13
203) Fibrositis	...	46
204) Filariasis	...	10a
205) Flat foot	...	47
206) Floating kidney	...	49d
207) Flue	...	30
208) Food poisoning	...	6e
209) Frohlich's syndrome	...	49e
210) Frontal sinusitic	...	34
211) Formeulosis	...	44

G

212) Gangrene	According to cause	
213) Gas gangrene	...	11j
214) Glandular fever	...	11j
215) Glaucoma	...	21c

216) Gliema	...	12
217) Gastric neurosis	...	19
218) Gastric ulcer	...	35
219) Gastritis	...	35
220) Gastro-enteritis	...	38
221) General paralysis of insane	...	3
222) Gems Valgum	...	47
223) Giddiness	...	49e
224) Gingivitis	...	40a
225) Glossitis	...	40a
226) Glycosuria	...	49a
227) Goitre	...	15
228) Gonorrhoea	...	4
229) Gout	...	49e
230) Guinea worm	...	10c
231) Gumma	...	3
232) Gynocgamatia	...	42b

H

233) Haematoemesis	According to cause	
232) Haematuria	...	49e
233) Haemolytic anaemia	...	18
234) Haemophilia	...	49e
235) Haemoptysis	According to cause	
236) Haemorrhoids	...	27
237) Hammer toe	...	47
238) Harelip	...	48
239) Hayfever	...	14
240) Headache	...	49e
241) Heart block	...	49e

242)	Hemiplegia	...	49e
243)	Hepatitis Amoebic	...	5
244)	Hepatitis infectious	...	11i
245)	Hernia	...	37
246)	Hypertensive heart disease	...	26
247)	Hyperthyroidism	...	15
248)	Herpes Zoster	...	49e
249)	Hiccough	...	49e
250)	Hodkin's disease	...	12
251)	Hookworm	...	10b
252)	Hydatid disease	...	10c
253)	Hydatidiform mole	...	43b
254)	Hydrocephalus congenital	...	48
255)	Hydroneprosis	...	49d
256)	Hyperchlorhydria	...	35
257)	Hypermetropia	...	20c
258)	Hyperiesis	...	26
259)	Hyperpyrexia	According to cause	
260)	Hypertension (malignant)	...	26
261)	Hypertensive encephalopathy	...	26
262)	Hypertatic pneumonia	...	34
263)	Hypotension	...	49e
264)	Hysteria	...	19
265)	Hydrocele	...	42a

I

266)	Icterus	According to cause	
267)	Impacted teeth	...	40a
268)	Imperforate anus	...	48
269)	Impetige	...	44
270)	Industrial dermatitis	...	45

271)	Infantile diarrhoea	...	38
272)	Infectious hepatitis	...	11i
273)	Infectious worts	...	44
274)	Influenza	...	30
275)	Ingrowing nail	...	45
276)	Inguinal granuloma	...	11j
277)	Inguinal hernia	...	37
278)	Insomnia	...	49e
279)	Intestinal obstruction	...	40b
280)	Intracranial injury	...	48
281)	Iritis	...	21c
282)	Irondeficiency anaemia	...	18

J

283)	Jaundic Haemolytic	...	18
284)	Infective obstructive (neoplasm).		12
285)	Toxic (non-occupational)	...	40b
286)	Toxic (occupational)	...	50i
287)	Unspecified	...	49e

K

288)	Kala-azar	...	11c
289)	Keratitis	...	21c
290)	Kidney disease	...	41
291)	Kyphosis	...	47

L

292)	Laryngitis	...	34
(293)	Leishmaniasis cutaneous	....	11j
	visceral	...	11c
294)	Lebrosy	...	11d
295)	Leucorrhoea	...	42b
296)	Leukemia	...	12
297)	Leukoderma	...	45

M

N

357)	Neurasthenia	...	19
358)	Neuritis (except rheumatic)	...	49b
359)	Neuro-leprosy	...	11d
360)	Neurosis	...	19
361)	Neurosis Obsessional	...	19
362)	Neurosis Occupational	...	19
363)	Nodular goitre	...	15
364)	Nodular leprosy	...	11d
365)	Normal delivery	...	43a
366)	Nystagums	...	49e
367)	Nystagums miner's	...	19

O

368)	Obesity	...	49e
369)	Occupational neurosis	...	19
370)	Oedema	According to cause	
371)	Onychitis	...	45
372)	Oriental sore	...	11j
(373)	Ostietis	...	47
(374)	Ostietis deformans	...	46
375)	Osteo-arthritis	...	47
376)	Osteochondrosis	...	47
377)	Osteomalacia	...	47
378)	Osteomyelitis	...	47
379)	Osteo-poresis	...	47
380)	Oophoritis	...	42b
381)	Optic neuritis	...	21c
382)	Oral sepsis	...	40a
383)	Orchitis	According to cause	

381)	Otitis	...	22
382)	Otitis externa	...	22
383)	Otitis media	...	22
384)	Otorrhoea	...	22
385)	Ovarian dysfunction	...	49e
386)	Ovaritis	...	42b
387)	Oxaluria	...	42b
388)	Oxyuriasis	...	10c

P

389)	Palpitation	...	49e
390)	Pancreatitis	...	40b
391)	Paralytic ileus	...	40b
392)	Paralytic stroke	...	20
393)	Parametritis	...	42b
394)	Paralysis agitans	...	49e
395)	Parancia	...	19
396)	Paraplegia	...	49e
397)	Paratyphoid fever	...	6b
398)	Paresis	...	49b
399)	Parkinsen's disease	...	49e
400)	Parotitis	...	40e
401)	Paroxysmal tachycardia	...	49e
402)	Pneumonia	...	34
403)	Pediculosis	...	11f
404)	Pellagra	...	17
405)	Pelvic celluitis	...	42b
406)	Pelvic peritonitis	...	42b
407)	Pephigus	...	45
408)	Perinephric abscess	...	49d
409)	Peptic ulcer	...	35
410)	Pericarditis	...	23

Q

R

S

528) Sclererderma	...	45
529) Scoliosis	...	47
530) Scrub typhus	...	8
531) Scurvy	...	17
532) Seborrhoea	...	45
533) Splanic anaemia	...	18
534) Splenomegaly	...	49e
535) Spondylitis derformans	...	47
536) Sprue	...	47
537) Still's disease	...	46
538) Sterility	...	42
539) Stomatitis	...	40b
540) Strabismus	...	21c
541) Strangulated hernia	...	37
541) Stricture urethra	...	49d
542) Stye	...	21c
543) Subacute gonorrhoea	...	4
544) Subarachnoid haemorrhage	...	20
545) Suppurative hepatitis	...	40b
546) Syphilis	...	3
547) Syphilitic sore	...	3

T

548) Tabes dorsalis	...	3
549) Tachycardia	...	49e
550) Taenia	...	10c
551) Tenosynovitis	...	47
552) Testicular dysfunction	...	49e
553) Tetanus	...	11g

554) Thread worm	...	10c
555) Threatened abortion	...	43b
556) Thrombo anjinitis obliterans	...	49e
557) Thrombophelbitis	...	27
558) Thrombosis	...	27
559) Thyroid enlargement	...	15
560) Thyrotoxicosis	...	15
561) Tick-borne typhus	...	8
562) Tinea	...	11f
563) Tonsillitis	...	29
564) Tonsinaches	...	40a
565) Torticollis, rheumatic	...	46
566) Texaemia	According to cause	
567) Toxaemia of pregnancy	...	43b
568) Toxic goitre	...	15
569) Trachetis	...	34
570) Tracheobronchitis	...	32
571) Trachoma	...	21a
572) Trenatode infestation	...	10c
573) Trench fever	...	8
574) Trichiasis	...	45
575) Trichiniasis	...	10c
576) Trigeminal neuralgia	...	49b
577) Tropical ulcer	...	45
578) Trypanosomiasis	...	11j
579) Tuberculosis of meninges, intestine		2
580) Bones and joints	...	2
581) Tuberculosis of respiratory system		1
582) Tuberculosis of gen to urinary system		2
583) Lymphatic system	...	2
584) Tumour	...	12 or 13
585) Typhoid fever	...	6b
586) Typhus	...	8

U

587) Ulcer	According to cause	
588) Ulcerative colitis	...	40b
589) Umbilical hernia	...	37
590) Umbilical sepsis	...	48
591) Undescended testis	...	48
592) Undulant fever	...	6c
593) Uraemia	...	49e
594) Urethritis	...	49d
595) Uric acid diathesis	...	49e
596) Uriticaria	...	14
597) Uterovaginal prolapse	...	42b

V

598) Vaginitis	...	42b
599) Varicella	...	7f
600) Vericocole	...	27
601) Varicose veins	...	27
602) Variola	...	11e
603) Ventral hernia	...	27
604) Vertigo	...	49e
605) Vincent's infection	...	11j
606) Viscereptosis	...	40b
607) Volvolus	...	40b
608) Vomiting	...	49e
609) Vitilige	...	40e
610) Vulvitis	...	42b
611) Vulvovaginitis	...	42b

W

612) Wax ear	...	22
613) Weil's disease	...	11j
614) Whitlew	...	44
615) Whooping cough	...	7c
616) Wry neck	...	46

Y

617) Yaws	...	11h
618) Yellow fever	...	11j

-.-.-.-.-.-.-.-:-.-

FUNCATIONS OF A HOSPITAL:

63. Hospital is a place for the bed-care of the seriously sick. It also brings together under one roof, all the varieties of scientific and skill required for the modern scientific diagnosis and treatment and even the prevention of disease. The patients served may be ambulatory, in an Out-patient Department of the hospital or confined to bed. Hospital is also a centre for education of professional personnel and for medical research. The Kulsum Bai Valika Social Security SITE Hospital has also a Nursing School which is recognised by the Pakistan Nursing Council. The Nurses trained by this School shall be available for SESSI as well as for other medical Institutions.

The Social Security Hospitals are primarily meant for the indoor treatments of the secured workers and the dependants (as per entitlement). These hospitals shall also be responsible for the treatment of SESSI employees and private patients as per the policy of the Institution.

64. BROAD ADMINISTRATIVE STRUCTURE:

Staff: (1) Medical Superintendent.
(2) Deputy Medical Superintendent
(3) Administrative Officer
(4) Specialists
(5) R.M.O.'s
(6) Social Welfare Officer.
7) House Officer.
(8) Matron

65. The Social Security Hospitals shall have the following basic Supervisory staff in addition to other administrative/ technical staff (medical and para-medical staff

DUTIES OF MEDICAL SUPERINTENDENT:

66. The Medical Superintendent is the overall in-charge of the Hospital & shall be responsible for administrative/professional control/overall financial matters relating to the Hospital and particularly the Medical Superintendent shall ensure the following:-

1) To take regular rounds of the Hospital;

2) To initiate Annual Confidential Reports of Officers and staff working under him;

3) To implement all decisions, orders of Head Office pertaining to the Hospital;

4) To arrange treatment of private patients as per laid down rules and account for the income obtained from private patients;

5) For duty, discipline, attendance and posting of all his subordinate staff in the hospital;

6) To get annual indent of medicines/medical equipment prepared well in advance and submit it to Head Office. The indent should be prepared in consultation with the Heads of different Units.

7) To check stock registers and ledgers maintained by the respective Store-Keepers and also initial each entry of receipt and issue.

8) To ensure that payments of bills is not delayed.

9) To conduct annual stock taking regularly in accordance with the Institutions Rules and Regulations and copies of the same be sent to Head Office (Supervisory Stock Taking Committee).

10) Judicious operation of the recurrent and non-recurrent budget of the Hospital through the following Committees:-

A) Central Purchase Committee: To control capital expenditure (for non-medical items):

a) Vice Commissioner - Chairman
b) Director Engineering - Member
c) Director Finance - Member
d) Medical Superintendent - Secretary

B) Central Purchase Committee (Medical):

a) Medical Adviser - Chairman
b) Two members of the Governing Body - Members
c) Two Specialists of Hospital - Members
d) One S.M.O. from Field Office - Member
e) Director Finance - Member
f) S.M.O. (Purchases) Head Office - Secretary

C) Local Purchase Committee:

a) Medical Superintendent - Chairman
b) Concerned Specialist - Member
c) Accounts Officer - Member

D) Management Committee for Hospitals:

a) Medical Adviser - Chairman

b) Two Members of the Governing Body - Members

c) Director Finance - Member

d) Director Engineering- Member

e) Director Admin. - Member

f) Medical Supdt. - Member/Secy.

11. In all matters involving major policies and discipline, the Medical Superintendent will refer them to the Medical Adviser for decision.

12. The Medical Superintendent will hand over the charge to the Deputy Medical Superintendent/Senior most Specialist in the event of his prolonged absence, due to leave, etc.

67. DUTIES OF DEPUTY MEDICAL SUPERINTENDENT:

A) Duties pertaining to medical aspect of the Hospital. He will be responsible for:-

a) duty, discipline, attendance and posting of all his subordinate staff in the MEDICAL Store and dispensary;

b) to supervise preparation of all stock mixtures in the dispensary and to certify that the ingredients required have been dispenses in the prescribed quantity;

c) to make surprise check for the proper distribution of medicines and attend to the complaints of the patients;

d) to arrange procurements of indents of wards and other units of the hospital.

e) to check up the daily entries of stock ledgers of the store and to submit a quarterly report of the physical check-up to Head Office through Medical Superintendent. The physical checking being done in co-ordination with Audit;

f) to get annual indent prepared well in advance and submit it to Head Office. The indent should be prepared in consultation with the Heads of different Units;

g) to get scrutinise the proper maintenance of exciseable drugs such as Pethidine, Morphine, Atropine, etc.;

h) to attend to the complaints from the Units, etc.;

i) to maintain a three months reserve for Medical Stores;

j) to check one item of medical stores every day against the ledgers;

k) to see that Stores are kept neat and clean and are turned over regularly; proper bin cards will be displayed and kept uptodate;

l) to arrange for regular meetings of Condonnation /loss and overpayment committee, repairs and replacement of equipments;

m) to see that his stores are at no time depleted of any item; any drug which is not available, a non-available certificate must immediately be obtained and arrangements made to call tenders to effect local purchase;

B) Duties pertaining to general aspects of the Hospital:

1(a) For the general stores, dry and fresh ration, Linen, Furniture, Stationery and the staff working there and the state of buildings;

(b) to check stock registers and ledgers maintained by the respective Store Keepers and also initial each entry of receipt and issue;

(c) to check the quantity and quality of all the articles received in the Stores.

2/ To check the vehicles for the proper maintenance.

3/ For the administrative control of the following staff attached to him:-

i) Steward alongwith the following staff attached to him:

a) Ward Boys and Ayahs.

b) Chowkidars.

c) Transport Staff (Drivers and Cleaners).

d) Carriers, etc.

ii) Sanitary Inspector and the staff attached to him.

iii) Dietician/Diet Supervisor alongwith their subordinate staff (cooks, bearers, masalchies, etc.).

iv) Laundry staff.

v) Telephone Operators.

4/ For all the diet arrangements of the hospital and to see that the standard of the diet of the hospital is maintained. To suggest to the Medical Superintendent ways and means to improve the quality of diet, and to attend to all the complaints received on this account from the wards, patients, etc.

5/ He will accompany the Medical Superintendent every day on his round.

6/ He will ensure that payment of bills is not delayed.

7/ He will be responsible to ensure that annual stock taking is held regularly every ear in accordance with the Institution's Rules & Regulations.

8/ He will be responsible for holding meeting of condonation /Loss & over-payment Committee meetings for general stores and linen.

9/ He will maintain complete accomodation statement of the residential staff and see that buildings are annually repaired.

C) ADDITIONAL DAILY DUTIES:

The Duty Medical Superintendent, at the end of his duty, will write a daily report on the lines prescribed below:-

1/ Report on sanitation of the Hospital.

2/ Report on Water Supply.

3/ Report on rations supplied by the Contractors to the hospital, as to their quality & quantity.

4/ Checking of food cooked in the kitchens of the Hospital.

5/ One item each from Medical Stores and General Stores will be checked daily, and put down in the report as follows:

MEDICAL STORES:

Item	Balance on charge	Correct/incorrect
1.	.....	.....

GENERAL STORES:

Item	Balance on charge	Correct/incorrect
1.	.....	.....

6/ He will take a round of the whole hospital between 9.00 p.m. and 11.00 p.m. and see that patients are resting comfortably and quietly and lights are put off at the night hour. He will see that no intruders are loafing in the hospital compartment.

7/ He will detail transport after duty hours if required for official use or on payment.

8/ All disciplinary cases will be brought to his notice by the steward, after duty hours.

9/ He will report upon all thefts, fires, etc. and will take up appropriate action to deal with their reporting the next day in his duty book.

10) He will contact the Medical Superintendent in case of any difficulty.

11) He will daily check at 8.30 a.m. the containers of food placed within the food trollies and see that they are properly cleaned in boiling water.

12) He will make it a point to ask patients about the quality and quantity of food, which fact will be mentioned in daily report.

13) He will publish daily, a roster of duties which will be strictly adhered to. This roster will be displayed in each department.

D. The Deputy Medical Suerintendent will perform other duties assigned to him from time to time by the Medical Superintendent. The Medical Superintendent may conversely, assign some of the duties mentioned above to other officer/officers, if necessary.

68. DUTIES OF ADMINISTRATIVE OFFICER:

1) He shall be responsible to deal with all the establishment matters (leave, posting, transfer, promotion, increment, disciplinary action, etc. etc.) of the entire hospital staff of various grades and cadres.

2) He shall deal with complaints of secured workers, if any, with regard to their treatment from the hospital. Such complaints would also include publication of adverse news in the press against the working or any of the staff of the hospital.

3) He shall be responsible for the maintenance, repairs, replacement and POL arrangements of the vehicles of the hospital.

4) He shall arrange for the procurement of liveries to the concerned hospital staff. He shall also arrange for the procurement of bedding and linen for the hospital.

5) He shall act as a member/secretary of the hospital Purchase Committee in respect of all the purchases except Medical Supplies.

6) He shall be responsible for the maintenance of the hospital building, staff residences, etc.

7) He shall control the dead stock items of the hospital and maintain stock ledger of stores.

8) He shall handle the petty cash of the hospital.

69. In the performance of his duties, the Administrative Officer shall be directly responsible to the Medical Superintendent.

70. DUTIES OF THE STEWARD:

1. The steward will be responsible for:-

a) Security of the Hospital.

b) Checking of visitors, traffic, vendors, beggars, tresspassers.

c) Checking of hospital passes.

d) Attending public complaints and arranging querries of patients in the O.P.D.

e) Keeping the Attendance Register of Gazetted Staff including House Surgeons, which he will place before Medical Superintendent at specified time for his perusal.

f) Attending mortuary on "Call Days".

g) Supervising the work of the following staff and maintaining their attendance:-

i) Chowkidars.
ii) Drivers.
iii) Ward Boys/Maids.
iv) Cleaners.
v) Telephone Operators.
vi) Carriers.

h) Maintaining Log Book of all Hospital vehicles and checking regularly.

He will be under the administrative control of the Administrative Officer.

3) Any other duty as may be assigned to him.

71. DUTIES OF THE WARD MASTER

1) He will be in-charge of linen and general stores and will be responsible for its correct accounting, distribution and maintenance.

2) He will be responsible to send dirty linen for washing and will issue clean clothes to the patients.

3) He will be responsible for their proper use, care and replacement.

4) He will maintain the stock registers of consumable and non-consumable articles pertaining to the linen and general stores and will keep upto-date records of the articles received time to time from stores concerned.

5) He will prepare indents and receive supplies from different stores.

6) He will carry out any other duty that may be assigned to him.

7) He will inform the R.M.O. Incharge or the Sister concerned for the un-serviceable condemned items to be brought before the Losses and Over-Payment Committee and prepare their list on proper form.

8) He will arrange the painting of such items of his stores that may require painting and will keep them in good order.

72. DUTIES OF THE CHOWKIDARS:

The primary duty of a Chowkidar is to look after the security of the Department and area in which he is posted, and to see that hospital orders regarding visitors, garden and sanitation, are enforced. He will be informed by the Steward regarding the area and the hours of his duty which he must strictly observe.

1. He will control traffic when posted in such places and see that no accidents take place.
2. He will check all locks on stores, vehicles doors and windows and see that they are secure.
3. When on duty at night, he will check all suspicious characters and unauthorised visitors at night.
4. He will check that all lights in the compound are working. He will prevent pilferage of electric bulbs and bring to the notice of the Steward when he finds any bulb missing immediately. He will see that all lights are switched on in his area after sunset and are put off in the morning after sunrise.
5. He will not accept Bakshish from anyone in any manner, and will be polite to everyone.
6. He will see that sweepers clean his area thoroughly. He will be held responsible for any filth seen in the area of his duty. Defaulting sweepers will be brought to the notice of the Medical Superintendent/ Steward/Head Chowkidar on their round.
7. He will not sit down to take rest during the hours of his duty nor will he sleep during his hours of duty at night.
8. When coming on duty, he will properly take over from the outgoing Chowkidar.
9. When on duty he will not gather people around him to talk, except for guiding them to various departments.
10. Steward will read these orders to all the Chowkidars once a month on the roll call.

73. DUTIES OF THE MATRON:

1. She will be responsible for administration/ disciplinary/assignment of duties of various categories of Nursing Staff in the Hostel or in the Hospital and ensure co-ordination of work in the Hospital.

2. The Nurses Training School will function under her supervision.

3. She will be responsible for the administration and discipline of all categories of the Nursing Staff of the Hospital.

4. She will recommend disciplinary action against any member of Nursing Staff in the Nurses Hostel to the Medical Superintendent.

5. She will see that the messes in the Nursing Home are properly equipped and manned and that whole-some and adequate food is served to the Nursing Staff.

6. She will make surprise rounds of the Hospital at day or night in addition to accompanying the Medical Superintendent on his rounds.

7. She will be responsible for keeping the confidential record of the Nursing Staff.

8. She will see that the Nursing Staff is always smartly turned out.

9. She will supervise the Nurses accomodation and see that newly appointed Sisters are accomodated according to their entitlement.

10. She will keep all staff informed of the Policy and Rules & Regulations governing the employment, leave (Casual, Earned, Maternity, etc.) conditions of the services which apply to Institution's employees.

11. She will assist the Management for selection of Student Nurses and any other staff of the members of the Nursing Service Personnel.

12. She will be responsible for providing facilities for health services and care in illness for the Nursing Staff in accordance with the stated policy.

13. She will see that Sisters-in-charge of Wards keep their treatment cupboards properly stocked and treatment is given to the patients on prescribed hours.

14. She will ensure that the patients are comfortable and are receiving proper nursing care and diet. Complaints will be brought to the notice of Medical Superintendent.

74. DUTIES OF SISTER TUTOR:

1. She is the organiser and teacher in the School of Nursing for the purpose of teaching Student Nurses and Registered Nurses and Anciliary helpers.

2. She is responsible for planning the training course for each category of student for the whole period of training, co-ordinating the practical and class-room teaching as closely as possible.

3. In consultation with the adminsitrative staff of the Hospital, she will plan the daily routine, teaching of students commensurate with reasonable nursing care.

4. She will participate in the evaluation of each student regarding practical and theoretical teaching.

5. Sister Tutor shall take rounds of all Departments to check the practical work of the Student Nurses and also deliver clinical lecture and give demonstration.

6. Sister Tutor is expected to teach the Student personal Hygiene and be responsible for their physical health and to maintain record of the same.

7. Sister Tutor must keep herself abreast with the new knowledge and Nursing Procedure.

75. DUTIES OF WARD SISTERS:

They are responsible for:-

1. The general supervision, management and nursing care given to patients within the ward.

2. Helping to provide a comfortable, orderly, clean and safe environment for patients.

3. Analysing and evaluating with the Matron the kind and amount of nursing service required.

4. Explaining the principles of food management to Staff Nurses and encouraging them to apply those principles in their daily work.
5. Helping the Staff Nurses to plan the duties of Student Nurses.
6. Keeping the Matron informed of the needs of the Ward and of any special problems.
7. Storage and record of drugs.
8. Keeping the medical staff informed of the needs of patients in terms of adequate nursing care.
9. The Sisters in-charge of Ward will be responsible for supervising the work of the Ward Boys/Nursing Aids and Sweepers working in the Wards. Difficulties experienced will be reported to the Matron.
   The above categories of personnel e.g. Ward Boys/Nursing Aids and Sweepers will continue to be recruited, trained and posted under management of the Medical Superintendent.
10. Maintenance of admission and discharge registers of the Ward.
11. Register for un-controlled drugs
12. Register for Central Stores items.
13. Consumption Register for medicines.
14. Medical and General Stores indent books.
15. She will maintain separate records of treatment of private patients as per standing instructions.
16. In addition, she will also maintain in separate files for F-13 and F-10.

9. The Nurses Training School will function

76. DUTIES OF NIGHT SISTERS:

1. To work under the orders of the Matron.
2. To supervise the work in the Wards and Suprintendant the nursing of patients during the night in order to ensure that all instructions given to the nurses are properly carried out.
3. While going on duty, she will check that all the Staff under her, on night duty, are present and take her first round and verify reports.
4. She will see that economy is practised with regard to the light and shall visit the wards at irregular intervals atleast 4 times in the night to all the wards.
5. She will be responsible to the Matron for the discipline of the Nurses. She shall report cases of indisciplines and misconduct, if any, during the night duty hours.
6. She will see that serious cases are not left unattended by Nurses.
7. She and the night Nurses will not allow any visits by any member from the staff who are off duty.
8. She shall see that the Night Nurses do not visit other wards or leave their place of duty without permission.
9. She will see that other staff coming on duty have come in time.
10. She shall take a round in the Nurses quarters at 10.00 p.m. and see that lights are off.
11. She shall see the Matron every morning and will submit a report in detail regarding her work during the night.

77. DUTIES OF STAFF NURSE:

She is responsible for:-

1. The practical nursing care of patients and assisting in the overall care of patients in the ward to which she is assigned.
2. Carrying out the duties of Sister in addition to her own when Sister is off duty.
3. Supervising the work of the nursing auxiliaries and others in the day-to-day nursing care i.e. Sweepers, Ward Boys and Ayahs, etc.
4. Giving and/or supervising the treatment and medications ordered by the medical staff.
5. Keeping accurate records of the medical treatment carried out by nursing staff.
6. Assisting in the teaching and training of Student Nurses and other staff.
7. Assisting in the introduction and orientation of all new staff i.e. nursing, domestic and any others.
8. Carrying out all procedures, nursing, medical or administrative in conformity with the hospital policies and practices.
9. Keeping medical staff informed and explaining nursing care to them.

78. DUTIES OF NURSE AIDS:

They will be responsible in helping the Nurses with:-

1. Bed making.
2. Taking of temperature, respiration and pulse.
3. Feeding the helpless patients.
4. Giving of baths and sponges, washing hands and face of the helpless patients.
5. Helping with dressings.

6. Removal of bandages
7. Giving of mouth washes.
8. Keeping water jugs and bottles renewed every 4 hours.
9. Helping with unconcious and seriously ill patients.
10. Cleaning of lockers, dressing and storage cupboard.
11. Packing of drums and cutting of dressings.
12. Assisting patients to walk.
13. Hospital Etiquette.
14. History of Nursing (Briefly).
15. Steam inhallations, Oxygen.
16. Enematas, Flatus Tube.
17. Removal of Pediculosis.
18. Filling of hot water bottles, ice caps.

79. DUTIES OF PHARMACISTS OF HOSPITALS:

The Pharmacist will be responsible:-

1.a) For the working of all the Store Keepers/Dispensers checking of their ledgers and stock books.

b) For completion of annual and supplementary indents of drugs and medicines for procurement from the suppliers approved by Head Office.

c) For checking the supplies of the Sections of Medical Stores.

d) To keep an eye for properly scrutiny and submission of the bills of Local purchases on the dates as per laid down procedures.

e) To maintain Attendance Register of all the staff of the Medical Stores.

f) To verify the debit vouchers and bills.

g) To report to the Administrative Officer the non-compliance of any purchase order.

h) To check daily entries of receipts and issues in the ledgers.

2. He will be under the administrative control of the Medical Superintendent.

3. He will attend to all audit objections and other correspondence and ensure that official correspondence are not kept unnecessarily pending.

4. To ensure proper maintenance of exciseable drugs such as Pethidine, Morphine, Astropine, etc.

5. To maintain a three months reserve for Medical Stores.

80. DUTIES OF STORE KEEPER (GENERAL):

He will be responsible for:-

1.a) The maintenance of stock registers.

b) Checking of the supplies of all the Sections of the General Stores.

c) scrutinising all the indents and bills.

d) Verifying the debit vouchers and bills.

2. He will maintain bin cards for each item of stores and keep the entries upto-date.

3. He will maintain stock ledger, etc. in his charge.

4. He will have his stock checked bi-annually both the internal auditors and external auditors for stock taking.

5. He will act as Linen Supervisor and Incharge.

6. He will work under Ward Master.

81. DUTIES OF DISPENSARS POSTED IN HOSPITAL/DISPENSARY:

1. To dispense medicines strictly in accordance with the prescription of Medical Officer/Specialist and Pharmacopoea.

2. To keep the dispensing centre clean at all times including furniture, equipment, bottles, etc.

3. To prepare stock mixtures before Out-Patient Department starts functioning in accordance with the prescribed formula.

4. To procure and keep sufficient stock of medicines for use in the dispensary and to keep proper account of medicines consumed.

5. To perform duties as and when assigned.

6. To prevent wastage, pilferage of medicines, etc.

82. DUTIES OF THE DIETICIAN:

The Dietican shall be responsible for:-

1.a) To maintain records of attendance, staff of main Kitchen.

b) To maintain records of receipts and consumption of eatables.

c) To prepare demands for consumable items based on prescriptions of diets received from the different wards, which should be submitted to the Administrative Officer by 12 noon every day.

d) To supervise the preparation of diet and its distribution to the patients.

2. His working hours will be regulated as per local requirements.

3. He will contact the different Wards every day and attend to their complaints with regard to diets. He will investigate the complaints and maintain a Complaint Book for each Ward.

4. He will be under the administrative control of the Administrative Officer.

83. DUTIES AND RESPONSIBILITIES OF THE LIBRARIÁN:

The following are the duties and responsibilities of the Librarian:-

1. To formulate and administer Policies, Rules & Regulations for the purpose of securing the most complete use of the Library by Doctors and other clientele.
2. To participate in the activities of the Library Committee as the Ex-Officio Secretary.
3. To bear responsibility to the Medical Superintendent for the satisfactory administration of the Library.
4. To guide the development of the book collections of the Hospital.
5. To assist in securing gifts for the Library.
6. He will classify, assign subject headings, type master cards for books newly arrived in the Library.
7. He will file cards in the cabinets after preparing and checking the sets of cards.
8. He will issue over-due reminders.
9. He will prepare references.
10. He will help readers and visitors in finding out what they want.
11. He will check the filed catalogue cards before finally filing in the cabinets.
12. He will handle correspondence relating to his job.
13. Beside the duties mentioned above, he will be assigned duties whatever the Medical Superintendent thinks fit for him.

84. DUTIES OF THE MEDICAL SOCIAL WORKER:

1. Medical Social Worker is expected to co-operate fully with the Medical Staff of the Hospital. The doctors and nurses concerned should have full knowledge of the cases dealt with by the Medical Social Worker.
2. Medical Social Worker is required to find out by case work, the social problems influencing the patient's health or regarding his recovery. Medical Social Worker should try to help in solving the problems by using the resources at his/her command such as:-
   a) to help the patient and his family to understand the disease and its consequent requirements;
   b) to help the patient, adjust himself with his family and vice versa;
   c) to help the patient and his family in proper convalescent care so that the patient can recover properly and at the same time hospital beds can be relieved;
   d) to facilitate the care of the chronic patients outside the hospital;
   e) to rehabilitate disabled patients by arranging new training when required and suitable employment, or to facilitate the change of vocation;
   f) to relieve patients of their worries and personal problems by letting them talk over and get advice, whenever necessary;

g) Medical Social Worker will facilitate the patients' discharge from the hospital so that the hospitalisation can be shortened as far as ossible.

3. Medical Social Worker is required to keep a careful record of the cases referred to him/her.

4. All the cases dealt with by the Medical Social Worker will be kept as confidential. It is expected that he uses his discretion whenever the need arises for him to disclose the case to some extent in order to help the patient.

5. Act as a personal link between the patient, his family and the community. As such, he is expected to:-

   a) discover resources and facilities available in community families or neighbourhood which can prove helpful to the patient in various respects;

   b) to encourage and initiate new resources in the community and give constructive suggestions for the improvement of existing ones, by clarifying different social needs of the sick, thus making the care of the sick more effective.

85. DUTIES OF RESIDENT MEDICAL OFFICER:

1. He will be a resident of the hospital and be available round-the-clock.

2. He will attend all the emergency calls in the casualty or the ward of relevant speciality.

3. He will attend to all new cases of his respective department, prepare case sheets and initial them and write treatment under the guidance of the Specialist concerned.

4. He will ensure that the patients admitted under his care receive proper treatment, nursing care and appropriate diet.

5. He will ensure that cases are examined immediately after admission.

6. He will take regular rounds of the patients admitted under his ward, both in the morning and evening. He will also make surprise rounds to ensure that the work is being carried out in his absence according to his instructions.

7. He will assist the Consultant in conducting out-patient and operative work, some of which may be entrusted to him according to his experience.

8. He will write summaries of every discharged or deceased case and see that the notes are properly kept by the House Officer.

9. He will be responsible for the administration of the Ward, its cleanliness and well being of the patients. He will supervise and maintain the admission and discharge registers and furnish statistics to Medical Superintendent's office every month. He will assist the Consultant and will be directly responsible to him. He will sign indents for drugs and other materials and get serviceable items repaired.

10. He will personally check all entries in the register of both Operation Theatre and Labour Room, as the case may be.

11. He will keep up a spirit of team work and academic interest in his subject and help in training the House Officers and Junior nursing staff in their work.

12. He will, on arrival in the morning, inspect the day's staff on duty and ensure that they are properly dressed.

13. He will inspect all sanitary annexes daily and ensure that a high standard of cleanliness is maintained.

14. He will carry out a daily round of his ward accompanied by the nursing staff. During his round, he will:-

    a) ensure that the prescribed treatment is being carried out;

    b) ensure that prescribed diet is given to the patients. He should pay particular attention to any extra items of diet and ensure that they are ordered to deserving cases and that when they are ordered, are actually consumed by the patients for whom they are ordered. He will attend to the querries of the attendants of the patients;

    c) he should listen to any complaints and grievances made by the patients and take necessary action without delay.

15. He will see that a thorough examination of all patients is carried out as soon as possible on admission and treatment started with least possible delay. Necessary investigations should be carried out promptly.

16. He will see that case sheets are written on admission by the examining doctor and are kept up-t-odate with frequent notes regarding progress of the cases, investigations which have direct bearing in establishing or confirming the diagnosis will be entered and underlined in red. First and last entries will be signed in full and name entered in BLOCK LETTERS.

17. He will diagnose all cases provisionally on admission which must be entered on the case sheets in pencil. Later on, when diagnosis is confirmed by investigations, the final diagnosis will be entered on the case sheet in ink.

18. He will put patients on seriously ill (S.I.) and dangerously ill (D.I.) list whenever their condition warrant and when their condition improve, they can be removed from such list. Notification of such cases will be given to Consultant.

19. He will be responsible for all ward equipment and physically check the equipment/other items once a month. He will satisfy himself that it is up-to-date, correct, acfording to the ledgers maintained by them and that the equipment is serviceable and in proper working condition. He will submit a certificate to this effect on 3rd of each month to the Medical Superintendent duly countersigned by the Consultant concerned. He will maintain the following registers in the Ward:-

    a) Admission and discharge books of all patients;

    b) Register for controlled drugs;

    c) Breakage Register.

20. He will maintain separate records of treatment of private patients as per standing instructions.

21. He will maintain a file in which all Circulars, Daily Orders and Instructions etc. sent from the Medical Superintendent Office, will be filed for future reference.
    All the above documents will be handed over to the Relieving Officer at the time of his transfer.

86. DUTIES OF HOUSE OFFICER:

1. He will be a resident of the hospital and shall be available for duty round-the-clock.
2. He shall present all cases dealt with by him during the last 4 hours at 8.15 a.m. sharp before the Consultant.
3. He shall assist the Consultant and the R.M.O.s in conducting the O.P.D.
4. He shall see that the patients are got prepared for the operation including skin preparation and pre-medication, and that the patients are brought to the Operation Theatre according to schedule.
5. He shall attend every emergency alongwith the R.M.O./Consultant or himself whenever called upon by the Casualty Department. He shall then arrange for the treatment of the emergency case and arrange for operation, if necessary - all in consultation with the R.M.O./Consultant.
6. He shall maintain all the clinical notes of the in-patients including writing of history daily notes, operation notes and post-operative observations.
7. He shall prepare discharge and death certificates of the patients and compile together all the relevant papers and Ex-Ray Films whenever the patient is discharged and hand them over to the R.M.O. for writing summaries.
8. He shall prescribe the treatment and the diet of the patients in writing and check and see that these are carried out properly by the nursing staff in an amicable co-operative spirit.

9. All the following types of treatment shall be given by the House Officers:-
   a) Intravenous Injections.
   b) Collection of Pus & Blood for Culture.
   c) Dressing and removal of stitches.
   d) Catheterisation and passing of Ryles and Flatus tubes.
   e) Application of Plaster of Paris.
   f) Application of splints and traction proceeding.
   g) Blood sample collection.

87. DUTIES OF THE CASUALTY MEDICAL OFFICER:

1. The Casualty Medical Officer will attend to all emergency cases in respect of secured workers and employees irrespective of the establishment or otherwise.
2. Simple and mild cases of Casualty will be attended to by the Casualty Medical Officers and disposed off. In case of serious casualty or any other serious case, if the Casualty Medical Officer finds that the opinion of the Surgeon or Physician is essential, he will at once call the Physician/Surgeon for medical advice.
3. If Technicians of X-Ray, Laboratory and Blood Bank are not found on duty, Casualty Medical Officer will immediately contact the Radiologist Blood Bank Officer/Pathologist if there is an emergency. The report about the absence of the staff concerned will be submitted to the Medical Superintendent on the following day for necessary disciplinary action.

4. The ambulance on duty with the Casualty Medical Officer will be under the control of the Casualty Medical Officer for their movement.

5. He will see that the stores equipment/linen, etc. are properly recorded and maintained properly.

6. He will see that all types of vaccine, sera and medicines required for day-to-day use, are kept in sufficient quantity and at proper temperature.

7. He will ensure that the Casualty Department and Operation Theatre are kept adequately and equipped by Trained Personnel.

8. He will maintain a register of attendance of Surgeons/Physicians on emergency duty in which signatures will be taken in their visit to attend emergencies, giving time of visit and time of call. The signatures will be taken against the name of the patient.

88. DUTIES OF THE DENTAL SURGEON:

1. He will be responsible for efficient running of his department.

2. He will attend to all cases referred to him from the dispensaries, hospital O.P.D.s and ward patients including those of the employees.

3. All dental treatment will be imparted by himself. Extraction of teeth, filling of teeth, deep scaling and doing work of similar nature by the subordinate staff is strictly forbidden.

4. He will see that the subordinate staff does not examine, treat, in any way handle any patient except the Technician who may do derssing, etc. of the patient.

5. He will maintain complete record of patients treated in the department.

6. He will indent and acquire the items required by his department.

7. He will be responsible for maintenance of stock registers, consumption registers, etc., of his Department.

89. DUTIES OF THE BLOOD BANK OFFICER:

1. He will be responsible for efficient running of the Blood Bank.

2. He will check the quantity and quality of Blood stored in the refrigerator.

3. He will be responsible for general cleanliness and sanitation of the department.

4. He will be responsible for posting of Technician and preparation of duty roster.

5. He will look into the requisition forms and advise the Technologist and other medical staff in professional work.

6. He will check grouping and cross matching and give his report.

7. He will supervise transfusions in the Ward or Operation Theatre.

8. He will carry out physical examination of donors before taking donation of blood.

9. He will indent and procure and stock blood for the department in time.

10. In addition to his duties as Blood Bank Officer, he will also supervise the functioning of the central sterilization room.

90. DUTIES OF THE PATHOLOGIST:

1. He will be responsible for efficient running of the Laboratory.
2. He will supervise the work of the Technicians, Attendants and other staff working in the Laboratory.
3. He will check the reports prepared by the Technicians and sign them.
4. He will prepare the reports of special examination or those requested by the Consultants.
5. He will prepare indents of apparatus and equipments required for the Laboratory.
6. He will maintain records of the Laboratory.
7. He will collect specimen of material to be sent for examination and test to other Laboratories.
8. He will inspect apparatus and equipment on its receipt in the department as a fresh item or after repairs.
9. He will see that his equipment at all times is kept in good working order and he has sufficient quantity of reagents and drugs to carry out his tests.
10. He will supervise the working of the Laboratory in the O.P.D., if any.
11. He will randomly check a few samples of tests being done by Technicians daily.
12. Thus maintaining quality control, and if possible check samples simultaneously with other standard Laboratories.

91. DUTIES OF THE ANAESTHETIST:

1. He is to impart technical training to junior doctors posted in his unit.
2. He is to allocate duties to all junior Anaesthetists.

3. He is to carry out surprise checking periodically when junior Anaesthetists are working independently and to ascertain that they are administering Anaesthesia properly and in accordance with his instructions.
4. He is to administer Anaesthesia in all serious and important operations and to all those cases which he may consider to be technically difficult for junior Anaesthetists. This will apply to all serious emergency cases also.
5. He is responsible for care and maintenance of instruments and is to ensure that these are kept in proper state of repair and working order.

92. DUTIES OF THE PHYSIOTHERAPIST:

1. He will be responsible to the Othopaedic Surgeon.
2. He will keep the equipment of the department up-to-date and in good working order and will indent and procure stores for the department in time.
3. He will carry out Physiotherapy treatment to the patients in accordance with the prescriptions of the Physicians/Surgeons.

93. DUTIES OF CONSULTANTS OF PROFESSIONAL UNITS:

1. He is the head of his unit and of any other units of associated subjects, which may be placed under his charge and will be responsible to the Medical Superintendent for the smooth running thereof.
2. He will arrange for teaching of House Officers in accordance with the syllable and scheduled programme.

3. He will ensure that R.M.O.s House Officers get the opportunity of acquiring maximum of technical skill and knowledge.

4. He will ensure that patients admitted to his unit receive proper treatment, nursing care and diet.

94. RULES FOR THE SUPPLY OF BLOOD FOR TRANSFUSION IN RESPECT OF ROUTINE AND EMERGENCY CASES:

1. The intimation for the supply of blood to the Blood Bank should be given atleast 3 days before the expected date of transfusion or operation in routine cases.

2. All the routine requisitions for blood should come through the Medical Superintendent. In case of emergency during office hours, the same practice will hold good. Emergency arising after office hours will be directly dealt with by the Blood Bank.

3. The blod cross matched with a recipient should be utilised within 72 hours from the time of cross matching otherwise, the blood may be utilised for some other recipient and authorised/ sanction for the same may be obtained, subsequently from the Medical Superintendent within next 24 hours.

4. The blood once issued from the Bank should be utilised within 30 minutes.

PROCEDURE FOR CARRYING OUT REQUESTS OF PATHOLOGICAL EXAMINATIONS IN THE CLINICAL LABORATORY:

95. The Clinical Laboratory shall carry out the tests as per following procedures only:-

1. Patients attending the various O.P.D.s of the Hospital:-

   a) The O.P.D. Registration Number of the patient and other data must be provided in the proper requisition Form which will be signed by the Authorised Medical Officer/R.M.O. Requests made on plain paper will not be honoured by the Laboratory.

   b) All indoor patients of the hospital, requisition must again be made on the appropriate form duly signed by the concerned R.M.O./Consultant.

   c) The same procedure may be observed for the employees of the institution.

2. Collection of Venous Blood for Laboratory Test:-

   a) Ammonium Potassium Oxalate bottles are issued to all the Wards to be used when Laboratory Technician is not available for blood collection, for tests i.e. Complete Blood Picture, Total & Diff. W.B.C., etc. urgently required, 1.5 - 2 cc blood can be added to each bottle. The bottle should be Shaken well to mix the blood with the anti-coagulant.

   b) Blood should be sent to the Laboratory immediately after collection or at the most within half an hour, if delay is unavoidable.

   c) These bottles can be used for Complete Blood Picture, Total & Diff.W.B.C. Absolute Values, and are not to be used for E.S.R. Platelet Count, and Biochemical Tests. Separate bottles will be issued for these tests on request.

3. Clinical Pathological Tests:-

The following procedure will be adopted while sending samples of sputum, Urine & Stool for routine and bacteriological examination to the Pathological Laboratory of the Hospital:

a) Sputum:

The sputum sent for bacteriological examination should be in a sterile container (any wide mouth glass bottle, preferably autoclaved, corked thoroughly washed and boiled). The Sample should be sputum and not merely saliva in sufficient quantity (3-4 cc).

b) Urine & Stool:

Urine should be sent in glass bottle preferably autoclaved corked cleaned thoroughly, measuring atleast 2 oz. Urine and Stool should not be sent in small penecillin bottles. The Stool Sample being insufficient in small penicillin bottle may not show true pathology. Therefore, it should be sent in sufficient quantity in a suitable container (wide mouth bottle, discarded cup). The container will be provided by Pathological Lab.
All the samples sent by various Wards should be very accurately labelled so that there is no possibility of mix-up.
Pathological Laboratory will mention in individual reports the way sample was received so that they may not be held responsible for confusion an error which may result by improper system of sending the sample.

Any Laboratory Test requested by the Specialist not available in the pathology, could be done from outside approved laboratory after sanction from Medical Superintendent.

4. Collection of Laboratory Examination Charges from Private Ward Patients:-

a) All patients of the private wards are to be charged for all Laboratory Tests.

b) In the case of employees of the Institution and their dependants, the laboratory examination request must be accompanied with the name and exact designation of the employee concerned and in the case of dependants, their exact relationship to the employees.

c) In private cases, requests for laboratory examination will be accompanied with the requisite fee which will be accepted by the O.P.D. Clerk and proper receipt issued. In emergency, the tests may be carried out by the Laboratory in anticipation of payment and necessary bill submitted to the Bill Clerk for realising laboratory test charges from the patient concerned. As soon as the payments are received, the Receipt Numbers must be entered into the appropriate laboratory records (viz. the Cash Book, Report Register and the Report itself).
The money realised in the laboratory must invariably be deposited with the Cashier the next morning and receipt granted.

3.

96. EMERGENCY WORK IN THE CENTRAL PATHOLOGICAL LABORATORY:

The Heads of Departments will care and see that the following are observed for the emergency pathology work:-

1) Emergency tests for different patients ordered for examinations at the same time should be sent to laboratory the same time as desired by the R.M.O. Incharge of the Ward.

2) Different requests for emergency tests on the same patient should be sent simultaneously.

3) The laboratory will not perform routine tests as emergency tests on patients who have been admitted for some time. The House Staff must carry out the instructions of the Senior Clinicians at the time of admission of the patient.

4) Requests for tests on serious cases admitted should be sent as early as possible after the admission of the patient.

5) R.M.O.s/Sisters should report the results to the Physicians/Surgeons when communicated to them in respect of emergency cases. This must be done as the first thing in the morning.

6) Requests for all routine work from all Wards and O.P.D.s should reach the Laboratory by 12.30 noon.

Duplicate– (For Employer Only)

Serail No

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Medical Certificateof Incapacity for work

Mr./Mrs.Miss._____

(name in full)

This is to certify that I have examined the person named above nad find that he/she is suffering from_____since (date)_____which incapacitates him/her for work. In my opinion, he/she will take about_____days to resume work.

Date_____

Form M-1

Medical Officer/Authorised Medical Practitioner

Original—(For Claiming Cash Benefit)

Serial No

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Medical Certificate of Incapacity for work

Mr./Mrs./Miss. _____ | | | | | | | | |
(name in full)

Certified that I have exaimened the person named baove and find that he/she is stil incapable of work which he/she is expected to resume after abut _____ days/weeks. He/she is required to attend the sispensary again on (date)_____dispensary for re-asessment of his/her condition.

Date _____

Form M-2

Medical Officer/Authorised
Medical Practition

Triplicate—(For Dispensary Records)

Serial

SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

Mr./Mrs./Miss _____ | | | | | | | | |
(name in full)

This is to certify that I have examined the person named above and find that he/she is fit to resume work today _____
Date

Date _____

Form M-3

Medical Officer/Authorised
Medical Practitioner

Sind Employee's Social Security Institution

NOTICE OF MEDICAL BOARDING

To _____

_____

Address _____

_____

Social Security Number | | | | | |

You are required to appear before the Medical Board

at _____ on _____ at _____

(time) (date) (address)

If, however, you do not claim any futher benefit and have since resumed work, you need not appear before the Board.

Signed_____
(Secy. to the Medical Board).

Address _____

_____

_____

Date_____

Form M-7).

SIND EMPLOYEE'S OCIAL SECURITY INSTITUTION

REPORT OF MEDICAL BOARD

To
The Director,
Sind Employees' Social Security Institution,
Directors
Secured person_____ Social Security Number._____

Reference _____
Date of_____19

Certified that we have examined the above-named person and find that :

1. (a) he is incapableof

1. (a) he is incapable of work,
(b) he is not incapable of work,
(c) he should be referred for another examination in_____weeks, time, if still certified as being incapable of work by his Medical Practitioner.
(d) he is incapable of his normal work but may be capable of other work as a_____

_____

II. The employment injury has resulted in a reduction of earning which is likely to be parmanent* to lesses in the future.

Loss of earning capacity is assessed as:-
MINOR per centum,
PARTIAL per centum,
TOTAL per centum,

The secured person should be referred to the Board again on_____19 for another examination to determine whether or not there has been a change in the degree of disablement.

*Delete as necessary.

Signature :

Chairman _____
Member _____
Address _____

Form M-8

Date_____19

Sind Employees' Social Security Institution

Name_____ Social Security Number

This is to certify that the delivery of the above named secured female worker took place on_____/_____/19.

(date)

Medical Officer/Authorised
Medical Practitioner

Date...../...../.....19

From M.9.

Sind Employees' Social Security Institution

DIRECTORATE

TREATMENT AT HOSPITAL

Date_____19

The Medical Superintendent

_____

_____

1. Social Security No.

2. Name of Secured Worker/dependant .....
3. Diagnosis and past history with details of treatment given so far—in brief.

I am hereby referring the above mentioned patient for admission adn treatment, if necessary.

Medical Officer/Authorised Medical Practitioner

Dispensary/Clinic .....

(Form M- 15)

Sind Employee's Social Security Institution.

REFERENCE TO SPECIALIST FOR OPINION ONLY

Ref. No ..... Dated 19

To _____

_____

_____

1. Social Security No. | | | | | | | | | | |

2. Name of Secured Person .....

3. Name of Establishment .....

4. Diagnosis and past history with detailso

4. Diagnosis and past history with details of treatment given so far-in brief.

5. I am hereby, referring the above described Patient for your examination and advise.

6. Please send your bill, on this account, to S.M.O. Sind Employee's Social Security Institut Circle within first 7 days .

Medical Officer/Authorised Medical Practition

Dispensary/Clinic. .....

Signature. .....

Senior Medical Officer

-m M-16)

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Director public Relations,
Traning and Research

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SIND EMPLOYEES' SOCIAL SECURITY INSTITUTION

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