

①

**Job Responsibilities of Health Professionals of
Medical, Health and FW Department, GOR**

DRAFT

(Prepared under the component of 'Workforce Management' of EC supported
Sector Investment Program in Health & FW- January 2004)

State Institute of Health & Family Welfare, Rajasthan
Jhalana Institutional Area, Near DD Kendra, Jaipur-302004.



Foreword

State Institute of Health and Family Welfare, Rajasthan, Jaipur is following two-pronged strategy to enhance the quality of health care services delivered from the public facilities of the State. While on one hand we organize the in-service training for health professionals as per need expressed by the Medical, Health and FW Department of the State, on the other hand, we undertake operational research for organization development.

In consequence to enhance the workforce management of Medical, Health and FW Department, we have reviewed and revised the job responsibilities of officers/- functionaries from District to subcentre level. This activity is being undertaken as a specific component of Sector Reforms Project supported by European Commission. The four workshops (one each coordinated by our faculty/ Consultant) involved professionals from Joint Director to Female Health Worker delineating in-depth job responsibility of each of the health professionals. The drafts are being circulated for comments before it is submitted to the State Government for endorsement. Subsequently it would be published and disseminated to all concerned. We urge upon all stakeholders with whom we are sharing this draft to give time in perusing and sharing their views so that an important reforms activity of the Health Sector may be concluded in befitting manner in time.

24.02.2003
SIHFW, Jaipur

Shiv Chandra Mathur
Director

CONTENTS

Subjects	Page No.
Job Responsibilities of CM&HO	1-5
Job Responsibilities of RCHO	6-7
Job Responsibilities of Dy. CM&HO (Zone)	8-12
Job Responsibilities of D.T.O	13-14
Job Responsibilities of PMO	15-19
Job Responsibilities of Dy. Superintendent/ Dy. Controller	20-21
Job Responsibilities of Specialists	22
Job Responsibilities of Nursing Superintendent	23-25
Job Responsibilities of Ward - Incharge	26-28
Job Responsibilities of Staff Nurse	29-31
Job Responsibilities of Medical Officer Incharge CHC	32-36
Job Responsibilities of Medical Officers, PHC	37-45
Job Responsibilities of BHS/BEE	46-48
Job Responsibilities of Health Supervisor (Female)	49-53
Job Responsibilities of Health Supervisor (Male)	54-59
Job Responsibilities of Health Worker (Female)	60-64
Job Responsibilities of Health Worker (Male)	65-70
Job Responsibilities of Radiographer	71
Job Responsibilities of Ophthalmic Assistant	72
Job Responsibilities of Laboratory Technician	73-75
Job Responsibilities of Computer	76-77
do ANM	78-80

~~Job Responsibilities of CM&HO~~

CM&HO will be the head of district health and FW administration. He will be responsible to achieve the health and FW goals in the district through proper planning, effective implementation and monitoring of various health & FW programmes. He will be responsible for Co-ordination with various government departments, PRI's, NGO's, social and community leaders in achievement of these goals.

1. National Health Programmes

- i) Ensure effective implementation and achievement of the ELA's/Targets under the following national programmes through general control and supervision and active co-operation of RCHO.
 - (a) National FW Programme and RCH Programmes.
 - (b) Revised National Tuberculosis Control Programme.
 - (c) National Leprosy Eradication Programme.
 - (d) National Programme for control of Blindness.
 - (e) National AIDS Control Programme.
 - (f) National Programme on IDD.
 - (g) National Cancer Control Programme.
 - (h) National Mental Health Programme.
 - (i) National Malaria Control Programme.
 - (j) School Health Programme.
 - (k) Safe water and other health programmes.

2. Acts and Rules

Facilitate, co-ordinate, supervise, monitor and ensure implementation of the provisions of the following acts & rules made there under :-

- i) The Rajasthan Prohibition of smoking 1999 and Non-Smokers Health Protection Act-2000.
- ii) Mental Health Act. 1987.
- iii) The persons with disabilities (Equal Opportunity Protection of Rights and Full Participation) Act. 1995.
- iv) Pre Natal Diagnostic Techniques Act, 1994 and MTP Act 1971.

~~v) Prevention of Food Adulteration Act, 1954~~

- vi) Human Organ Transplant Act, 1994.
- vii) Bio Medical Waste (handling and management) Rules, 1998.
- viii) All other health related legislations envisaging role of CM&HO like containment of quackery in the district. liaisoning with environmental authorities etc. eg. MTP act.

3. Disease Surveillance

- i) Prepare an annual database for emerging pattern of diseases through collection of data (C to E registers) and plan appropriate interventions for effective prevention and control of diseases.
- ii) Introduce and implement a system to identify early warning symptoms of seasonal diseases and take effective steps for prevention and control.
- iii) Close surveillance of vaccine preventable diseases and take effective steps for control prevention as the situation warrants.
- iv) Identify causes of maternal & child morbidity and mortality and take remedial steps for effective control.

4. Community Participation

- i) To take necessary steps to involve community, NGO's, Panchayati Raj Institutions, social and religious leaders, other government departments and public representatives in planning and implementation of Health and FW Programme.
- ii) Closely monitor the "Jan Mangal" scheme and ensure its effective implementation.
- iii) Take steps to involve Private Sector in Health & FW.

5. I.E.C. Activities

Effectively assess and organize the IEC activities relating to Health & FW in the district through:

- (i) District IEC Bureau
- (ii) PRI's
- (iii) Other government departments
- (iv) RDS
- (v) Zila Sakhsharta Samities (ZSS)
- (vi) (vii) NGO's (viii) Jan Mangal Couples.

6. Coordination

A coordination committee under chair of District collector CM&HO will act as member secretary;

- i) He will act as member Secretary of district level co-ordination committee/district health society.
- ii) As district advisor ICDS, Implement the Health components of the ICDS Programme as per guidelines (Red Book).
- iii) Ensure effective coordination with Panchayati Raj institutions as laid down in government Instructions from time to time and also ensure effective implementation of government orders in this regard.
- iv) Convene regularly the meetings of the District Health Society and other committees at district level and ensure implementation and follow up of the decisions of these committees.
- v) To maintain close co-ordination with District Collector, PHED, ICDS, Women & Child, Ayurved, ESI, Municipalities, Panchayati Raj Institutions, Education & Public Relation Department to seek their active co-operation in Health and FW Programme.

7. Projects

Ensure effective and timely implementation of the on going projects and achievements of physical and financial targets through respective officers e.g. RCHO, TB officer, DLO, project coordinator IPD etc.

8. Monitoring

Quarterly monitoring of the functions of Sub district hospitals, CHC's and FRU's and take steps that these institutions function as per the objectives. He will ensure submission of quarterly hospital indicator reports to D.M.H.S.

9. Administrative Functions

- i) Ensure presence of the staff particularly in rural areas and send monthly information to the competent authority on this in the prescribed format.
- ii) Carry out inspections and undertake tours as per norms laid down by the government by him self and subordinate officers, monitor the inspection reports and take follow up action.
- iii) Ensure that the problems and grievances of the staff are solved promptly.

- iv) Timely filing of reply in court cases and expeditious implementation of orders of the courts.
- v) Identify weak performing institutions on the basis of monthly reports and take suitable action to improve performance. Ensure disciplinary action against non-performers.
- vi) Ensure timely and adequate supply of drugs, medicines and equipment to health institutions and also ensure their proper utilization, maintain adequate buffers in district stores to meet emergent needs particularly during epidemics, emergencies, Flood, famine etc.
- vii) Issue NOC to industry with reference to pollution hazards..
- viii) Administrative control over drug Inspectors.
- ix) He will facilitate the strengthening of PRI in context of health & family planning programme.
- x) Logical inventory management.
- xi) He will give priority to the moral boosting of subordinate staff by attending to their administrative needs and personal growth.
- xii) Reporting officers on AFARS of Addl. CMHO, DY. CMHO, RCHO, DTO. Prepare functional report in D.E. cases.
- xiii) Prompt and timely action on complaints against public servants.
- xiv) Constitute board as and when required on request of district administration.

10. Accounts

- i) To ensure that the funds are spent strictly as per the provision of GF&AR and instructions of Finance Department from time to time.
- ii) Submit timely accounts of all the funds received directly or through budget under various programmes. Ensure that District Health Societies render accounts in time and also get their accounts audited regularly.
- iii) Ensure timely compliance of all audit and inspection paras.
- iv) Timely disposal of obsolete stores and vehicles.
- v) Take immediate action for embezzlement cases as per GF&AR Rules.
- vi) To ensure full utilization of the budgetary allocations as per the scheme/programme guidelines.

- vii) Monitor and guide the activities of Medicare Relief Societies at Sub District and CHCs and ensure proper utilization of funds.
- viii) Ensure effective implementation of various scheme eg. BPL card & CM life Saving fund.

11. To maintain coordination with PMO's to ensure effective liaison between primary and secondary health care services and effective support for implementation of all national health programme.

Thus CM&HO would be a visionary, planner, Analyst, Action taker leader and trainer for the whole district.

Job Responsibilities of RCHO

The RCHO under overall supervision and direction of CM&HO will perform the following duties:-

1. Immunization

- i) Ensure 100% achievement of complete immunization for beneficiaries in the district.
- ii) Ensure timely and adequate supply of vaccines.
- iii) Maintain cold chain and keep the breakdown of cold chain to the minimum.
- iv) Take requisite steps for ensuring potency of the vaccine during storage.

2. Effective implementation of Vitamin 'A' prophylaxis with ICDS program.

3. Maternal Health

Effective implementation of Maternal & Child Health Programmes with particular emphasis on the following:

- i) Antenatal, intranatal and postnatal care of mothers. (TT Vaccination, IFA tablets, deliveries with 5 cleans, early identification of danger signs in pregnant mothers and their timely referral to hospital of emergency obstetric care etc.)
- ii) Ensure coordination of activities between ICDS and Health Department through regular joint meetings at PHC and Health Day's at Anganwari every month. He will also organize coordination meetings at district level as laid down in the ICDS Manual (Red Book).
- iii) Ensure steps to promote institutional deliveries and closely monitor the work of respective health institutions for this activity.
- iv) Ensure availability of emergency obstetric care services at FRUs, Sub District Hospitals and District Hospitals and monitor progress on monthly basis.

4. Disease Surveillance

- i) Ensure collection of data on:
 - (a) Vaccine preventable deaths of mothers & children.
 - (b) Pulse Polio Surveillance.
 - (c) Surveillance of Vaccine preventable diseases. Analyze this data and take effective steps to improve the situation in the district.
- ii) To keep close watch on outbreaks of vaccine preventable diseases and initiate effective steps for their control.

5. Implementation of externally aided projects

RCHO will ensure effective and timely implementation of all the activities of the projects and achievement of physical and financial targets. He will maintain accounts, monitor progress, and send reports to CM&HO.

6. Tours & inspections

RCHO will carry out tours and inspections as per the norms laid down in the government order and submit tour notes to CM&HO.

7. RCHO will co-ordinate with the Panchayati Raj institutions for effective implementation of RCH programme and submit progress reports to Zila Parishad on regular basis.

8. He will seek active assistance of NGOs, Social workers, PRIs, social and political leaders in implementation of RCH programme.

9. He will be in-charge of the following programme:-

- i) Dai training
- ii) Urban Revamping Scheme
- iii) Selection & Training of doctors for MTP, MR and setting up MTP centres in the district.

10. Any other work assigned by CM&HO.

Job Responsibilities of Dy. CM&HO Sub-division (Health & FW)

Dy. CM&HO Zone/ Sub division will be the head of sub-division for Health and FW administration. She/he will be responsible to achieve the health and FW goals in the sub-division through proper planning, effective implementation and monitoring of various Health & Family Welfare Program. She/he will be responsible for co-ordinating with various government departments, PRI's, NGO's social and community leaders in achievement of these goals. He will work under overall supervision and guidance of District CM&HO and directly report to CM&HO.

Dy. CM&HO, of the sub-division located at district head-quarter will be responsible for planning, and co-ordinating FW programme in entire district under the overall supervision and control of CM&HCs. In his sub-division she/he will be responsible for the implementation of all national health & FW programmes. For other sub-divisions she/he will assist the CM&HO in planning, coordinating, monitoring and providing logistics, IEC for family welfare programme.

In the above context broad job responsibilities of Dy. CM&HO zone/ sub-division would be as under :

1. National Health Programmes

Dy. CM&HO will be responsible for implementation, supervision and monitoring of following national Health Programmes and ensure achievement of ELA/Targets:-

- i) Ensure effective implementation and achievement of the ELA's/Targets under the following national programmes through general control and supervision and active co-operation of RCHO.
 - (a) National FW Programme and RCH Programmes.
 - (b) Revised National Tuberculosis Control Programme.
 - (c) National Leprosy Eradication Programme.
 - (d) National Programme for control of Blindness.
 - (e) National AIDS Control Programme.
 - (f) National Programme on IDD.
 - (g) National Cancer Control Programme.
 - (h) National Mental Health Programme.
 - (i) National Malaria Control Programme.

(j) School Health Programme.

(k) Safe water and other health programmes.

2. Acts & Rules

Facilitate, Co-ordinate, Supervise, monitor and ensure implementation of the provisions of the following acts & rules made there under:

- i) The Rajasthan Prohibition of smoking 1999 and Non-Smokers Health Protection Act-2000.
- ii) Mental Health Act. 1987.
- iii) The persons with disabilities (Equal Opportunity Protection of Rights and Full Participation) Act. 1995.
- iv) Pre Natal Diagnostic Techniques Act, 1994 and MTP Act 1971.
- v) Prevention of Food Adulteration Act, 1954
- vi) Human Organ Transplant Act, 1994.
- vii) Bio Medical Waste (handling and management) Rules, 1998.
- viii) All other health related legislation envisaging role of Dy. CM&HO.

3. Disease Surveillance

- i) Prepare an annual database for emerging pattern of diseases through collection of data (C to E registers) and plan appropriate interventions for effective prevention and control of diseases.
- ii) Introduce & implement a system to identify early warning symptoms of seasonal diseases and take effective steps for prevention and control.
- iii) Close surveillance of vaccine preventable diseases and take effective steps for control prevention as the situation warrants.
- iv) Identify causes of maternal/ child morbidity and mortality and take remedial steps for prevention and effective control.
- v) Responsible for activities with regard to Form No. 9.
- vi) Identify training need of the health staff.

4. School Health Programme

Effective implementation of schools Health Programme and also arrange referral services for the children identified as such.

5. Community Participation

- i) To take necessary steps to involve community, NGO's, Panchayati Raj Institutions, Social and religious leaders, other government departments and public representatives in planning and implementation of Health and FW Programmes.
- ii) Closely monitor the "Jan Mangal" scheme and ensure its effective implementation.
- iii) Take steps to involve Private Sector in Health & FW.

6. I.E.C. Activities

Effectively implement the IEC activities relating to Health & FW in the sub-division through:

- i) Block extension educators
- ii) Panchayati Raj Institutions
- iii) Other government departments
- iv) Press
- v) ICDS
- vi) Block Saksharta Samities (BSS)
- vii) Jan Mangal Couples.

7. Coordination

As project advisor ICDS, implement the Health components of the ICDS Programme as per guidelines (Red Book).

- i) Ensure effective co-ordination with Panchayati Raj institutions as laid down in government instructions from time to time and also ensure effective implementation of government orders in this regard.
- ii) Attend meeting of Panchayat Samiti and ensure implementation of the decisions.
- iii) To maintain close co-ordination with SDM and other block level functionaries of PHED, ICDS, Women & Child, Ayurved, ESI, Municipalities, Panchayati Raj Institution, Education & Public Relation Department to seek their active co-operation in Health and FW Programme.
- iv) He will conduct regular review meetings with the incharge and other staff of all the health institutions in the sub-division. He will collect, analyze and collate all the reports and ensure onward transmission to CM&HO on due date.

8. Project

He will be responsible for implementation, supervision and monitoring of activities in the sub-division:

- i) (a) ~~RCH Project~~ (b) UNFPA assisted IPD (c) RCH Sub Project (Tonk & Jaipur) and all other projects to be sanctioned in future.
- ii) (a) RNTCP (b) Leprosy Control Project (c) National AIDS Control Project (d) National Malaria Control Project (e) Disease Surveillance Project.
- iii) Pulse Polio Immunization etc.

9. Monitoring

Monthly monitoring the functions of sub-district hospitals, CHC's and FRU's and take steps that these institutions function as per the objectives.

- i) He will ensure that all hospitals, CHC's FRUs, PHCs and sub-centre in the sub-division are following norms and standards for delivery of health care laid down by the state government/GOI.
- ii) Carry out inspections and undertake tours as per norms laid down by the government by himself and subordinate officers, monitor the inspection reports and follow up action taken.
- iii) Ensure that the problems and grievances of the staff are solved promptly.
- iv) Timely filing of reply in court cases and expeditious implementation of orders of the courts.
- v) He should ensure that all programme related administrative, financial reports are sent to CMHO on scheduled dates.
- vi) Entire field staff of Health & FW of the sub-division will be under direct administrative control of Dy. CM&HO. He will have authority to take disciplinary action against all non gazetted employees.
- vii) Identify weak performing institutions on the basis of monthly reports and take suitable action to improve performance. Ensure disciplinary action against non performers.
- viii) Prompt action on public grievances.
- ix) Ensure timely and adequate supply of drugs, medicines and equipment health institutions and also ensure their proper utilization. Maintain adequate buffers in sub district stores to meet emergent needs particularly during epidemics, emergencies, Flood, famine etc. and mobilize resources under him.
- x) Prompt and timely action on complaints against public servants.
- xi) Licensing and De-Licensing powers with regards to food and spurious drugs.

10. Accounts

- i) He will have authority vested in head of office as per GF&AR to operate budget heads of both health & FW department
 - ii) To ensure that the funds are spent strictly as per the provision of GF&AR and instructions of Finance Department from time to time.
 - iii) Submit timely accounts of all the funds received directly or through budget under various programmes.
 - iv) Ensure timely compliance of all audit and inspection paras.
 - v) Timely disposal of obsolete stores and vehicles as per GF&AR.
 - vi) Take immediate action for embezzlement cases as per GF&AR.
- 11. Monitor and guide the activities of Medicare Relief Societies at Sub District Hospital and CHCs and ensure proper utilization of funds.**
- 12. Ensure effective implementation of "Medicare Relief Card Scheme" CM's Life saving fund" and provide regular information to CM&HO on the progress.**
- 13. To ensure timely submission of Sub-District Health, FW and IEC plans to Panchayat Samiti and their approval in the beginning of the year.**
- 14. He will carry out any other responsibility as and when assigned by superior authorities.**

Job Responsibilities of D.T.O.

D.T.O. based in District Tuberculosis Centre (DTC) is responsible for organization of TB activities in the district. He will work under over all supervision and guidance of CM&HO and will report to CM&HO.

Function of The DTO

1. **Responsible** for smooth implementation of RNTCP and for achieving the programme objectives in his district.
2. **Planning and coordinating** TB control activities in the district.
3. **Identification** of microscopy centres, DOT centres and staff responsible for DOTS in consultation with the CM&HO.
4. **Maintaining and distributing** supplies (drugs, laboratory reagents, sputum containers, forms, etc.) and equipment.
5. **Organizing training** of staff of the Treatment Units and all medical and paramedical staff of the peripheral health institutions.
6. **Supervising and supporting** the Treatment Units (sub-district level), with the help of the Medical officer and other DTCs staff. All Treatment Units, CHCs, PHCs in the area are to be visited at least once every quarter.
7. **Compiling and analyzing** quarterly reports and administrative data on programme implementation in respect of his district, and sending quarterly reports to the State and national levels.
8. **Directing** the DTC, which acts both as a Treatment Units for the geographical area of influence (sub-district), and as a specialized referral centre for diagnosis and case management for the whole district
9. **Organize health education campaigns** and establish linkages with private practitioners, non-governmental organizations and community leaders.
10. **Keep the CMHO informed** on the progress of RNTCP activities especially in respect of achievement of the laid down performance indicators.
11. **Ensure maintenance** of appropriate financial records and submit quarterly expenditure reports through the district society.
12. **Ensure diagnosis and treatment** of symptomatic patients.
13. **Evaluate patients** referred by other centres and advise on management, with feedback to the referring centre.

-
14. Conduct fortnightly meetings for supervisors and mid-quarterly meeting for M.O. incharge.
 15. Provide guidelines for the treatment of chronic pulmonary Tb cases.
 16. Endeavor to prevent drug resistance by active follow up.
 17. Ensure cross check of sputum slides on a sample basis.

Job Responsibilities of PMO

PMO under overall supervision and control of Zonal Directors is responsible for providing specialized medical curative services. He shall serve as manager of secondary level hospital/ referral unit for the district. He shall manage for further referral to high institution as and when required. In addition to providing clinical services of the specialty he belongs, he has to organize and manage the health team working at district hospital in such a way that routine as well as emergency care is available; specialty care is provided and utilized at its best. Broadly his roles are summarized as follows: -

1. Administration

- i) He will ensure general cleanliness inside and outside the hospitals.
- ii) He will ensure safe disposal of Hospital waste as per guidelines.
- iii) He will ensure up to date maintenance of inventory and stock registers.
- iv) He will ensure regular supply of equipment and consumables all times by preparing timely indents for instruments, ORS, drugs, chemicals, vaccines, contraceptive, etc.
- v) He will form a hospital infection control committee who will be accountable for an Hospital Acquired Infections.
- vi) He will register a Medical Relief Society (if it is not already registered) and ensure yearly declaration of list of members to the registration authority.
- vii) He will ensure that monthly income/ expenditure statement of RMRS is prepared and annually it is audited by government approved C.A. He will ensure regular meeting of RMRS.
- viii) He with the help of other specialists/ MO, members of RMRS will decide user charges which are at 50% or less to the market rate. He will use Revenue generated by RMRS for improvement in Health care facility.
- ix) He will plan services, which can benefit both patients and providers eg. PCO, Cycle stand, etc.
- x) He will identify some local agency for day-to-day maintenance of equipment and ambulance.
- xi) He will discharge all the financial duties entrusted to him.
- xii) He will ensure free diagnosis and treatment for BPL patients; and other recommended categories.

- xiii) He will provide mobile teams in case of epidemics/ emergencies as well as on request of RCHO/ CMHO.
- xiv) He will help to provide on the job training to staff (ANM/ Dai).
- xv) To carry out the inspection of hospital and dispensaries under P.M.O.
- xvi) Ensure that problems & grievances of staff are solved promptly.
- xvii) Timely filing of reply of court cases.
- xviii) Ensure timely and adequate supply of drugs medicines and equipment to hospital and dispensaries for proper utilization maintenance and also ensure adequate drugs for emergencies flood and famine.
- xix) Prompt and timely action on complaints again public servants.
- xx) Quick disposal of Medico Legal Cases and Postmortem cases.

2. Curative Services

- i) He will organize curative care at district level in such a manner that regular OPDs of all specialties and general OPD services are available easily to the public.
- ii) He will make reception area at the entrance of the hospital and arrange for sign marks at reception and all OPDs (in local language with arrows showing direction, bold and visible).
- iii) Ensure that there is enough waiting space for patients; with drinking water, toilet facilities.
- iv) Receptionist is courteous and capable to answer all queries of the patients and relatives.
- v) OPDs are arranged in such manner that there is no cross trafficking.
- vi) Dispensing is well organized, patients do not have to wait long.
- vii) Dressing and injection room have privacy for female patients and injection safety.
- viii) Accident and emergency is adjacent to OPD and easily accessible from road; providing round the clock emergency services; with minor OT and emergency obstetric care is available round the clock.
- ix) Indoor facilities are separate for males and females; with round the clock nursing care; clean bed linen and environment.

- x) Ensure that operation Theaters are managed under strict asepsis with Theatre Sterile Supply Unit (TSSU) functioning for Operation Theater; Minor Operation Theatre, injection/ Dressing room as well as indoor patients. There is generator back up for electricity and equipment and supplies are well looked after in OT.
- xi) He has to organize laboratory services in such a way that maximum possible hematological, biochemical and enzyme tests of blood, complete examination of urine, stool. RTI/ STI testing, investigation for malaria and tuberculosis are routinely available.
- xii) He will instruct all service provider and ensure by random checking that all referrals from periphery are given due recognition and taken care off. Every referred case is sent back with notes on what is done and what is required to be done by the referring agency.
- xiii) He will provide ambulance as and when required in the community. All cases, which need to be referred to higher institution, will carry detail note of patient's conditions and what is been done so far; with care for transportation.
- xiv) He will ensure running of all clinics regularly by posting concern person and supply of sufficient equipments and drugs in OPDs.

3. National Health Programme

He will cooperate with the RCHO and CM&HO of the districts in the implementation of following National Programmes.

- i) Family Welfare (RCH)
- ii) RTI/ AIDS Control Programme
- iii) Prevention of Blindness.
- iv) Leprosy Control Programme
- v) Malaria Control Programme.
- vi) D.O.T.S
- vii) Immunization and Pulse Polio
- viii) School Health Programme.

4. Disease Surveillance

- i) Prepare an Annual Data Base for emerging pattern of diseases through collection of data from OPD indoor and Death Registers.

- ii) Ensure that information on notifiable diseases is send in time to concern officials.

5. IEC Activity

IEC material should be displayed at the reception and waiting of OPD Indoor and Operation Theatre. Proper information's regarding all the National Activities and guidance to the public should be provided at appropriate points in the Hospital Campus

6. Community Participations

- i) To convene the meetings of RMRS on regular frequency and exercise the autonomy in the interest of the hospital.
- ii) To maintain close coordination with District Collector, PHED, Women & Child department, ESI, Municipalities, Education & Public relation department to seek their cooperation in Health & FW programs.

7. Training And Teaching

- i) Ensure periodic in service training to the health personal working in the district hospital.
- ii) To make necessary arrangement of seminar room with proper sitting arrangement and audio visual Aids for Workshops and Seminars at the District Hospital.
- iii) Ensure Training to the ANM students and in service Training of Health Personal on RCH and other National Programs as and when required.
- iv) To arrange for the Library having updated books and Journals.

8. Accounts & Finances

- i) To ensure that funds are spent as per the provision of GF&AR and instruction of finance department from time to time.
- ii) Submit all accounts in time received directly or through budget under various programmes and get these accounts audited regularly.
- iii) To ensure full utilization of budgetary allocation as per scheme/Program guidelines.

- iv) Monitor and guide the activities of medical relief Societies and lifeline.

- v) Ensure timely compliance of all audit and inspection paras.
- vi) Timely disposal of obsolete stores and vehicles.

9. Acts and rules

Facilitate, co-ordinate, supervise, monitor and ensure implementation of the provision of the following acts and rules made there under :-

- i) The Rajasthan Prohibition of smoking Act 1999 and non-smokers health protection act 2000.
 - ii) Mental Health Act 1987.
 - iii) The persons with disabilities (equal opportunity protection of rights of full participations) Act 1995.
 - iv) Pre Natal Diagnostic Tech. Act 1994.
 - v) Bio Medical Waste (Handling and Management) Rules-1998.
 - vi) Prevention of food adulteration Act 1954.
 - vii) Human Organ Transplant Act 1991.
 - viii) All other health related legislations envisaging role of PMO.
10. To comply any other relevant order given by higher authorities in the interest of medical care services.

Job Responsibilities of Dy. Superintendent/ Dy. Controller

1. To prepare duty chart of MOs regarding day/ Night, emergency duties and MLC work.
2. Ensure that OPD should start in time, all staff including medical officers and specialists must come in time.
3. Ensure that all staff and doctors must be in uniforms.
4. Ensure that concern Person must be available in OPD/ Ward/ OT.
5. Look after National Programme like, FW, AIDS, Malaria DOTs, and others.
6. Taking disciplinary action when ever needed.
7. Providing information to public regarding Medico Legal Case, Postmortem and Deaths..
8. To check attendance registers of office staff and Medical Officers.
9. Taking round regarding cleanliness of hospitals and to see encroachment if any.
10. Ensure proper disposal of biomedical waste.
11. To check drug store and record room.
12. To check availability of medicine and to manage drugs supply to RPL and poor patients.
13. To take care of " Lavaris" and to provide medical facilities to them.
14. To check proper supply of electricity and water in the hospital.
15. Ensure that ambulance should be ready and available all the time.
16. To constitute medical board for handicap Certification and Postmortem examination.
17. To constitute medical team for VIP visits and epidemics, flood and famine conditions.
18. To look after proper functioning of kitchen.
19. To carry out financial responsibility as given by PMO.

20. To identify weak performing staff and forward it to PMO for necessary action.
21. To sanction day offs, PL & CL of Medical officers.
22. To check all relevant registrars of the hospitals routinely.
23. To keep PMO posted with all the action taken managing the hospital.

Job Responsibilities of Specialists

(Pertaining to Junior and Senior Specialist of different Specialty)

1. The jobs of specialists includes managing OPD service, Indoor, attending emergencies and critically sick patients, and doing operative surgery related to their specialty.
2. All specialists will provide services for implementation of National health programs related to their specialty.
3. All specialists will provide IEC services to the patients and the community regarding prevention and treatment available for various diseases related to their specialty.
4. They will provide administrative help to PMO as and when directed by Hospital Administration.

Job Responsibilities of Nursing Superintendent

The main thrust of the duty of the Nursing Superintendent is the smooth management of the Nursing Services in the hospital at all times and every time.

She/he shall be responsible for:

1 Planning and organizing Services in Hospital

- i) Preparing a philosophy and objectives for the nursing department in according with those of the hospital.
- ii) To see that all service areas are managed as per their needs.
- iii) Utilizing specially trained nurses in that particular area only, i.e., psychiatry, pediatrics, Burn Unit, ICU & Isolation wards.
- iv) Planning and putting up of proposals to the authorities for increase of staff in different categories so as to fulfil the INC recommendations.
- v) Co-operating with the authorities during emergencies, epidemics and VIP visits in setting up special nursing squads, wards or any other machinery as required.
- vi) Preparing an organizational chart showing channels of communications.
- vii) Giving opportunity to all staff Nurse Grade I to work as ward in-charge on rotation.
- viii) To post all staff nurse Grade II in shift including night duties & also to arrange for reliever.
- ix) Maintaining cleanliness of hospital through health care taker by supervising work of sweeper and ward boy.
- x) Ensuring that the Nursing staff, Radiographer, Lab tech. sweeper and ward boy are attending duties in time and in proper uniform.
- xi) Ensuring proper functioning of equipments in wards i.e. O₂ cylinders, suction machine and availability of drugs in emergency kits.
- xii) Ensuring proper water and electric supply in the hospital.
- xiii) Carrying out ward work as staff nurse in case of shortage of staff or in emergency.
- xiv) Ensure proper disposal of biomedical waste.

- xvii) Reading and analyzing daily reports on hospital situation e.g. admission, discharges etc. in order to re-plan posting or submit reports to higher authority.
- xviii) Making of a routine to have 6 monthly or yearly health checkup for all nurses and 6 weekly for those working in Tuberculosis department, to enable adjustment in duty schedule, if found necessary.
- xix) Taking an active interest in staff development through:
 - (a) Orientation programme for new staff.
 - (b) In service education programme.
 - (c) Encouraging and recommending interested nurses to get further training and higher education.
 - (d) Performance evaluation and guidance to those needing it.
 - (e) Experimenting with newer duty and staffing patterns.
 - (f) Providing full support in all National Health programs e.g.
 - (g) FW programs (RCH program)
 - (h) Immunization program including Pulse polio Programme.
 - (i) DOTS program for tuberculosis.
 - (j) Blindness control program.
 - (k) Leprosy
 - (l) HIV/AIDS Control Program.

3. Miscellaneous

- i) Giving leadership to the Nursing department.
- ii) Encouraging nursing personnel to become members of the professional Association.
- iii) Participating in meeting, workshop, seminars of local, State or National level and representing the profession.
- iv) Providing counseling services to Nursing personnel.
- v) Carrying research or co-operating with others who may be doing it.
- vi) Intimation of lawaris patients to their guardians.
- vii) Any other activity concerned with the profession.

Job Responsibilities of Ward-Incharge

I Administrative and Supervisory

The ward incharge is responsible for the smooth running of the ward. This she can attain by :

- i) Distributing ward duties to staff nurses, students, servants , ward boys and sweeper.
- ii) Making plans for reorganization of ward and maintaining discipline.
- iii) Maintaining supplies.
- iv) Giving and receiving nursing reports of day and night duty nurses.
- v) Writing report and orders.
- vi) Keeping custody of dangerous drugs and records of its administration.
- vii) Writing confidential report of Staff Nurses.
- viii) Reporting to the immediate authority any incident of importance relating to ward staff.
- ix) Maintaining good relations with all categories of hospital personnel.
- x) Writing out the weekly/ monthly duty schedule.
- xi) Reporting to the concerned authorities about emergencies, accidents or deaths.
- xii) Maintaining a clear record of admissions and discharges of patients and BPL patients.
- xiii) Supervising the general cleanliness of the ward and sanitary annexe.
- xiv) Delegating to the other ward staff such work that she/he can do.
- xv) Supervising the laundry work.
- xvi) Holding meetings with work staff to work out difficulties.
- xvii) Ensure proper disposal of biomedical waste.
- xviii) Co operative in any activity related to National health program.

2 Nursing Care

~~As the person incharge of the ward she/he is responsible for carrying out~~ patient care with such devotion to help the hospital achieve its goal.

- i) Total care of patient: She/he must know the patient's physical condition and any special nursing problems.
- ii) Seeing that the doctors orders are carried out.
- iii) Seeing that the patients get good nursing care, and that the necessary observation and recording is done in each case.
- iv) Seeing that medications, dressings, nursing procedure, investigations and other treatment are carried out.
- v) She/he must observe and report patients condition to doctors when they come on rounds.
- vi) She/he must prepare for ward rounds and accompany the head of the unit on rounds and bring to the doctor's attention any point of importance.
- vii) Seeing that the preparations for transportation of patients to Operation Theatre and other departments are done properly.
- viii) Verifying the patients coming from OPD of other departments for admission to that particular department only and that the papers of the patient are in order without which the patient should not be admitted.
- ix) She/he acts liaison between the hospital and the community.

3 Teaching

The ward incharge is also responsible for the educational aspects - both for the Nursing students and ward staff.

He/she is responsible to see that:

- i) The nursing students are helped in understanding the patients illness and type of care that is to be given. This can be done by having bed-side clinic, ward clinics or conferences.
- ii) The nursing students are taught the procedure they are required to perform. In case the student does not know the procedure the sister can herself teach or give the work to the senior students or the staff nurse. A student who does not know a procedure should not be left on her own. If something goes wrong the ward incharge will be responsible.

- iii) The procedure of patient care is carried out properly and all required articles, material are provided. It would help to have a procedure manual in each ward.
- iv) She co-operates with the tutors in teaching by assigning work to students according to their educational level (PTS, 1st year, 2nd year, 3rd year) by arranging clinical teaching, informing the nursing tutors about any patients admitted with special type of disease.
- v) Practical work is supervised. Health talks are given as per schedules.
- vi) Students are taught how to handle sputum mugs, kidney trays, urinals, bed pans and soiled linen and dressings, they are also taught lifting and moving patients.
- vii) Plans and implements orientation program for new staff.
- viii) Co-operates in teaching and training of inservice trainings of health personnel on various national programs including RCH.
- ix) He/she participates in in-service education programmes and encourage other nursing staff to do likewise.
- x) She encourages staff nurses to take up higher studies.
- xi) Participates in research studies and cooperates with those nurses who may like to carry out research studies.

Job Responsibilities of Staff Nurse

Job Specification

The staff nurse is the second in nursing hierarchy in the ward, who works under the instructions of the ward-in-chief.

His/Her duties and responsibilities can be divided as under: *(In addition he/she will help in carrying out any other job assigned to her which is deemed essential towards achieving National Health Goals/State in the interest of medical care.)*

1. Administrative

- i) Help the Ward Incharge to carry out her work.
- ii) Work in place of the Ward Incharge in his/her absence.
- iii) Maintain general cleanliness of the ward and the sanitary annex.
- iv) Write the diet register and supervise distribution of diet. See that special diets are served and eaten by the patient.
- v) Maintain poison/(scheduled) drugs registers.
- vi) Supervise medicine given by students or do it herself in case there are no students.
- vii) Supervise nursing care being given by nursing student.
- viii) Maintain emergency trays and other duty room trays, sterilizer, instruments in working conduction by getting indents from sister or getting repairs done in case of a break down.
- ix) Maintain good inter-personal relations with all other staff.
- x) Maintain all procedure trays in readiness.
- xi) Ensure that serious patients going for investigations i.e. sonography, ECG, X-Ray, and referral are accompanied by ward boy or sweeper.
- xii) Information of MLC cases to Medical Jurist and unit head.
- xiii) Maintaining BPL Pt & DOTS patients record.
- xiv) Co-operates in activities related to National Health Program.
- xv) Completes discharge or death ticket of patients before sending it to record room.
- xvi) Ensure Safe disposal of biomedical waste.

2. Nursing Care

- i) ~~Take over from previous duty nurse all new and serious patients, instruments, supplies, drugs, etc~~
- ii) Make beds of serious patients and help students make beds, supplying necessary linen.
- iii) Administer injections/ tablets or liquid medicines requiring care in giving e.g. oily medications.
- iv) Prepare patients for operations and see that he/she is sent to operation theatre with all necessary papers and medications.
- v) Get patients cloths and bed linen changed as and when necessary.
- vi) Take rounds with doctors when called to list new orders and see they are carried out.
- vii) See that all investigation specimens are sent to the proper laboratory with forms.
- viii) Insist that the unit doctors prepare and sign the forms. Filling up the forms is not the duty of the staff nurse.
- ix) Keep I/V or Blood transfusion tray ready and help the doctor with the procedure.
- x) Observe all patients conditions and report changes to ward incharge and/or the doctor.
- xi) Carry out nursing procedure for all serious patients. Help newly posted students to carry out their nursing procedures.
- xii) Check on every new admission. Before admitting the patients all his papers must be in order. This is specially when a patient is transferred to your ward from another department.
- xiii) Read case papers properly and carry out orders and see that they are carried out.
- xiv) Give expert bed-side nursing care to serious patients.
- xv) Maintain case papers, investigation reports, etc. in the proper file or board. See that all reports get attached to the correct case paper, temperature charts and in take output charts or any special chart are maintained. Case papers should not be allowed to be handled by anyone except the doctor incharge of the patient. This is specially for medico legal cases.
- xvi) Write day and night orders and maintain ward statistics.

xvii) Talk to pre operative patients to reduce their tension and give them confidence.

xviii) Listen to patients problems and help to solve them through various means.

xix) See that a discharged patient goes home with proper understanding of the follow up procedure and details of the diet, medication, exercises etc.

xx) Inform doctor in case of a patient dying during your duty time. All concerned records; reports must be completed and handed over to the next shift staff nurse.

xxi) Ensure universal safety precautions

xxii) In special areas carry out duties which required expert handling e.g.:

a) Labour Room	Difficult and abnormal deliveries, Premature baby care.
b) Operation Theatre	Care of instruments and gloves. See to sterilization Trays and Trolleys.
c) Mental Hospital	Prepare Patient for ECT and assisting doctor with it. Care of mentally retarded (Where such a Unit exists)
d) ICU	Total patients care, helping with ECG or any other investigation procedure.

3. Teaching

i) Instruct students in their work, and orient newly posted students.

ii) Carry out health teaching for individual or group of patients.

iii) Instruct students specially the newly appointed ones in the correct ways of handling bed pans, urinals, sputum cups, kidney trays, soiled dressings, bandages, binders, lines.

iv) Provide for and demonstrate methods of dis-infection and cleaning.

v) Co-operates in in-service training of health personnel on various health programs including RCH.

Job Responsibilities of MOI/C CHC

General

Medical Officer I/C CHC under overall supervision and control of Dy CM&HO (Sub division) is responsible for implementing all activities grouped under Health and Family Welfare in CHC are; as well as to provide specialized medical care and serve as first referral unit for all PHCs/ SCs in its area. But health functionaries of all cadre; ranging from CM&HO to ANM were of this opinion that CHC should also act as supervisory unit for PHCs/ Sc in its area. in its area. MOI/C CHC is to assign this supervisory role to the Senior Medical Officer at CHC who will be responsible for all public health activities, monitoring and supervisory work. As an overall incharge of CHC he is to organize and manager the faculty in such a way that routine as well as emergency care is available; specialty, care is provided and utilized at its best. Broadly his roles are summarized as follows :-

1. Curative care

- i) He will organize curative care at CHC in such a manner that regular OPDs of all specialties available (Gynae/ Obs, Surgery, Pediatrics & Medicine) and general OPD.
- ii) Reception area is at the entrance; and arrange for sign marks at reception and all OPDs in local language with arrows showing direction.
- iii) Receptionist is courteous and capable to answer all queries of the patients and relatives.
- iv) There is enough waiting space for patients; with drinking water, toilet facilities.
- v) OPDs are arranged in such manner that there is no cross trafficking.
- vi) Dispensing is well organized patients do not have to wait for long hours.
- vii) Dressing and injection room has privacy for female patients and injection safety.
- viii) Accident and emergency is adjacent to OPD and easily accessible to road, providing round the clock emergency services; with minor OT and Emergency Obstructive Care available round the clock.

- ix) Indoor facilities are separate for males and females; with round the clock nursing care; clean bed linen and environment.
- x) He will ensure that operations theater is managed under strict asepsis with TSSU (Theatre Sterile Supply Unit) functioning for OT; MOT, injection/ Dressing room as well as indoor patients. There is generator back up for electricity. Equipment and supplies are well looked after in OT.
- xi) He will organize laboratory services in such a way that maximum possible hematological, biochemical and enzyme tests of blood, complete examination of urine, stool. RTI/ STI testing, investigation for malaria and tuberculosis are routinely available. One lab technician is on call for emergency cases. He will ensure ECG, X-ray, and Sonography (if possible) through RMRS) services regularly and routinely available and of good quality.
- xii) He will instruct all service provider and ensure by random checking that all referrals from periphery are given due recognition and taken care off. Every referred case is sent back with notes on what is done and what is required to be done by the referring agency.
- xiii) He will provide ambulance as and when required in the community. All cases which need to be referred to higher institution will carry detail note of patients conditions and what is been done so far; with care for transportation.
- xiv) He will ensure for regular MCH services (ANC, intrapartum, PNC immunization, new born and childcare) are available with 24hrs delivery services. xv) He will organize Family Welfare and RCH camps (including RTI/ STI diagnosis and treatment; eye camps and awareness generation, NGOs. He will take help of administration, NGOs and community in organizing such camps.
- xv) MTP services and facility for diagnosis and treatment of RTI/ STI are available.
- xvi) He will ensure that effective treatment for cerebral malaria, resistant case of T.B. and suspected cases of leprosy in routinely available.
- xvii) He will report all suspected cases (Medico legal cases) to police.
- xviii) He will arrange for mortuary services

2. **National Health Programme -**

- i) Family Welfare (RCH)
- ii) RTI/ AIDS Control Programme
- iii) Prevention of Blindness.
- iv) Leprosy Control Programme
- v) Malaria Control Programme
- vi) D.O.T.S
- vii) Immunization and Pulse Polio
- viii) School Health Programme.

3. **Diseases Surveillance**

- i) Prepare an Annual Data Base for emerging pattern of diseases through collection of data from OPD indoor and Death Registers.
- ii) Ensure that information on notifiable diseases is sending in time to concern officials.

4. **IEC Activity**

IEC material should be displayed at the reception and waiting of OPD Indoor and Operation Theatre. Proper information regarding all the National Activities and guidance to the public should be provided at appropriate points in the CHCs.

- i) IEC material should be displayed at the reception and waiting of OPD Indoor and Operation Theatre. Proper information regarding all the National Activities and guidance to the public should be provided at appropriate points in the Hospital Campus.

5. **Community Participation**

- i) To convene the meetings of RMRS on regular frequency and exercise the autonomy in the interest of the hospital.
- ii) To maintain close coordination with District Collector, PHED, Women & Child department, ESI, Municipalities, Education & Public relation department to seek their cooperation in Health & FW programs.

- f) Ensure at least four PNC Visit (0/1, 4, 7 & 40 days), to control infection; ensuring early initiation of right breast-feeding practices and promotion of spacing methods.
- g) He will ensure 100% completely immunized children below 1 yr for that he will ensure :
- Adequate supply of vaccine, cold chain.
 - All planned sessions are regularly held at planned sites; which are well known and acceptable to the community.
 - Tracking of immunization cards for reducing dropouts effectively coverage.
- h) He will ensure safe new born care - cleaning of airways, Prevention of hypothermia, Kangaroo care; not giving bath immediately after birth (prevention of bath for at least 7 days; but keeping child clean by mopping), Initiation of breast feeding within 1/ hr of birth, recording birth weight.
- i) He will ensure early detection of diarrhea & dehydration and use of more fluid and/ or ORS in the community through his team and will arrange for correction of moderate and severe dehydration through appropriate treatment.
- j) He will ensure early detection of Pneumonia and its treatment as per protocol at SCs and will provide for early treatment to all patients coming to him directly or referred.
- k) He will be responsible for proper and successful implementation of Family Planning Programme in PHC area, including assessment of unmet need and providing services based on unmet needs. He will counsel all eligible couples and patients he sees in the OPD and ensure quality services as per demand.
- l) He will be squarely responsible for giving immediate and sustained attention to any complications the FP acceptors develop due to acceptance of Family Planning methods. He will organize *out reach camps* for RCH and FW services. He will refer clients requiring MTP to CHC/ DH
- m) He will get himself trained in tubectomy, (minilap) and vasectomy both NSV and conventional; whenever possible. He will organize IUD insertion/ tubectomy and vasectomy (NSV as well as conventional) camps in his area with the help of Dy. CMHO and/ or NGOs and ensure that acceptors

- f) Ensure at least four PNC Visit (0/1, 4, 7 & 40 days), to control infection; ensuring early initiation of right breast-feeding practices and promotion of spacing methods.
- g) He will ensure 100% completely immunized children below 7 yr for that he will ensure :
- Adequate supply of vaccine, cold chain.
 - All planned sessions are regularly held at planned sites; which are well known and acceptable to the community.
 - Tracking of immunization cards for reducing dropouts effectively coverage.
- h) He will ensure safe new born care - cleaning of airways, Prevention of hypothermia, Kangaroo care; not giving bath immediately after birth (prevention of bath for at least 7 days; but keeping child clean by mopping), Initiation of breast feeding within 1/ hr of birth, recording birth weight.
- i) He will ensure early detection of diarrhea & dehydration and use of more fluid and/ or ORS in the community through his team and will arrange for correction of moderate and severe dehydration through appropriate treatment.
- j) He will ensure early detection of Pneumonia and its treatment as per protocol at SCs and will provide for early treatment to all patients coming to him directly or referred.
- k) He will be responsible for proper and successful implementation of Family Planning Programme in PHC area, including assessment of unmet need and providing services based on unmet needs. He will counsel all eligible couples and patients he sees in the OPD and ensure quality services as per demand.
- l) He will be squarely responsible for giving immediate and sustained attention to any complications the FP acceptors develop due to acceptance of Family Planning methods. He will organize *out reach camps* for RCH and FW services. He will refer clients requiring MTP to CHC/ DH
- m) He will get himself trained in tubectomy, (minilap) and vasectomy both NSV and conventional; whenever possible. He will organize IUD insertion/ tubectomy and vasectomy (NSV as well as conventional) camps in his area with the help of Dy. CMHO and/ or NGOs and ensure that acceptors

for permanent methods are having not more than 2 children. He will provide supportive supervision and leadership to all his health workers in this regard.

- n) He will make community aware of RTI/ STI and HIV/ AIDS and the methods of their prevention, importance of early diagnosis and treatment including importance of contact tracing.
- o) He will arrange for Family Life Education to all adolescents (boys and girls in schools or out of school). NGO partnership can be sought for this.
- p) He will ensure adequate supplies of equipment, drugs, educational material and contraceptives required at all level (PHC and SCs) for the services/ program.
- q) He will ensure proper record keeping, timely reporting and use of data for planning its services at all level under his supervision and control.
- r) He will assess training needs of his staff and arrange through Dy. CMHO for their specific training needs.

ii) National Malaria Control Program and Vector Control

- a) He will be responsible for all NMCP operations in his area. (all administrative and technical matters).
- b) He will maintain liaison with Dy CHMO for spray operations in his area. He will verify the authenticity and adequacy of spray operations even if done on contract.
- c) He should be completely acquainted with all problems and difficulties regarding surveillance in his PHC area and be responsible for immediate action whenever the necessity arises.
- d) The Medical Officer will guide the Health Workers on all treatment schedules, especially radical treatment with Primaquine. As far as possible he should investigate all malaria cases in the area less than API 5 regarding their nature and origin, and institute necessary measures in this connection. He should ensure that the prompt remedial measures are carried out by Health Workers about positive cases detected in areas with API less than 5. He should give specific instructions to them in this respect, while sending the result of blood slides found positive.

- e) He will check the microscopic work of the Laboratory Technician and dispatch prescribed percentage of such slides to the ~~Zonal Organization/ Regional Office for Health and Family Welfare (Government of India) and State - Headquarters~~ for cross checking as laid down from time to time.
- f) He should during his monthly meetings, ensure proper accounts of slides and anti - malarial drugs issued to the Health Workers.
- g) The Publicity material and mass media equipment received from time to time will be properly distributed or affixed as per the instructions from the district organization.
- h) He should consult the Booklet on ' Management and Treatment of Cerebral Malaria' and treat cerebral malaria cases as when required.
- i) He should ensure that all categories of staff in the periphery are administering radical treatment to the positive cases. He should observe the instructions laid down under NMCP on the subject and in case toxic effects are observed in a patient who is receiving primaquine the drug is stopped by the peripheral worker and such cases are brought to his notice for follow up action/ advice, if any.

iii) Leprosy

- a) He will provide for voluntary reporting for leprosy through effective IEC & counseling.
- b) He will provide facilities for early detection of cases of Leprosy and confirmation of their diagnosis and treatment.
- c) He will ensure that all cases of Leprosy take regular and complete MDT treatment.

iv) Tuberculosis

- a) He is responsible for case - finding, categorization and treatment of TB patients to achieve the objectives of the NTCP/ RNTCP and the laid down performance indicators.
- b) History taking and examination of patients. If TB is suspected, ensure sputum smear examination

- c) Diagnosis of TB patients, classification and prescription of adequate and correct treatment regimen. Careful history - taking is required, particularly to determine if patients have been treated previously for tuberculosis.
 - d) Discuss with new patients the most convenient location for Directly Observed Treatment (DOT), to ensure regularity and completion of treatment, and educate them about the importance of completing therapy.
 - e) Monitoring of progress, management of complications and discharge from treatment, according to guidelines.
 - f) Ensuring correct registration of patient data in the Treatment Card and that the patient undergoes the necessary bacteriological examinations at the stipulated period and continues regular medication until cured.
 - g) Evaluate patients with drug reactions, treatment failure and cases not converting to sputum- negative status in the initial intensive phase of treatment. Personal attention should be paid to all patients who refuse to take drugs in the prescribed manner to ensure an operationally viable procedure convenient to the patients and the staff.
 - h) Ensuring that sufficient stock of drugs and other logistics is available and regular supply is maintained.
 - i) Supervising the paramedical health supervisor.
 - j) Identifying and assigning responsibility for DOTS, reviewing it on a quarterly basis and discussing problems with the MPWs during routine/ regular meetings.
 - k) Ensuring that all the peripheral health functionaries understand and carry out their job responsibilities.
- v) National Program for Prevention of Visual Impairment and Control of Blindness
- a) He will extend support to mobile eye care units for cataract operations and correction of vision.
 - b) He will ensure Initiation of breast feeding within 1/2 hr of delivery, exclusive breast feeding for six months and complementary feeding with right quantity and quality of foods at six months of age.

- c) He will ensure Vit. A supplementation with measles vaccine at 9 month (1 lac units) and ensure complete 5 of Vit-A doses supplementation till three years of life.
- d) He will refer cases to the appropriate institute for specialized eye treatment.

vi) **Diarrhea Disease Control Program**

- a) He will ensure awareness in the community regarding use of extra fluids/ ORS and continuation of food during diarrhea.
- b) Proper management of the case of diarrhea and referral of complicated cases to appropriate hospitals with maintenance of hydration.
- c) Adequate stocks of ORS to ensure availability of ORS packets throughout the year at ORS-depots in the villages.
- d) Monitor all cases of diarrhea especially for children between 0-5 years.
- e) Recording and reporting of all deaths due to diarrhea especially for children between 0-5 years.
- f) Organize wells to be chlorinated and coordination with Sewage agency for sanitation.
- g) Training of all health personnel like Anaganwadi Worker, Dais and others who are involved in health care regarding ORT Program.

vii) **Control of Communicable Diseases**

- a) He will ensure that all the steps are being taken for the control of communicable diseases and for the proper maintenance of sanitation in the village.
- b) He will scrutinize reports weekly and monthly to identify any out of proportion occurrence and take immediate action for containment.
- c) He will take the necessary action in case of any outbreak of epidemic in his area.

viii) School Health

- a) He will develop regular fixed schedule for school health checkups with the help of Health Worker (ANM, LHV or PHS) and with teachers of the school. who will conduct a pre check up to find out cases to be seen by MOIC PHC. He will examine such cases on his visit to SC, which is duly informed to ANM, so those children can be brought to him.
- b) He will visit school in the PHC area at regular intervals and arrange for medical check ups, immunization and treatment with proper follow up of those students found to have defects.
- c) He will visit schools in PHC area at regular interval and arrange for checkups, immunization and treatment with proper follow up and referral as and when needed.

3. Training

- i) He will organize training programs including continuing education under the guidance of the district health authorities and Health & FW Training Centers as per the district training plan.
- ii) He will also make arrangements/ provide assistance to the Health Assistant Female and Health Worker Female in organizing training programs for indigenous Dais practicing in the area.
- iii) He will ensure at least one hour deliberation on topics of seasonal health relevance. In Sikho Sikhao Sabha during monthly meetings.

4. Administrative Work

- i) He will ensure that all HWEs have village route maps of their area and will keep a copy of the same with him.
- ii) He will be responsible for general cleanliness of inside and outside the premises of PHC; maintenance electricity, water, building & equipment maintenance.
- iii) He will organize to display his visit to each sub centre and availability hours on this visit. (Day & date of visit sub center wise) Displayed on PHC board and community places.
- iv) He will allocate responsibilities according to capacity of staff.

- v) He will provide supportive supervision to all his staff (on his fortnightly visits to sub centre and during monthly meeting)

- vi) He will hold montidly stafi meetings with his own staff and AWW to evaluate their work, suggest actions/ steps to be taken to correct or guide for further improvement. He will scrutinize each workers program of activities to chalk out his next months tour program in perfect harmony with each worker and his own tour programme.
- vii) He will send his tour programme to Dy CM&HO and get it noted by each worker in monthly meetings
- viii) He will ensure timely collection of reports from periphery - (BHS at CHC should help ANM prepare monthly report), maintenance of records at PHC, compile and send report to Dy CM&HO timely every month.
- ix) He will critically analyze report of each subcentre and provide them feedback (appreciate if good - correct in case of short comings)
- xi) He will send his tour report and appraisal of his health staff timeiy to Dy. CM&HO

Job Responsibilities of Block Health Supervisor (BHS/BEE)

The Block Health Supervisor will function under the technical supervision and guidance of Education and Publicity Officer (EPO). However, he would be under the immediate control of the EDO of Panchayat Samiti/ Dy CM & HO sub division/ MOI/C, CHC. One of his primary responsibilities is to promote community participation for ensuring self reliance in the community. He will be responsible for providing support to all national Health & Family Welfare programme in all the PHCs of Panchyat Samiti Block.

Duties & Functions

1. Maintenance of Data

- i) He will have with him all information on women and child development, rural development, education and other related activities in the block through effective networking and utilize the same for planning, delivering and supervising health care services.
- ii) He will help all PHCs in his Panchayat Samiti Block (CHC area); in proper maintenance of records and reporting by visiting every PHC at least twice a month. He will attend monthly meeting of each PHC in his area turn by turn and use this opportunity to supervise, educate and train the health workers in correct method of data collection, preparation of reports and use of data for planning, forecasting and controlling disease situation in their area.
- iii) He will maintain records of birth, death, infant mortality, maternal mortality, couple protection age at marriage, age at first child and immunization for whole block (All CHC, PHCs and SC). He will calculate relevant rates from these data and use it with MOI/C PHCs for effective planning of health care delivery.

2. Training

- i) He will assist the medical officer-in-charge in conducting training of Health workers in various schemes.
- ii) He will organize in cooperation with local voluntary agencies, orientation trainings for Health & Family Welfare workers, member of PRIs, opinion leaders, anganwari workers, members of

women groups, local medical practitioners, school teachers, dais and others involved in Health & Family Welfare work.

- iii) He will maintain a complete set of educational aids for his own use and for training purpose.

3. Inter sectoral Coordination

- i) He will be a member of the local Block level Health and Family Welfare Committee and act as a resource person.
- ii) He will ensure proper functioning of all Health & Family Welfare Committees in the catchment area of all PHCs.
- iii) He will maintain liaison with media units of other departments, including those of voluntary organizations and will organize mass communication programs like, film shows, exhibitions, lectures and dramas with the help of Education and Publicity Officer.
- iv) He will prepare IEC plan for all PHCs, get it approved from Panchayat Samiti and submit it to Dy. CM & HO of the zone.

4. IEC work

- i) He will be responsible for all educational motivational and communication programs in all PHC areas; including Family Life Education in 9th and 11th class. He will arrange FLE for out of school adolescents by involving capable NGOs.
- ii) He will supply and ensure utilization of information and educational material to health workers and development functionaries including those of voluntary agencies.
- iii) It will be one of his primary duties to give special attention to non-acceptor couples for family planning methods and dropouts in immunization programme and motivate them for use of the services.
- iv) He will support, guide and supervise the field workers for preparing IEC plans for their area (information dissemination, education and motivation). he will then prepare a consolidated plan for whole Panchayat Samiti (CHC) area and get it approved by Dy. CMHO.

- v) He will adequately tour with a minimum of one night halt in every ~~health workers area. While on tour, he will ensure proper~~ utilization of educational materials, provide support and guidance to Health workers in their educational activities.
- vi) He will attend Panchyat Samiti meetings and use this opportunity for sharing information about community's health needs and the role PRI members can play.

5. **Supervision**

He will visit each PHC at least twice a month for supervision, monitoring and IEC activities.

Job Responsibilities of Health Supervisor (Female)

Under the Multipurpose Workers Scheme a Health Assistant Female is expected to cover a population of 30,000 (20,000 in tribal and hilly areas) in which there are approximately six subcentres, each with one Health Worker Female. The Health Supervisor Female will carry out the following duties :-

1. Supervision and Guidance:

- i) Supervise and guide the Health Worker Female, Dais and Jan Mangal Volunteers/ MSB/DDC/ Depo Holders should be added in the delivery of health care services to the community.
- ii) Strengthen the knowledge and clinical skills of the Health Worker Female.
- iii) Help the Health Worker Female in improving her skills of working in the community.
- iv) Help and guide the Health Worker Female in planning and organizing her programme of activities, conduct EC survey, assess community needs and prepare Subcentre plan.
- v) Visit each subcentre at least once in two weeks on a fixed day to observe and guide the Health Worker Female in her day-to-day activities.
- vi) Assess fortnightly the progress of work of the Health Worker Female and submit an assessment report to the Medical Officer of the Primary Health Programme.
- vii) Carry out supervisory home visits in the area of the Health Workers female with respect to their duties under various National Health Programmes.
- viii) Attend monthly meeting of the Panchayats and help the Panchayat to review work of MPW Male and Female.
- ix) She will supervise anti Malaria activities, water sampling and purification at SC level.

2. Team Work

- i) Help the Health Workers to work as part of the health team.
- ii) Coordinate her activities with those of the Health Assistant Male and other health personnel including Dais and other voluntary workers.
- iii) Coordinate the health activities in her area with the activities of workers of other departments e.g. ICDS, Ayurved, Education, PRIs, Revenue Deptt.
- iv) Conduct regular staff meetings with the Health Workers in coordination with the Health Assistant Male at sub centre by rotation.
- v) Attend staff meetings at the Primary Health Centre.
- vi) Assist the Medical Officer of the Primary Health Centre in the Organization of the different National Health Programmes/ Services in the area.
- vii) Participate as a member of the health team in mass camps and campaigns in health programmes.
- viii) Help Health Workers in identification of unreached area and plan outreach activities.
- ix) Help the M.O in organizing the school health programme.

3. Supplies, Equipment and Maintenance of Subcentres

- i) In collaboration with the Health Assistant Male, check at regular intervals the stores available at the subcentre and help in the procurement of supplies and equipment.
- ii) Check that the drugs at the subcentre are properly stored and that the equipment is well maintained.
- iii) She will ensure all medicines are used before their expiry.
- iv) Ensure that the Health Worker Female maintains her general kit, midwifery kit and Dai kit in proper way.
- v) Ensure that the subcentre is kept clean and its properly maintained.

4. Records and Reports

- i) Scrutinize maintenance of records by the Health worker Female and guide her in their proper maintenance.
- ii) Maintain the prescribed records and prepare the necessary reports.
- iii) Review reports received from the Health Workers Female, consolidate them and submit monthly reports to the Medical Officer of the Primary Health centre.
- iv) Provide feedback to health Worker Female on performance of Subcentre.
- v) She will review registration of births & deaths done by the health workers.
- vi) She will review each maternal and infant death in her area.
- vii) She will conduct preliminary investigations of all cases and deaths due to VPDs.

5. Training

- i) Organize and conduct training for Dais with the assistance of the Health Worker Female.
- ii) Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel and NGOs.
- iii) She will support and guide the ANMS/ MPW (Female) for the skills of IUD insertion to untrained ANMS/ MPW female required in delivering RCH services.

6. Reproductive and Child Health

- i) Conduct weekly or biweekly RCH clinics at each subcentre with the assistance of the Health Worker Female and Dais as per the visit schedule.
- ii) Respond to calls from the health Worker Female/ Male, Jan Mangal NGOs, MSS, AWW and trained Dais and render the necessary help.
- iii) Conduct deliveries when required at PHC level and provide domiciliary midwifery services.
- iv) Initiate steps to promote institutional delivery.
- v) Identify and refer risk cases to FRU after counseling.

- vi) Help in organizing transport services for high risk cases referred to FRU.

- vii) To educate about adolescent health, Sex education and give knowledge of reproductive organs and hazards of pregnancy in early age group.
- viii) Preventive methods of early pregnancy, RTI and STI.
- ix) Supervise the work of ANM in context of ARI/ Diarrhea.

7. Family planning and Medical Termination of Pregnancy

- i) She will ensure through spot-checking that Health Worker Female maintains up-to-date eligible couples registers all the times.
- ii) Conduct fortnightly family planning clinics (along with the RCH clinics) at each subcentre with the assistance of the Health Worker Female.
- iii) Personally motivate non-acceptors for family planning. She will help Health Worker Female in counseling couples with expressed unmet need, who have not accepted contraceptive services.
- iv) Provide information on the availability of services for medical termination of pregnancy and for sterilization.
- v) Counsel and refer cases of unwanted pregnancy and seeking MTP services to PHC or designated MTP centre.
- vi) Guide the Health Worker Female in establishing female depot holders for the distribution of conventional contraceptives and train the depot holders with the assistance of the Health Workers Female.
- vii) Provide IUD services, its follow-up on consistence basis.
- viii) Assist M.O. PHC in organization of Family Planning camps and drives.
- ix) Identify cases of RTI/STI and refer them to PHC for management.
- x) To give knowledge about PNDDT act.

8. Nutrition

- i) Ensure that all cases of malnutrition among infants and young children (zero to five years) are given the necessary treatment, advice and refer serious cases to the Primary Health Centre.

- ii) ~~Ensure that Iron - Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.~~
- iii) Educate the expectant mother's regarding breast-feeding.
- iv) On Health day she should help ANM to check the health status of children and advice accordingly.
- v) Advise the parents for deforming the children if he is malnourished and anemic.

9. Immunization Programmes

- i) Supervise the immunization of all pregnant women and children (zero to five years).
- ii) She will also guide the Health Worker Female to procure supplies, organize immunization camps, provide guidance for maintaining cold chain, storage of vaccine and Health education.
- iii) She will supervise PPI/ AFP surveillance activities in her area.

10. Primary Medical Care

Ensure treatment for minor ailments, provide ORS & first aids for accidents and emergencies and refer cases beyond her competence to the Primary as and where required.

11. Health Education

- i) Carry out educational activities for RCH, control of blindness, dental care, Breast care, initiation of early breast-feeding and other National Health Programmes like leprosy and tuberculosis with the assistance of the Health Worker Female.
- ii) Arrange group meetings with formal and non-formal leaders and involve them in spreading the message for various health programmes.
- iii) Organize and conduct training of women leaders and women members of PRIs with the assistance of the Health Worker Female.
- iv) She will organize health education on the platform of MSS, Mahila Mandal, Women elected representatives of PRIs, teachers and other women in the community for family welfare programme with the help of ANM & AWW.
- v) Organize IEC activities for adolescent girls and create awareness about family life.

To educate the worker for water sampling/ chlorination.

Job Responsibilities of Health Supervisor (Male)

Under the Multipurpose Workers Scheme a Health Assistant male is expected to cover a population of 30,000 (20,000 in tribal and hilly areas) in which there are six subcentres each with one Health Worker Male.

The Health Assistant Male will carry out the following functions:

1. Supervision and Guidance

- i) Supervise and guide the Health Worker Male in the delivery of Health Care services to the community.
- ii) Strengthen the knowledge and skills of the Health Worker Male.
- iii) Help the Health Worker Male in improving his skills of working in the community.
- iv) Help and guide the Health Worker Male in planning and organizing his programme of activities.
- v) Visit each Health Worker Male at least once in two weeks on a fixed day to observe and guide him in his day-to-day activities. A tentative tour programme has to be approved by MO incharge, after completion of journey he will submit tour diary to MO incharge.
- vi) Assess monthly progress of work of the Health Worker Male and submit a assessment report to the Medical Officer of the Primary Health Centre with 25% physical verification of work done.
- vii) Carry out supervisory home visits in the area of the Health Worker Male.
- viii) Attend monthly meeting of Panchayat and help the Panchayat to review the work of MPV/ Male and Female.

2. Team Work

- i) Help the Health Workers to work as part of the Health team.
- ii) Coordinate his activities with those of the Health Assistant Female and other health personnel, including the Jan Mangal volunteers Dais, MSS, AWW and Depo holders.

iii) Coordinate the health activities in his area with the activities of workers of other departments and agencies.

iv) Conduct staff meetings fortnightly with the Health Workers in coordination with the Health Assistant Female at one of the subcentres by rotation.

v) Attend staff meetings at the Primary Health Centre.

vi) Assist the Medical Officer of the Primary Health Centre in the organization of the different health services/camps, FW, RCH, Health Mela and campaigns in health programmes.

vii) Assist the Medical Officer of the Primary Health Centre in conducting training programmes for various categories of health personnel.

viii) Participate in CNA in preparation of subcentre and PHC annual action plan.

3. Supplies and Equipment

i) In collaboration with the Health Assistant Female check at regular intervals; the stores available at the subcentre and ensure timely and logistic placement of indent and procure the supplies and equipment well in time.

ii) Check that the drugs at the subcentre are properly stored and timely consumed (before expiry); that the equipment are well maintained and routinely used.

iii) Ensure that the Health Worker Male maintains his kit in the proper way.

4. Records & Reports

i) Scrutinize maintenance of records by the Health Worker Male and guide him in their proper maintenance.

ii) Review records received from the Health Worker Male, consolidate it and submit reports to the Medical Officer of the Primary Health Centre.

5. Malaria

- ~~i) He will supervise the work of Health Worker Male during concurrent visits and will check whether the worker is performing his duty as laid down in the schedule.~~
- ii) He should check minimum of 10% of the houses in a village to verify the work of the Health Worker Male.
- iii) He will carry with him a kit for collection of blood smears during his visit to field and collect thick and thin smears from any fever case he comes across and he will administer presumptive treatment of prescribed dosage of anti malarial drugs.
- iv) He will be responsible for prompt radical treatment to positive cases in his area. He will plan, execute and supervise the administration of radical treatment in consultation with PHC Medical Officer.
- v) Supervise the spraying of insecticides during local spraying and anti larval activities along with the Health Worker Male.

6. Communicable Diseases

- i) Be alert to the sudden outbreak of epidemics of diseases such as diarrhoea/ dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough or tetanus, poliomyelitis, tetanus neonatorum, acute eye infections and take all possible remedial measures and immediate information to M.O. incharge PHC
- ii) Take the necessary control measures when any notifiable disease is reported to him.

7. Leprosy

- i) In case suspected of having Leprosy, he will intimate MO incharge.
- ii) Ensure that all cases of Leprosy take regular and complete MDT treatment. and inform the Medical Officer, PHC about any defaulters to treatment.

8. Tuberculosis

- i) Check whether all cases under treatment for Tuberculosis are taking regular treatment. Motivate defaulters to take regular an complete DOTS treatment and bring them to the notice of the Medical Officer, PHC.

- ii) This category of staff is responsible for the immediate supervision of the MPWs. Their job description therefore, includes supervisory activities in addition to their role in service delivery.
 - a) Ensure initial visit to the home of the patient prior to starting treatment and follow-up visits for retrieval of defaulters.
 - b) Instruct and demonstrate to those with chest symptoms, the method of bringing out sputum.
 - c) Discuss with new patients to find out the most convenient location for DOTS, and continuously educate them on the importance of completing treatment.
 - d) Maintain the Treatment Cards, ensure that follow-up smear examinations are carried out as per guidelines.
 - e) Instruct patients on the importance of regular treatment, follow-up sputum examinations and follow-up visits.
 - f) Ensure that contacts are suitably examined and children under two year of age who are in contact should be given additional BCG vaccination to be verified from TB specialist.
 - g) Coordinate with the laboratory to ensure that sputum is received, examined and reported in time.
 - h) Provide patients data to the Senior Treatment Supervisor.
 - i) Provide appropriate display of health education materials and conduct group health education activities.
 - j) Guidelines of RNTCP for DOTS are followed ensure so that the prescribed doses of DOTS are taken by the patients at GHC/PHC under supervision

9. Environmental Sanitation

- i) Help the community in preservation of safe environment and construction of
 - (a) Safe Water Sources
 - (b) Soakage pits
 - (c) Kitchen gardens
 - (d) Manure pits
 - (e) Compost pits
 - (f) Sanitary latrines
- ii) Supervise the chlorination sampling of water sources including wells

10. Immunization Programme

- i) Conduct and supervise immunization of all school going children with the help of the health workers (female).
- ii) Supervise the immunization of all school going children with the help of the health workers (female).
- iii) Provide for immunization of adolescent girls and boys in school as well as out of school through NGO participation; if required.

11. Family Planning

- i) Personally motivate non acceptors for family planning methods.
- ii) Guide the Health Worker Male in establishing male depot holders and supervise the functioning of depot holders.
- iii) Assist. M.O., PHC in organization of Family Planning camps and drives.
- iv) Provide information of the availability of services for safe medical termination of pregnancy and refer suitable cases to the approved institutions.
- v) Ensure follow-up of all cases of vasectomy, tubectomy, IUD and other Family Planning acceptors.
- vi) Promote male participation in the programme and counsel couples about NSV.
- vii) Identify and refer man suffering from RTI/STIs to PHC and do follow up of all RTI/STI cases on treatment.

12. Nutrition

- i) Ensure that all cases of malnutrition among infants and young children (0-5 years) are given the necessary treatment and advice and refer serious cases to the PHC. Establish linkage with ICDS programme.
- ii) Ensure that Iron - Folic Acid and Vitamin A are distributed to the beneficiaries as prescribed.
- iii) Advise the parents to deworm the child if suffering with malnutrition, and anemia.

13. Control of Blindness

All cases of blindness including suspected cases of cataract will be referred to concerned specialist. He will also keep record of such cases.

14. Vital Events

- i) Collect and compile the monthly report of birth and deaths occurring in his area and submit them to the Medical Officer Primary Health Centre.
- ii) Educate the community regarding the need for Registration of Vital Events.(Birth & death).

15. Primary Medical Care

- i) Ensure that treatment for minor ailments is provided including first aid for accidents and refer cases beyond his competence to the PHC or nearest hospital.
- ii) Attend the cases referred by the Health Workers and refer cases beyond his competence to the PHC or nearest hospital.

16. Health Education

- i) Carry out educational activities for control of communicable diseases, environmental sanitation, RCH, Family Planning, Nutrition, Immunization, Dental Care, HIV/AIDS, personal hygiene and all other National Health Programmes.
- ii) Arrange group meetings with leaders and involve them in spreading the message for various health programmes.
- iii) Organize and conduct training of community leaders with the assistance of the Health Team.

17. School Health

- i) Impart knowledge about adolescent health.
- ii) Assist Medical officers in School Health Programmes.

Note: In PHC's where there is no HA (Male), these functions will be carried out by LHV (HA) female.

Job Responsibilities of Health Worker (Female)

Health Worker Female is responsible for population covered by a subcentre (5000 for plains and 300 for tribal and hilly area). She will stay at sub centre head quarters and carry out following task.

1. Reproductive and Child Health Services

- i) Register hundred percent Pregnant Women in first trimester and provide care to all pregnant women throughout the period of pregnancy.
- ii) Test urine of pregnant women for albumen and sugar, estimate hemoglobin level, measure BP and weight.
- iii) Refer cases of abnormal pregnancy to the Health Assistant Female /Primary Health Centre/ FRU. She will help in arranging transport for referral of emergency obstetric care.
- iv) Conduct about 50% of total deliveries in her area and should promote for maximum institutional delivery.
- v) Supervise deliveries conducted by Dais and assist them whenever called in.
- vi) Refer cases of difficult labour and newborns with danger signs help them to get institutional care and provide follow up to the patients referred to or discharged from hospital.
- vii) Make at least four post-natal visits (on zero/ 1st, 2nd, 7th & 40th day) for each delivery conducted in her area and render advice regarding care of mother and child, feeding of the newborn. Promote initiation of breast feeding (preferably within half an hour), exclusive breast feeding upto 6 months and complementary feeding after 6 months; continuation of breast feeding as long as possible
- viii) Assist Medical Officer and Health Assistant Female in conducting antenatal and postnatal checkup at the subcentre during RCH clinics.
- ix) She will be utilise the information from the eligible couple and child register for the family planning program. She will be squarely responsible for maintaining eligible couple registers and updating it from time to time.

- x) Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- xi) Identify couples with unmet need.
- xii) Contact all couples with unmet need and provide them contraceptive of their choice. Provide follow-up services to female family planning acceptors, identify side effects, give treatment on the spot for side-effects and minor complaints and refer those cases that need attention by the physician to PHC/hospital.
- xiii) Establish female depot holder, help the Health Assistant Female in training them and provide a continuous supply of conventional contraceptives to the depot holders.
- xiv) Provide IUD insertion and follow up services.
- xv) Build rapport with acceptors, village leaders, Jan Mangal couples, Dais, MSS and other utilise them for promoting Family Welfare Programme.
- xvi) Participate in Mahila Mandal and MSS meetings and utilise such gatherings for educating women in Family Welfare Programme and RCH.
- xvii) Identify the women requiring help for medical termination of pregnancy and refer them to nearest approved institution.
- xviii) Educate community of the consequences of septic abortion and inform them about the availability of services for safe medical termination of pregnancy.

2. Nutrition

- i) Conduct health days at Anganwadi centres at least once a month.
- ii) Identify cases of malnutrition among infants and young children (zero to five years), give the necessary treatment and advice and refer serious cases to the Primary Health Centre. Advise to parents for deforming the child if malnourished.
- iii) Distribute Iron and Folic Acid tablets as prescribed to pregnant and nursing mothers, infants and young children (zero to five years) and family planning acceptors.
- iv) Administer Vitamin A solution as prescribed to children from 9 month to 3 years.
- v) Educate community about nutritious diet for mother and children.

3. Immunization Programme

- i) Follow the directions given in Manual of Health Worker Female under National Immunization Programme.
- ii) Immunize pregnant women with tetanus toxoid.
- iii) Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children, as per schedule and maintain the records.
- iv) She should track the dropouts by card tracing and vaccinate them per complete coverage.

4. Diarrhoea Control Programme

- i) Educate mothers regarding home management of diarrhea with ORT.
- ii) Timely procure and provide ORS.
- iii) Monitor the cases of diarrhoea, if any increase in number, report to Medical officer.
- iv) Record deaths due to diarrhoea and give monthly report.
- v) Arrange for referral of severe cases of dehydration to concerned Institute.
- vi) Advise mothers to continue breast feeding/ feeding during diarrhoea.

5. Acute Respiratory Infection

- i) Ensure early diagnosis of Pneumonia cases.
- ii) Provide Suitable treatment to mild/moderate cases of ARI.
- iii) Ensure early referral in doubtful/ severe cases.

6. Primary Medical Care

Provide treatment for minor ailments, provide first aid for accidents and emergencies and refer cases beyond her competence to the Primary Health Centre or nearest hospital.

7. **School Health**

Help the Medical Officers in School Health services. Participate in school health program as per the directives given from time to time.

8. **Dai Training**

- i) List Dais in her area and involve them in promoting Family Welfare.
- ii) Help the Health Assistant Female in conducting training Programme for Dais.

9. **Communicable Disease**

- i) Notify the M.O. PHC immediately about any abnormal increase in cases of diarrhoea, dysentery, AFP, Neonatal tetanus, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness which she come across during her home visits, take the necessary measures to prevent their spread, and inform the Health Worker Male to enable him to take further action.
- ii) If she comes across a case of fever during her home visits she will take blood smears, administer presumptive treatment for malaria and inform Health Worker for further action.
- iii) Identify cases of skin patches, especially if accompanied by loss of sensation, which she comes across during her home visits and bring them to the notice of the Health Worker Male/ supervisor.
- iv) Assist the Health Worker Male in maintaining record of cases in her area, who are under treatment for tuberculosis and leprosy and check whether they are taking regular and complete DOTS/ MDT treatment, motivate defaulters to taking regular treatment and bring these cases to the notice of the Health Worker Male or Health Assistant Male.
- v) Identify and refer all cases of blindness including suspected cases of cataract to M.O. PHC.

10. **Vital Events**

Record births and deaths occurring in her area in the births and deaths register and report them to the Health supervisor, Health Worker Male and to Panchayat.

11. Record Keeping

- i) Register (a) pregnant women in her area (b) ~~infants zero to one year~~ of age, and (c) women aged 15 to 44 years.
- ii) Maintain the prenatal and maternity records and child care records.
- iii) Update EC register every year and prepare service delivery register with the help of Health Worker Male.
- iv) Maintain the records as regards contraceptive distribution, IUD insertion, couples sterilized, clinics held at the subcentre and supplies received and issued and to see for the out dated medicines.
- v) Prepare and submit the prescribed monthly reports in time to the Health Assistant Female.
- vi) Review performance with the help of supervisor and take corrective measures.

12. Team Activities

- i) Attend and participate in staff meetings at Primary Health Centre/ Community Development Block or both. She will also attend monthly meeting at Panchayat.
- ii) Coordinate her activities with the Health Worker Male and other health Workers including AWW, JM Couple, Health Guides and Dais.
- iii) Meet the Health Assistant Female every two week and seek her advice and guidance whenever necessary.
- iv) Maintain the cleanliness of the subcentre.
- v) Participate as a member of the team in camps and campaigns.
- vi) Identify unreached and under served areas and prepare a plan of out reach activities.
- vii) Work as a team with Anganwadi Worker in ICDS block/VHG/TBA.
- viii) Conduct Health day once a month at AWC.

15. Subcentre Planning

- i) Conduct CNA and prepare SC plan with the help of HW(M) and supervisor.
- ii) Maintain a proper record of supplies received.
- iii) Store of medicines, equipments and other items will be maintained well.

Job Responsibilities of Health Worker (Male)

This would be applicable if MPW(M) and MPW(F) are posted at the Sub centre. If MPW (M) is not posted at the sub-centre their duties will be carried out by MPW(F) alongwith other duties assigned to her.

His duties to different National Health Programmes are:-

1. Malaria

- i) From each family, he shall enquire about
 - (a) Presence of any fever cases.
 - (b) Whether there was any fever case in the family in between his fortnightly visits.
 - (c) Whether any guest had come to the family and had fever.
 - (d) Whether any member of the family who had fever in between his fortnightly visit had left the village.
- ii) He shall collect thick and thin blood smears on one glass slide from cases having fever or giving or giving history of fever and enter details in MF-2 and put appropriate serial number on the slide.
- iii) He shall begin presumptive treatment for Malaria after blood smear has been collected. He will follow the instructions given to him regarding administration of presumptive treatment under NMEP.
- iv) He shall contact the FTC during his fortnightly visit to the village and (a) collect blood smears already taken by the village health guide (b) also collect details of each in MF-2 (c) replenish both drugs and glass slides and look into the account of consumption of antimalarial drugs.
- v) He shall despatch blood smears along with MF-2 collected from the FTC/ Multipurpose Worker Female of the subcentre and also those collected during his visit in his area to the PHC Laboratory twice a week, or as instructed by the Medical Officer PHC.
- vi) He shall verify the radical treatment administered by the Volunteers, if any, during his visit.

- vii) He shall administer radical treatment to the positive cases as per ~~drug schedule prescribed and as per instruction issued by the~~ Medical Officer, PHC and take laid down action if toxic manifestations are observed in a patient receiving radical treatment with primaquine.
- viii) He shall intimate each household in advance regarding date of spray on the basis of advance spray programme given to him and explain simultaneously the benefit of insecticidal spray to the villagers.
- ix) He shall contact the FTC and inform him of the spray dates and request him to motivate the community and prepare them for accepting the spray operations.
- x) Assist the Health Assistant Male in supervising spraying operations and training of field spraying staff.
- xi) He should marked stencils in front of the house mentioning the date of visit.

2. Communicable Diseases

- i) Identify cases of diarrhoea/dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough and tetanus, poliomyelitis (Lameness), neonatal tetanus, acute eye infections and any other communicable disease and notify the Health Assistant Male and M.O., PHC immediately about these cases.
- ii) Carry out control measures until the arrival of the Health Assistant Male and assist him in carrying out these measures.
- iii) Give Oral Dehydration Solution to all cases of diarrhoea/dysentery/vomiting.
- iv) Educate the community about the importance of control and preventive measures against communicable disease and about the importance of taking regular and complete treatment.
- v) Identify and refer cases of genital sore or urethral discharge or no-itchy rash over the body to Medical Officer.
- vi) Identify and refer all cases of blindness including suspected cases of cataract to M.O. PHC.

3. Leprosy

- i) Identify cases of skin patches, especially if accompanied by loss of sensation and refer those cases to M.O. PHC for further investigation.
- ii) Check whether all cases under treatment for leprosy are taking regular MDT treatment. Motivate defaulter to take regular treatment and bring them to the notice of the Health Assistant Male.

4. Tuberculosis

- i) Identify persons especially with fever for 15 days and above with prolonged cough or spitting of blood and take sputum smears from these individuals. Refer these cases to the M.O. PHC for further investigation.
- ii) Check whether all cases under treatment for tuberculosis are taken regular DOTS treatment. Motivate defaulters to take regular treatment and bring them to the notice of the Health Assistant Male.
- iii) Educate the community on various health education aspects of tuberculosis programme.
- iv) Assist the village level volunteer in undertaking the activities under TB programme properly. Provide the list of the TB patients living in a village to the village volunteer so that he is further able to motivate the TB patient in taking regular treatment.
- v) Ensure regularity of DOTS during intensive phase as well as directly observed intake of the first dose of each week during the continuation phase. Also ensure collection of empty blister pack during the collection of subsequent weekly blister packs throughout the entire continuation phase.
- vi) Administer DOTS thrice a week in the intensive phase and at least once a week in the continuation phase, with the other two weekly doses self-administered in the continuation phase.
- vii) Verify address of all new patients and educate patients and their families on the plan of treatment. Arrange time and place for DOTS, according to the patient's convenience.
- viii) Ensure that follow-up smear examinations of sputum are carried out as per the stipulated schedule.

- ix) Maintain the Treatment Card and record information. Transfer this information to the original Treatment Card at the CHC/PHC during weekly meetings.
- x) Ensure that the treatment Card is given to the STS for entry in the TB Register and the TB No. is entered on the card.
- xi) Take steps for immediate retrieval of defaulters. During the intensive phase it should be no later than the day after the default, and during the continuation phase within a week of the default.
- xii) Maintain relevant records.

5. Environmental Sanitation

- i) Chlorinate public water sources including wells at regular intervals.
- ii) Educate the community on (a) the method of disposal of liquid wastes; (b) the method of disposal of solid wastes; (c) home sanitation; (d) advantage and use of sanitary type of latrines; (e) construction and use of smokeless chulhas.

6. Immunization Programme

- i) Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children in his area in collaboration with Health Worker Female.
- ii) Assist the Health Worker Female in administering tetanus toxoid to all pregnant women.
- iii) Assist the Health Assistant Male/ Female in the school immunization programme.
- iv) Educate the people in the community about the importance of immunization against the various communicable diseases.

7. Diarrhoea Control Programme

- i) Educate community on home management of diarrhoea.
- ii) Report any outbreak of diarrhoeal disease.
- iii) Measures such as chlorination of drinking water to be carried out.
- iv) Proper sanitation to be maintained.
- v) Encourage use of sanitary latrines.

8. Family Planning

- i) ~~Utilize the information from the eligible couple and child register~~ for the family planning programme.
- ii) Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- iii) Contact all couples with unmet need in coordination with Health Worker Female. Help them in getting contraceptive of their choice.
- iv) Distribute conventional contraceptives to the couples.
- v) Provide facilities and help to prospective acceptors of sterilization in obtaining the services, if necessary by accompanying them or arranging for the Health Guide to accompany them to the PHC/Hospital.
- vi) Provide follow up-services to male family planning acceptors, identify side effects, give treatment on the spot for side effects and minor complaints, and refer those cases that need attention by the physician to the PHC/Hospital.
- vii) Build rapport with satisfied acceptors, village leaders, teachers and others and utilize them for promoting family welfare programme.
- viii) Establish male depot holders in the area. Assist the Health Assistant Male and Health Assistant female in training them all, provide a continuous supply of conventional contraceptives.
- ix) Identify the male community leaders in each village of his area.
- x) Assist the Health Assistant Male in training the leaders in the community and in educating and involving the community in family welfare programmes.

9. Medical Termination of Pregnancy

- i) Identify the women requiring help for medical termination of pregnancy, refer them to the nearest approved institution, and inform the Health Worker Female.
- ii) Educate the community on the availability of service for safe medical termination of pregnancy.

10. Health Education

Educate the community about the availability of Reproductive and Child Health Service and encourage them to utilize the facilities.

11. Nutrition

- i) Identify cases of malnutrition among infants and young children (zero to five years) in his area, give the necessary treatment and advice or refer them to the anganwadi/ balwadi for supplementary feeding and refer serious cases to the Primary Health Centre.
- ii) Distribute Iron and Folic Acid as Prescribed to children from zero to five years. Pregnant and nursing mother and family planning acceptors.
- iii) Administer Vitamin A solution as prescribed to children from one year to three years.
- iv) Educate the community about nutritious diet for mothers and children from locally available foods.
- v) Advice to parents for deworming the child, if malnourished.

12. Vital Events

- i) Enquire about births and deaths occurring in his area, record them in the births and deaths register and report them to the Health Assistant Male.
- ii) Educate the community on the importance of registration of births and deaths.

13. Primary Medical Care

Provide treatment for minor ailments, provide first aid for accidents and emergencies, and refer cases beyond his competence to the Primary Health Centre or nearest.

14. Record Keeping

- i) Survey all the families in his area and prepare/maintain maps and charts for villages, conduct CNA and prepare subcentre action plan in coordination with Health Worker Female.
- ii) Prepare, maintain and utilize family and village records.
- iii) With the assistance of the Health Worker Female prepare the eligible couple, service delivery register and child Register and maintain it up to date.
- iv) Maintain a record of cases in his area who are under treatment for tuberculosis and leprosy.
- v) Prepare and submit periodical reports in time to the Health Assistant Male.

Job Responsibilities of Radiographer

- i) They should do routine and emergency X-Ray.
- ii) Bed side X-Ray if available portable X-Ray machine.
- iii) Record maintenance cleanness and timely monthly report.
- iv) Observing hospital waste management guidelines for safe disposal of wastes.
- v) Establishing linkages with agency far recovery of silver.
- vi) Ensuring safety of self, patients & relatives from unwanted / unwarranted exposures to radiation.

Job Responsibilities of Ophthalmic Assistant

He will be responsible for eye care services including IEC and training activities in his area. Broadly his roles & responsibilities are grouped as below -

- i) He will be responsible for registration, diagnosis and treatment of ophthalmic cases coming to CHC, and refer complicated cases to DH.
- ii) He will do refraction and prescribe vision correction.
- iii) He will do tonometry for glaucoma identification, A - scan, Keratometry for IOL.
- iv) He will provide pre - operative examination and prepare case for operation; assist in eye operation and post operation care.
- v) He will do follow up of the operated cases.
- vi) He will assist in conduction of eye camps.
- vii) He will assist MOs of PHCs in CHC area in school health program for early detection and correction of refractive errors and other minor eye ailments.
- viii) He will be responsible for recording and reporting data related with ophthalmic care (cataract survey Vitamin - A records etc)
- ix) He will motivate community for eye donation and create awareness for prevention and early detection and treatment of eye ailments.

Job Responsibilities of Laboratory Technician

All Primary Health Centre, Community Health Centre and Sub Divisional Hospitals have Laboratory technician/ Assistant. He will be under direct supervision of MOI/C PHC/CHC. Broadly his responsibilities are grouped as follows:-

1. General

- i) He will make timely indents for chemicals; reagents and other necessary items well in time and ensure proper and safe storage of materials received.
- ii) He will maintain equipment and glassware in serviceable condition and clean, in case any repair or maintenance is needed he will inform MOI/C well in time.
- iii) He will organize laboratory services in such a way that waiting time for patients is minimum with no cross-cross movement of persons and/ or specimens.
- iv) He will maintain cleanliness in the laboratory and follow recommended safety procedures during all processes.
- v) He will do the sterilization as and when required.
- vi) He will dispose off the specimen and other laboratory waste as per Hospital and Waste Management guidelines.
- vii) He will maintain the necessary records of investigations done. Prepare and submit monthly/ weekly (as required) to MOI/C well in time.
- viii) He will observe universal safety precaution including measures for HIV prevention.

2. Laboratory Investigations

He will carry out all recommended investigations as per the category of the health facility.

- i) Carry out urine examination for-
 - (a) Specific gravity and pH
 - (b) Sugar (glucose)

- (c) Protein (albumen)
- (d) Bile pigments and bile salts
- (e) Ketone bodies
- (f) Microscopic examination
- ii) Carry out stool examination for-
 - (a) Macroscopic examination
 - (b) Microscopic examination
- iii) Carry out blood examination for:

He will collect blood by finger prick/ intravenous method.

- (a) Hemoglobin estimation
- (b) Complete blood count (RBC/ WBC total and differential/ platelets)
- (c) Erythrocyte sedimentation rate.
- (d) Blood grouping-ABO and RH
- (e) VDRL
- (f) Widal test
- (g) Serum bilirubine, serum cholestrole
- (h) Serum enzymes eg. alkaline phosphatase, SGOT/ SGPT as per the availability of kits.
- (i) He will prepare thick and thin blood smears for blood parasites eg. Malaria and filarial.
- (j) Blood samples for laboratory investigations of indoor patients at CHC/ Sub Divisional Hospital, should be taken in the morning by night duty technician carry out bed side tests i.e. Hemoglobin, TLC/ DIC, blood sugar, BT/CT etc. in the wards at CHC/ sub divisional hospital.
- iv) Carry out sputum examination
 - (a) He will instruct and demonstrate to the patients the proper method of bringing out sputum, over night collection and its delivery to the laboratory.
 - (b) Co-ordinate with other staff to ensure that patients with productive cough for three weeks or more undergo sputum examination and receive containers and necessary instructions.

- (c) Preparation of slides from thickest portion of sputum, staining and examination of sputum smears for Mycobacterium tuberculosis, read and record results.
- (d) Maintain the Laboratory register and report the results to the medical officer managing the patients.
- (e) Dispose off contaminated material as per guidelines.
- v) Carry out pregnancy test
- vi) Carry out investigations for RTI/STD cases, record and report results.
- vii) Carry out Semen examination-Sperm count and motility as well as macroscopic examination.
- viii) Prepare throat swabs and examine for diphtheria.
- ix) Take samples of drinking water
 - (a) Test sample for gross impurities.
 - (b) Send samples for testing to authorized laboratory.
- x) Any other tests, which are required for patients care and for which he is trained and provided support.

14. Maintenance of Records

He will maintain records of all supplies/ stock, investigations done. He will keep account of slides examined for malaria and tuberculosis with tracking of their treatment. He will get positive slides for malaria and tuberculosis confirmed by medical officer.

State Institute of Health & Family Welfare, Rajasthan, Jaipur
 Workshop on Job Responsibilities of Health Professionals working
 at District/ Sub District level hospitals

21st - 22nd January, 2004

Participants List

S.NO	Name & Designation	Place of Posting
1.	Laxmi Chand Rajora	Kawantia Hospital, Jaipur
2.	Mohan Lal Carpaenter	Sadat Hospital, Tonk
3.	Anwar Ahmed	Sadat Hospital, Tonk
4.	Dr. B. S. Yadav	Kawantia Hospital, Jaipur
5.	Dr. Shashi Purohit	Kawantia Hospital, Jaipur
6.	Naresh Joshi	Dungarpur
7.	Kalbe Abbas	PMO, Dungarpur
8.	Dr. Suresh Modi	J.S. Dungarpur
9.	Dr. B. P. Verma	SMO, Dungarpur
10.	Shambhu Lal Makat	NS, Dungarpur
11.	Kuljeet Kaur	Ganganagar
12.	Chetan Mehta	Ganganagar
13.	Dr. R. S. Gupta	J.S. Karauli
14.	Dr. Amita Kashyap	SIHFW, Jaipur
15.	Sarika Mehra	Karauli
16.	B. N. Sharma	SIHFW, Jaipur
17.	Dr. M. L. Solanki	J. S. Barmer
18.	Dr. Man Mohan Vyas	Sadat Hospital, Tonk
19.	Dr. Alaknanda Vyas	Sadat Hospital, Tonk
20.	Dr. H. L. Chandel	PMO, Tonk
21.	Dr. J. P. Dhamija	PMO, Ganganagar
22.	Dr. Usha Sanghi	Dy. Controllar, Ganganagar
23.	Dr. Madhu Dhamija	MO, Ganganagar
24.	Shiv Charan Lal Baghela	Dholpur
25.	Shakuntala M. V	Dholpur
26.	Dr. D. K. Mangal	Jaipur
27.	Dr. J.P. Jain	SIHFW, Jaipur
28.	Dr. M. L. Gupta	SIHFW, Jaipur
29.	Sanjay Mathur	SIHFW, Jaipur

State Institute of Health & Family Welfare, Rajasthan, Jaipur

Workshop on Review and Revision of Job Responsibilities of Health Supervisor (Male and Female), Health Worker (Male and Female) and Computer

23rd - 24th January, 2004

Participants List

S No	Name & Designation	Place of Posting
1	Dr. Surendra Goyal, M.O.	Banetha, Tonk
2	Dr. K.K. Verma, Dy. CM & HO	Sanchar, Jalore
3	Dr. M.L. Agarwal, MO I/c	CHC Bhiwadi, Alwar
4	Dr. O.P. Gupta, M.O. I/c	PHC, Govindgarh, Ajmer
5	Mrs. Madhu Sharma, LHV	PHC, Raholi
6	Sh. Girraj Prasad Sharma, S.S.	PHC, Rajmahal
7	Sh. Rambabu Verma, M.P.W.	Alwar
8	Sh. Radha Shyam Mahvar, M.P.W.	Tonk
9	Dr. G.L. Gupta, DTO	Sawai Madhopur
10	Dr. Govind Narain Arora, Dy. CM & HO	Sojat (Pali)
11	Dr. R.G. Meena, DRCHO	Tonk
12	Dr. Dinesh Shrinji, Dy. CM & HO	Nainwa
13	Dr. R.C. Sharma, J.S. Med.	CHC, Sikar
14	Dr. Narendra Godara, CM & HO	Hanumangarh
15	Dr. Shekhar Singhal, MO	PHC, Baldevsari, Alwar
16	Dr. Laxman, Jt. Dir. Medical	Ajmer
17	Mr. Rajendra Kumar, Computer	
18	Dr. Shiv Chandra, Director	SIHFW, Jaipur
19	Dr. J.P. Jain, Counsultant (Med.)	SIHFW, Jaipur
20	Mr. Sanjay Mathur, Trg. Asst.	SIHFW, Jaipur
21	Mr. Girdharilal, MPW	Ajmer
22	Dr. P.C. Sat, CM & HO	Kaman
23	Dr. S.K. Kulshreshtha, Dy. CM & HO	Kaman
24	Mr. Ram chandra, SS	
25	Mr. Geedha Ram, Jat, BHS	
26	Mr. Kuldeep Choudhary, LHV	PHC, Sargotha

State Institute of Health & Family Welfare, Rajasthan, Jaipur

Workshop on Review & Revision of Job Responsibilities

27th to 28th January, 2003

Participants List

S.N o.	Name & Designation	Place of Posting
1.	Dr.(Mrs.) Saroj Gheek, Dy. Dir.	Jt. Dir. Office, Ajmer
2.	Dr. Chandra Kant Paliwal, JS I/c	CHC, Fatehpur Skekhawati, Distt. Sikar
3.	Dr. Mahendra Singh Yadav, CMHO	Pratapgarh, Distt. Chittoregarh
4.	Dr. B.L. Siroya, DRCHO	Indra Prastha Complex, Rajsamand
5.	Dr. Shiv Suman Purohit RCHO	Nagaur
6.	Dr. G.L. Rajora, CM & HO	Tonk
7.	Dr. L.L. Datonia, RCHO	Dausa
8.	Dr. Rajesh Kumar, MO I/c	CHC, Jaswantpura, Distt. Jalore
9.	Dr. Jagdish Chandra Agrawat, Distt. TB Officer	TB Clinic, Banswara
10.	Dr. Hanuman Singh, Addl. CM&HO(FW)	Dungarpur
11.	Dr. B.R. Meena, CM&HO II	Mini Secretariate, Jaipur
12.	Dr. M.P. Budania, CM&HO	Ratangarh, Distt. Churu
13.	Dr. Mool Singh Rathore, MO	C/O Distt. TB Clinic, Jalore
14.	Dr. Dinesh Shringi, Dy. CM&HO	Nainwa, Bundi
15.	Dr. Prakash Bakhru, MO	CHC Aspur, Dungarpur
16.	Dr. Subhash Rajput, SMO	CHC Bhadra, Hanumangarh
17.	Dr. K.N. Sharma, DTO	Distt. TB Clinic, SMS Hospital Campus, Jaipur
18.	Dr. J.P. Singhal, Dy. CMHO(FW)	Purana Zanana Hospital, Alwar
19.	Dr. Ramesh Pareek Jt. Dir.	Jaipur
20.	Dr. V.K. Chomial, Dy. CM&HO	Nohar, Distt. Hanuman garh
21.	Dr. C.L. Parihar, Dy. CM&HO	Beawar, Distt. Ajmer
22.	Dr. B.G. Bhargava, Distt. RCHO	Old Hospital Campus, Sri Ganganagar
23.	Dr. Anil Agarwal MO I/c	PHC, Sojat Road, Pali
24.	Dr. Shiv Chandra, Director	SIHFW, Jaipur
25.	Dr. B.N. Sharma, Asso. Prof.	SIHFW, Jaipur
26.	Dr. M.L. Gupta, Asso. Prof.	SIHFW, Jaipur
27.	Dr. Amita Kashyap, Assst. Prof.	SIHFW, Jaipur
28.	Dr. J.P. Jain, RCH Consultant	SIHFW, Jaipur

Job Responsibilities of Nurse

78

31

Specification

Staff nurse is the second in nursing hierarchy in the ward, who works under the instructions of the _____ in-chief.

Her duties and responsibilities can be divided as under:

In addition he/she will comply any other relevant order given by higher authorities to do any other job, which is deemed essential towards achieving National/ Health Goals/ or in the interest of medical care.)

Administrative

- i) Help the Ward Incharge to carry out her work.
- ii) Work in place of the Ward Incharge in his/her absence.
- iii) Maintain general cleanliness of the ward and the sanitary annex.
- iv) Write the diet register and supervise distribution of diet. See that special diets are served and eaten by the patient.
- v) Maintain poison/ scheduled drugs registers.
- vi) Supervise medicine given by students or do it herself in case there are no students.
- vii) Supervise nursing care being given by nursing student.
- viii) Maintain emergency trays and other duty room trays, sterilizer, instruments in working condition by getting indents from sister or getting repairs done in case of a break down.
- ix) Maintain good inter-personal relations with all other staff.
- x) Maintain all procedure trays in readiness.
- xi) Ensure that serious patients going for investigations i.e. Sonography, ECG, X-Ray, and referral are accompanied by ward boy or sweeper.
- xii) Information of MLC cases to Medical Jurist and unit head.
- xiii) Maintaining BPL patient & DOTS patients record.
- xiv) Co-operates in activities related to National Health Program.
- xv) Completes discharge or death ticket of patients before sending it to record room.
- xvi) Ensure Safe disposal of biomedical waste.

2 Nursing Care

- i) Take over from previous duty nurse, all new and serious patients, instruments, supplies, drugs, etc

- ii) Make beds of serious patients and help students make beds, supplying necessary linen.
- iii) Administer injections/ tablets or liquid medicines requiring care in giving e.g. of medications.
- iv) Prepare patients for operations and see that he/she is sent to operation theatre with all necessary papers and medications.
- v) Get patients cloths and bed linen changed as and when necessary.
- vi) Take rounds with doctors when called to list new orders and see they are carried out.
- vii) See that all blood and specimen are sent to the proper laboratory with forms.
- viii) Insist that the unit doctors prepare and sign the forms. Filling up the forms is not the duty of the staff nurse.
- ix) Keep I/V or Blood transfusion tray ready and help the doctor with the procedure.
- x) Observe all patients conditions and report changes to ward incharge and/or the doctor.
- xi) Carry out nursing procedure for all serious patients. Help newly posted students to carry out their nursing procedures.
- xii) Check on every new admission, before admitting the patients all his papers must be in order. This is specially when a patient is transferred to your ward from another department.
- xiii) Read case papers properly and carry out orders and see that they are carried out.
- xiv) Give expert bedside nursing care to serious patients.
- xv) Maintain case papers, investigation reports, etc. in the proper file or board. See that all reports get attached to the correct case paper, temperature charts, in take output charts or any special chart are maintained. Case papers should not be allowed to be handled by anyone except the doctor incharge of the patient. This is especially for medico legal cases.
- xvi) Write day and night orders and maintain ward statistics.
- xvii) Talk to pre operative patients to reduce their tension and give them confidence.
- xviii) Listen to patients' problems and help to solve them through various means.
- xix) See that a discharged patient goes home with proper understanding of the follow up procedure and details of the diet, medication, exercises etc.
- xx) Inform doctor in case of a patient dying during your duty time. All concerned records; reports must be completed and handed over to the next shift staff nurse.
- xxi) Ensure universal safety precautions

80

xxii) In special areas carry out duties which required expert handling e.g.:

a) Labour Room	Difficult and abnormal deliveries, Premature baby care.
b) Operation Theatre	Care of instruments and gloves. See to sterilization Trays and Trolleys.
c) Mental Hospital	Prepare Patient for ECT and assisting doctor with it. Care of mentally retarded (Where such a Unit exists)
d) ICU	Total patients care, helping with ECG or any other investigation procedure.
e) PHC/CHC	He/ she will carryout fieldwork; as and when assigned to him or her by his/ her in-charge, in addition to medical care services.

3 Teaching and Training

- i) Instruct students in their work, and orient newly posted students.
- ii) Carry out health teaching for individual or group of patients.
- iii) Instruct students specially the newly appointed ones in the correct ways of handling bed pans, urinals, sputum cups, kidney trays, soiled dressings, bandages, binders, lines etc.
- iv) Provide for and demonstrate methods of dis-infection and cleaning.
- v) Co-operates in in-service training of health personnel on various health programs including RCH.

प्रतिलिपि आदेश सं. 4016/357/चि.स्वा./2/04 दिनांक 9-7-04 औरतें जयपुर
 उक्त सचिव, चिकित्सा एवं स्वास्थ्य प्रभु-2 चिकित्सा प्रेषित निदेशक चिकित्सा
 एवं स्वास्थ्य विभाग राजस्थान, जयपुर ।

आदेश

चिकित्सालयों में बहिरंगों/ओ.पी.डी. रोगियों को देखने हेतु पूर्व में जारी आदेशों के अतिप्रमाण में राजकीय सैटेलाइट अस्पताल/जिला चिकित्सालय/सा एचसी/पी एचसी में बहिरंगों/ओ.पी.डी. रोगियों को देखने का समय निम्नानुसार निर्धारित किया जाता है :-

वार्षिकों में :-

1. अप्रैल से 30 सितम्बर तक - प्रातः 8.00 बजे से 12.00 बजे तक - दोपहर 5.00 बजे से 7.00 बजे तक

सर्दियों में

1. फरवरी से 31 मार्च तक - प्रातः 9.00 बजे से 1.00 बजे तक
 रातः 4.00 बजे से 6.00 बजे तक

रविवार एवं राजपत्रित अवकाशों के दिनों में

वार्षिकों में

प्रातः 8.00 बजे से 12.00 बजे तक - दोपहर प्रातः 9.00 बजे से 1.00 बजे तक

सर्दियों में

- नोट :-
- 1- दो रविवार एवं दो राजपत्रित अवकाश अथवा एक रविवार एवं एक राजपत्रित अवकाश में छुट्टी करने वालों को एक दिन का डे-ऑफ देना होगा।
 - 2- इस हेतु चिकित्सक/नर्सिंग स्टाफ अपना डे-ऑफ आगामी सप्ताह में इस तरह ले लेंगे कि एक दिन में एक चिकित्सक और एक नर्सिंग स्टाफ से अधिक डे-ऑफ नहीं ले, लेकिन प्राथमिक स्तर केन्द्र पर डे-ऑफ इस प्रकार लिया जायेगा कि नर्सिंग स्टाफ एवं चिकित्सक एक ही दिन के डे-ऑफ नहीं लें।
 - 3- जिला चिकित्सालयों में डे-ऑफ इस प्रकार दिये जायेंगे कि यहाँ कि व्यवस्थाओं में कोई व्यवस्था नहीं आये।
 - 4- सामान्यतया चिकित्सक एवं नर्सिंग स्टाफ एक सप्ताह में एक डे-ऑफ लेंगे लेकिन एक सप्ताह में दो डे-ऑफ ले अधिक नहीं लेंगे।
 - 5- उक्तानुसार के डे-ऑफ यदि एक माह में नहीं लिये गये तो आगामी माह में नहीं लिये जा सकेंगे।

उक्त आदेश तुरन्त प्रभाव में आये।

निदेशालय चिकित्सा एवं स्वास्थ्य विभाग राजस्थान, जयपुर
 सं. प्र. / परिपत्र सं. 1/04/2357-2445 दिनांक : 14-7-04
 प्रतिलिपि निम्न के सुचने हेतु प्रेषित है :-
 1- राजस्थान उपायुक्त, चिकित्सा एवं स्वास्थ्य विभाग राजस्थान, जयपुर ।
 2- राजस्थान प्रमुख चिकित्सक, चिकित्सा एवं स्वास्थ्य विभाग राजस्थान, जयपुर ।
 3- राजस्थान प्रमुख चिकित्सक, अधिकारी/समस्त गु. चि. एवं स्वा. अधिकारी ।

अतिरिक्त निदेशक चि. प्र. 8
 चिकि. एवं स्वा. विभाग राजस्थान जयपुर
 14.7.04

(89)

प्रतिलिपि आदेशा संक्रांक प016३5३ चि0स्वा0/2/89 दिनांक 17.3.05 और से
शासन उप राधिव, चिकित्सा एवं स्वास्थ्य सुगुप-2३ विभाग राजस्थान जयपुर।
प्रतिनिदिशाल चिकित्सा एवं स्वास्थ्य सेवार्थे पनी0रच0३ राजस्थान जयपुर।

आ दे श

=====

इस विभाग के सम्योख्यक आदेशा दिनांक 09.07.2004 के अम
में चिकित्सातारों में बहिरंग रोगियों के देखाने हेतु रविवार एवं राजपत्रित-
अवकाशों के दिनों निर्धारित समयों में निम्नानुसार अंगीधान किया जाता है:

रविवार व राजपत्रित अवकाश

प्रातः 09.00 बजे से 11.00 बजे तक

उक्त आदेशा तुरन्त प्रभाव से लागू होंगे।

राजस्थान सरकार
निदेशालय, चिकित्सा एवं स्वास्थ्य सेवार्थे राजस्थान, जयपुर।
क्रमांक चि0पु0/परिपत्र/2005/ 886-369 दिनांक:- 23-3-05

प्रतिलिपि निम्न लिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु
प्रेषित है:-

1. समस्त समुक्त निदेशाल चिकित्सा एवं स्वास्थ्य सेवार्थे राजस्थान।
2. समस्त प्रमुखा चिकित्सा आ अधिकारी ।
3. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी।

अतिरिक्त निदेशाल चि0पु0३

चिकित्सा एवं स्वास्थ्य सेवार्थे,
राजस्थान, जयपुर।

23/3/05

1/3

पुरैशानी//