

പതിനാലാം കേരള നിയമസഭ

രണ്ടാം സമ്മേളനം

നക്ഷത്രചിഹ്നമിടാത്ത ചോദ്യം നം. 170

26.09.2016 ൽ മറുപടിക്ക്

സി.എച്ച്. സി -കൾ ശക്തിപ്പെടുത്തുന്നതിന് നടപടികൾ

<u>ചോദ്യം</u> ശ്രീ.കെ.വി.വിജയദാസ്		<u>ഉത്തരം</u> ശ്രീമതി. കെ.കെ. ശൈലജ ടീച്ചർ (ആരോഗ്യവും സാമൂഹ്യനീതിയും വകുപ്പ് മന്ത്രി)	
(എ)	സംസ്ഥാനത്തെ അനുവദിക്കപ്പെട്ട അനുസരിച്ചിട്ടുള്ള നിയമിച്ചിട്ടില്ലായെന്ന ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ടോ; സി.എച്ച്. സി കളിൽ Staff Pattern ജീവനക്കാരെ സർക്കാരിന്റെ കാര്യം സർക്കാരിന്റെ	(എ)	ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ട്. തസ്തികകൾ സൃഷ്ടിച്ചിട്ടില്ല.
(ബി)	പ്രസ്തുത സാഹചര്യത്തിൽ കളിലെ Staff പാറ്റേൺ ജീവനക്കാരെ സത്വരനടപടികൾ സ്വീകരിക്കുമോ; വിശദാംശം നൽകുമോ? സി.എച്ച്.സി. അനുസരിച്ചു നിയമിക്കുന്നതിന് എങ്കിൽ	(ബി)	02/08/1961-ലെ സർക്കാർ ഉത്തരവ് (സാധാ) നം.3150/61/ഹെൽത്ത്, 06/11/2008-ലെ സർക്കാർ ഉത്തരവ് (എം.എസ്)നം.568/08/ആ.ക.വ എന്നീ ഉത്തരവുകൾ (അനുബന്ധമായി ചേർത്തിരിക്കുന്നു) പ്രകാരമാണ് സംസ്ഥാന ആരോഗ്യവകുപ്പ് ഡയറക്ടറുടെ കീഴിലുള്ള ആശുപത്രികളിൽ സ്റ്റാഫ് പാറ്റേൺ നിശ്ചയിച്ചിട്ടുള്ളത്. രോഗികളുടെ വർദ്ധനവ് അനുസരിച്ചും പുതിയ സ്പെഷ്യലൈസേഷൻ വരുന്നതനുസരിച്ചും ധനകാര്യവകുപ്പിന്റെ അനുമതിയോടെ സി.എച്ച്.സി. കളിലെ Staff Pattern അനുസരിച്ച് തസ്തിക സൃഷ്ടിച്ച് ജീവനക്കാരെ നിയമിക്കുന്നതിന് നടപടി സ്വീകരിച്ചുവരുന്നു.

Parala

സെക്ഷൻ ഓഫീസർ

Health & Family Welfare Department - Standardization of Public Health Institutions and upgradation of PHCs./CHCs, Taluk and other Government Hospitals under Health Services Department - Orders issued.

HEALTH & FAMILY WELFARE (M) DEPARTMENT

G.O.(MS)No.568/08/H&FWD Dated Thiruvananthapuram, 6.11.2008.

Read: G.O.(P) No.156/08/H&FW dated 16.5.2008.

ORDER

Various categories of Health Care institutions namely Primary Health Centres, Community Health Centres and different categories of Government Hospitals existing in Kerala are not having a uniform pattern and the required minimum requirements have not been clearly specified. This has created various types of regional imbalances in the availability of health care institutions, adversely affecting the availability of services in the backward districts/areas. In the absence of clear-cut standardization criteria, systematic and uniform institutional development strategies have not been followed in the state. Based on some of the fundamental principles of Public Health Planning followed in the Standardization Committee report and the recently developed Indian Public Health Standards (IPHS) as approved vide G.O. above read and giving due consideration to the special features of the public health scenario and institutional development pattern of Kerala it has been decided to standardize health institutions coming under the Health Services Department.

2. As per the standardization process the institutions will be classified based on the bed strength and the field requirements. Accordingly the Institutions will be classified as follows, with the facilities and staff strength indicated under each category to be provided in due course.

2.(1) Primary Health Centres (PHCs)

- (a) Primary Health Centres are, basically Grama Panchayat level health institutions intended for providing the basic promotive/preventive health care services including the implementation of the national and state level Public Health programs along with minimum curative services. Though observation beds are provided in these institutions elaborate in-patient care is not expected at this level normally. However, at present there are many Primary Health Centres with functioning inpatient services. 1/1

strength and additional staff created in some of these institutions may be transferred, if required, to other institutions requiring additional staff and bed strength.

(b) Hospital Staff pattern (Minimum staff required)

1. Medical Officers - 2 (Preferably one male and one female - increased from existing 1, the remaining 1 can be provided by NRHM till sanctioned posts are created)
2. Pharmacists - 1,
3. Staff nurse - 3 (increased from existing 1, the remaining 2 can be provided on contract basis with NRHM funding till sanctioned posts are created)
4. Nursing Assistant - 1,
5. Hospital Attendant - 1,
6. Part time sweeper - 1

(c) Public Health Wing

One Junior Public Health Nurse & Junior Health Inspector each for one sub Center i.e for 5000 population, (for 3000 population in tribal and hilly areas.)
One Health Inspector, One Lady Health Inspector (Additional Staff required to be provided by NRHM)

(d) Office

One LD/UD Clerk, One peon

2.2. Primary Health Centres with 24 Hour on call Service (24x7 PHCs)

(a) After upgrading the eligible Block PHCs into CHCs as per the standardization criteria, the remaining block PHCs with functioning in-patient facilities along with other existing Mini PHCs with functioning IP facilities will be categorized as 24 Hr PHCs as per Indian Public Health Standard. One Hospital in each block will be designated thus as 24x7 PHC and should have bed strength of up to 30, with the following staff strength.

(b) Staff Strength:

Medical Officer - 4, Pharmacist - 2, Lab Technician - 2, Staff Nurse - 9
Nursing Assistant - 3, Hospital Attendant - 3, Part Time Sweeper - 2
Preferably a vehicle, which can be taken by outsourcing.

(c) Staff nurse and other category of staff are to be provided as per the existing bed strength and other available facilities. Public Health wing staff and Office Staff will be as per existing norms. Additional Staff requirement will be provided by NRHM.

(d) The institution will have OPD services, emergency 24x7 services that could be attended by nurses and one Medical Officer, well functioning Hospital Management Committees (HMC), referral services, in-patient services, minor surgeries, management of wound and fracture, MCH care including FP services including facility for MTP, nutritional services, School Health Programs, and Monitoring & Supervision of National Health Programs including ASHA. Full

Laboratory facilities shall be available and availability of drugs & key diagnostic tests is to be ensured.

2.3. Community Health Centres (CHC)

(a) Community Health Centres are Block level Health care institutions providing basic and Secondary Health Care services along with the planning, implementation and coordination of the Public Health Programs at the Block level. There will be one Community Health Centre each in all the Health Blocks in the State. At present some of the CD Blocks are not having a CHC. In such cases one block PHC/Govt. Hospital will be upgraded into CHC and with the support of Government of India these centres along with the existing CHCs shall be upgraded to Indian Public Health Standards (IPHS). The CHCs will have bed strength of 30 to 100 with theatre facility, Laboratory, X-ray, ECG and Ultrasound.

(b) Staff required

Doctors - 5 specialists (Medical Consultants or Junior Medical Consultants) in General Medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics and Anesthesiology.

Other non specialists - 2 (general category) based on the total bed strength will be posted. Paramedical staff and other staff are to be posted based on the bed strength and other facilities available.

(c) Block level Public Health Staff

Health Supervisors - 1; Lady Health Supervisors - 1; Staff Nurse - 12

Junior Public Health Nurse - 2; Pharmacist - 2; Lab Technician - 2

Radiographer - 1; Ophthalmic Assistant - 1; Security - 1

Other Public health wing staff and ministerial staff will be as per norms

(d) The institutions shall have proper waste management system, laundry facilities, full emergency services, shall have a minimum of 7 doctors and 1 Block Coordinator cum PRO. The institution shall provide 24x7 services, shall have separate male and female wards, and shall provide emergency obstetric care including surgical interventions like caesarian section, new born care, emergency care of sick children, lapro services, MTP services; essential lab services, blood storage services and transport services. It shall have ECG facilities, X-ray facility and preferably USS facility and shall have fully functional OT with surgical items. Minimum of two vehicles, one for administrative control over the PHCs and SCs are to be provided. One statistical assistant will be posted as the first level of monitoring/MIS. Minimum one computer with internet connection will be provided. Computerized pharmacy, training and skill development of LSGI staff, ASHAs, JPHNs, Nurses etc. fully functional HMCs, residential accommodation for the staff etc. are to be ensured.

2.4. Taluk Hospitals

(a) There will be at least one Taluk Hospital each in all the taluks. In a few large Taluks, some of the existing CHC/Govt. Hospital, will be upgraded as Taluk Hospital. In some places, Taluk hospitals, which were previously designated as CHCs shall again be re-designated as Taluk Hospitals. The staff pattern will be as per existing norms. Taluk Hospital will have minimum bed strength of 100. All the Taluk Head Quarters Hospitals having more than 100 bed strength will continue to have the existing facilities and staff pattern.

2.5. District Hospital/General hospital

There will be one or more District/General hospitals in each district with a minimum bed strength of 250. The staff pattern will be as per existing norms.

2.6. Women & Children's Hospitals & Specialty Hospitals.

The existing Women and Children's hospitals will continue as Women & Children Hospitals. The minimum bed strength of W&C will be 200, and the bed strength of W&Cs with less than 200 bed strength will be increased accordingly. Considering the need for providing quality Maternal and Child Health W&C Hospitals will be started in all districts either separately or as part of the District/General Hospitals. The staff strength will be as per existing norms.

2.7. Specialty hospitals of Mental Health, Leprosy and Tuberculosis etc will continue as Specialty Hospitals as at present. The bed strength and staff pattern in these hospitals will be reviewed separately.

3. The list of hospitals in the various categories as above is given as Appendix - I. The district - wise summary of the classification of standardized institutions is given as Appendix - II.

4. Separate orders will be issued for additional post creation in institutions, if required. However, postings may be done for the time being on contract basis with funding from NRHM depending on the need.

(BY ORDER OF THE GOVERNOR)

Dr. Vishwas Mehta

Secretary to Government

To

1. All District Collectors
2. The Director of Health Services, Thiruvananthapuram
3. The Superintendents of Government Hospital/Specialty Hospitals (Through Director of Health Services)
4. All District Medical Officers (Through Director of Health Services)
5. The Secretaries of all Municipal Corporation/Municipalities (Through Director of Urban Affairs)
6. The Secretaries of all Block/Grama Panchayat and all District Panchayat (Through the Director of Panchayats)
7. The Director of Information and Public Relations, Thiruvananthapuram.
8. Local Self Government/Department.

Forwarded/by Order

[Signature]
Section Officer

Copy to: PS to Minister (Health & Social Welfare)
PS to Minister (Local Self Government)
CA to Secretary (Health)
Stock file/Office copy.

True Copy

[Signature]
Section Officer

ATTENTION - M Sn. ①

GOVERNMENT OF KERALA
HEALTH & LABOUR (HEALTH C) DEPARTMENT

G.O. (Rt.) 3150/61/Health dated, Trivandrum, 2nd August 1961

Abstract—Staff pattern for Hospitals with inpatients—Orders issued

Read—Correspondence resting with letter PL4-9671/59 dated 29th August 1960.

ORDER

Government are pleased to fix the following pattern of staff for hospitals (with inpatients.)

Category of post

1. Doctor

- No.*
- 1 upto 30 beds
 - 2 upto 50 beds
 - 3 upto 75 beds
 - 4 upto 100 beds
 - 5 upto 150 beds
 - 6 upto 200 beds
 - 7 upto 300 beds and
 - 8 upto 400 beds

(If there are Hon. Medical Officers available, the number of doctors in the hospital with over 30 beds will be proportionately reduced.)

2. Nurse

1 for every 10 beds.

3. Midwives

1 for 800 confinements in large Maternity hospitals and a minimum of 2 for a hospital of more than 50 beds and Taluk Hospital.

ATTENTION - 2

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Category of post	No.
4. Pharmacist	1 upto 75 beds and an additional one for every additional 75 beds with the proviso that if the average outpatient No. exceeds 300 an additional one will be sanctioned for every additional 200.
5. Clerk	1 above 50 beds 2 above 100 beds 3 above 200 beds and 4 above 400 beds
6. Clerical Attender	One for hospitals with over 25 beds, but with less than 50 beds.
7. Typist	One for over 100 beds.
H A Gr II 8. Cleaners	One cleaner for every 15 beds. (12 beds Co. D. 530/42 health dtd. 27.1.1952)
Nsg. Asst. 9. Warders (Hospital bearers and Nursing Orderlies also to be known as Warders)	One for every 10 beds.
H A Gr I 10. Lascar (Stretcher attendants and watchmen to be known as Lascars)	One upto fifty beds and an additional one for additional 100 beds (Where stretcher bearers are necessary the number of Lascars will be two when the number of beds are 50 or less).
11. Sweeper (Part-time under contingencies)	Plinth area of the building and the area of the compound upto 4,000 square feet. One part-time sweeper on Rs. 7 plus 10. Plinth area of the building and the area of the compound above 4,000 square feet upto 6,000 square feet one on Rs. 12 plus 10. Plinth area of the building and the area of the compound above 6,000 square feet upto 8,000 square feet one on Rs. 15 plus 10.
12. Peon	One for an institution having fifty or more beds.

(By order of the Governor),
V. V. JOSHI,
Health Secretary.

True Copy
Basalo
Section Officer