

CHAPTER VII

MEDICAL AID AT THE TIME OF RAILWAY ACCIDENTS

701.GENERAL POLICY:-(1) The general policy in the case of Railway accidents in which casualties occur is that of rapid evacuation after rendering immediate and necessary first aid treatment. This is always preferable to prolonged detention and elaborate treatment at the site of accident as the time factor is of paramount importance in removing the injured persons to the nearest hospitals by the first available means of transport to enable all necessary medical aid to be rendered.

(2) It is therefore, essential that the Railway doctors know thoroughly their duties not only when called upon to render medical aid to the injured but also in connection with the preparations made by the Railway administration to deal with accidents and the maintenance and use of accident relief medical equipment.

(Ministry of Railway's letter No. 383.T.G/dt. 31/3/1951)

702.TYPES OF ACCIDENT RELIEF MEDICAL EQUIPMENT:- With a view to provide prompt medical aid, the following types of accident relief medical equipment are provided on the Railways.

(1) Scale I - in medical vehicles, as part of accident relief trains. Contents as per [Annexure I](#)

(2) POMKA (POrtable Medical Kit for Accidents)-in all health units, polyclinics and sub divisional, divisional and zonal hospitals, ([Annexure II](#))

(3) Scale II- in boxes, at specified stations.([Annexure III](#))

(4) First aid boxes in all stations dealing with passenger traffic, workshops, marshalling yards, loco sheds, and C & W depots, and in breakdown vans of accident relief trains and guards ([Annexure IV](#))

(No. 87/H/7/12 dt.. [15/09/1989](#) and dt. [02/08/1995](#))

(5) Special first aid boxes – provided in all long distance superfast, Shatabdi and Rajdhani trains ([Annexure V](#))

(Bd.'s letter [85/H/7/9 dt. 30.6.95](#))

(6) First aid box for gangmen- ([Annexure VI](#))

Apart from the equipment referred to above, every Railway doctor should be provided with an emergency medical bag in which he can carry the injectables, pain relieving drugs and other medicines and dressings required in emergency. If a Railway doctor happens to be on the spot of an accident, he can start relief work without waiting for the regular medical equipment to arrive.

(Para 1414 of Indian Railway Establishment Manual and Min. Of Railways letter No.69/H/2/6 dt. 16/8/71 and Rly Bd.'s letter No.87/H/7/12 dated [15/09/89](#))

703. POLICY REGARDING PROVISION OF DIFFERENT TYPES OF ACCIDENT RELIEF MEDICAL EQUIPMENT:-

(1) Accident Relief Medical Equipment Scale I in Medical vehicles forms a unit of the accident relief train and is stationed at divisional headquarters and at other selected important stations preferably where there are hospitals or health units in charge of Railway medical officers. The function of the vehicle is to carry medical equipment to the site of accident so that prompt medical aid could be rendered and injured persons transported expeditiously to the nearest hospitals.

(2) An auxiliary van is also provided along with the medical vehicle and stabled in the same siding with both ends open. The auxiliary van should have provision for emergency tools for extricating passengers from debris and should also carry adequate supply of drinking water and provision for tea, coffee and light refreshment to be served to affected passengers.

(3) As far as possible, items of medical equipment likely to be required immediately for opening a temporary field dressing station should be kept in portable containers which should be numbered, each container having a printed card attached to it in the front giving the details of the contents.

(4) The medical vehicle should be stabled in a siding having opening at both ends. Although the responsibility of placing of medical vehicle in a suitable position for taking it out quickly at a moments notice rests with the operating and mechanical departments, yet it is the duty of medical department also to keep an eye on the position in which medical van is stabled. If it is stabled in any manner likely to cause delay in its movement in an emergency, it should at once be brought to the notice of official in charge for necessary action.

(5) The medical portion of the accident relief train i.e. the medical vehicle should be stabled separately or so marshalled on the relief train that it can, if necessary, be despatched in advance of the rest of the rake without any delay.

(6) In despatching an accident relief train to the site of accident site, any factors likely to reduce the speed, such as the presence of a crane on the train, should be taken into account in deciding as to whether the medical vehicle should be sent in advance.

Note: All medical vehicles should be so built as there is no speed restriction when they are despatched to the site of accident. Further the train examiner should ensure that all bearings etc. of these vehicles are in good working condition.

Portable Medical Kit for Accident (POMKA)

(7) Contents of POMKA as per [annexure II](#) should be stored in a convenient suitcase (Size 21 inches) for easy transport by road / rail. There should be one set of POMKA in Health units & polyclinics and two sets in sub- divisional hospitals. The divisional/ zonal hospitals are required to have three sets of POMKA with some additional items as per [annexure II](#) to this chapter.

Scale II - Equipment

(8) Accident relief medical equipment Scale II is located at selected stations where there is no accident relief train. They should be located at every 80 to 100 km. apart, and preferably where there is a Railway hospital or a health unit. Generally there should be at least one scale II equipment stationed on either side of a scale 'I' equipment so that in case of major accidents, at least one or the other can reach and be available at the site of accidents in quick time.

(9) The equipment which now consist of 3 sets of POMKA and additional item as per [Annexure III](#) should be in charge of the Station Manager/Dy..S.S and should be stored in portable boxes of suitable size and standard pattern as approved by the Chief Medical Director, on a raised concrete platform so that its bottom does not touch the floor, in a separate room in or adjacent to the station building. If necessary, a room should be specially constructed for the purpose. It should have separate entry and exit one on either side, and it should be so situated as to facilitate easy loading of the boxes in train. For quick transporting, loading and unloading of the boxes containing scale II equipment, a wheelbarrow with handle should also be provided.

(10) This equipment is intended for use in major accidents only and is to be handled by any doctor or by qualified first-aiders under the supervision of the doctors. It should not be normally utilised for minor accidents.

Special First Aid Boxes

(11) (a) The special first aid boxes with contents as per the list at Annexure V should be provided in all the long distance, super fast, Shatabdi and Rajdhani Trains. The tablets and injectables provided in these boxes will be used by any qualified allopathic doctor who may be travelling in the train. Other first aid material provided, including tablet paracetamol (for Headache/Fever) can be used by a first aid trained person.

(b) These boxes will be under the charge of the Train Supdt.s. in the trains, who will be responsible for getting these boxes replenished from the hospitals/health units.

(c) In the trains where train Supdt.s. are not posted/available, such boxes will be given in the charge of departmental Pantry Car Managers who, likewise, will be responsible to get them replenished from the hospitals.

(d) The boxes with Trains Supdt.s./Pantry Car Managers in the above mentioned trains will be in addition to those provided to Guards.

(e) The additional boxes and items required for the purpose may be supplied from the Railway hospitals and no additional budgetary sanctions on this account will be provided. The size of these special boxes will be 46 cms in length, 30 cms in width, and 13 cms height and should be metallic one only. The requisite number of the boxes on each Railways may be assessed as per the number of rakes of such trains, keeping in mind an additional cushion for replacements/additional future provisions in more trains. CMDs on the Railways will arrange to process procurement of these boxes through the Controller of Stores.

(Railway Board's letter No. [95/H/7/9 dated 30.06.95](#))

First aid boxes

(12) Static first aid boxes in breakdown vans of accident relief trains, and at stations, workshops, yards, loco sheds and carriage and wagon depots etc., should be hung in a prominent place on a wall bracket in the respective offices. These boxes should be made of metal, preferably aluminium, with the lid fitting well down over the sides as to be dust proof, and should have a handle or a canvas strap arrangement for ease of carrying. The exact size and pattern of the boxes should be standardised by the Chief Medical Director.

(13) The first aid boxes for guards of passenger carrying trains should be of the standards as fixed by the St. John Ambulance Association of India and the contents should be as detailed in [Annexure IV](#). These boxes should be the personal equipment of the guards and should be carried by them in their guard-boxes.

(14) The first aid box of guards of suburban trains may be compact and smaller in size. They should have canvas strap arrangement so as to be carried on the shoulder.

(15) The equipment in first aid boxes in the workshops may differ from the standard first aid boxes to comply with the rules prescribed by the respective state Govts. under the Factories Act, in case they are different from those laid down by the Ministry of Railways.

(16) First Aid box for gangmen shall be an aluminium or metallic box, which is not likely to be rusted. It should be sturdy. Wooden boxes wherever used may be retained till they are fit for use. Their replacement should be by aluminium boxes only.

(17) The equipment contained in the first aid boxes is only for first aid and is to be used by those qualified in first aid. Even though no first aid box has been provided for the guards of the goods trains, the guards and drivers of such trains are expected to be trained in first aid, so that, life saving measures like stopping of haemorrhage and transport of case with fractured limbs can be undertaken at site.

(Para 1415 and 1416 of Indian Railway Establishment manual and Ministry of Railways' letters No.62/142/118/M(C) dt. 12/10/1962, No 66/M(M&P) 7/2 dt. 4/09/1967 and 27/07/1968, No.69/H/2/6 dt. 16/08/1971, dt. 3/12/1971 and dt. 22/12/1972)

704. Maintenance of keys:-

Scale I Equipment

(1) The keys of the locks of the various external doors of the medical vehicle will be in duplicate, one set to be in charge of the Junior Engineer (Loco) or the Station Master and the other with the medical officer in charge of the station where the vehicle is located. The keys in both the cases should be suitably marked

for identification, and will be kept in a glass fronted case, duly sealed by the station master or the medical officer in charge of the station where the vehicle is located, as the case may be, and is to be fixed in a prominent place in their respective offices.

(2) The keys of any locks inside the vehicle should also be in duplicate, one set in a glass fronted case fixed inside the vehicle duly sealed by the doctor in charge, and the other set will be kept in his custody in a sealed glass fronted case, and fixed in a prominent place in hospital or the health unit of the section.

Scale 'II' Equipment

(3) The boxes of scale II equipment will not be provided with locks and keys but will be kept sealed by the medical officer in charge of the section. The entire scale II equipment will be kept in separate boxes in a room in or adjacent to the station building, which will be locked and provided with duplicate keys, one of which will be with the stationmaster on duty and the other with the medical officer in charge. The keys in both cases should be suitably marked for identification, and will be kept in glass fronted cases, duly sealed by the station master or the medical officer, as the case may be, and fixed in a prominent place in their respective offices.

POMKA

(4) One key should be attached to the handle of the box and the other kept sealed in box in the room where the POMKA is kept.

First Aid Boxes

(5) The keys of First aid boxes for use at static locations such as stations, marshalling yards, workshops, loco sheds, carriage and wagon depots, etc., will be kept in charge of the local supervisors on duty.

(6) The first aid boxes with guards of trains carrying passengers will have no keys.

(7) Special first aid boxes should be sealed. If locked, the keys should be available either with the Train Supt. or the Pantry Car Manager, as the case may be.

705. The details of accident relief medical equipment:-

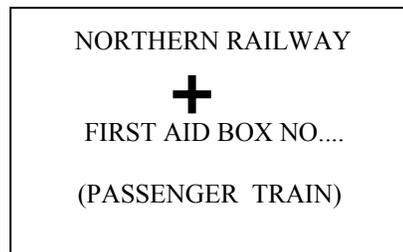
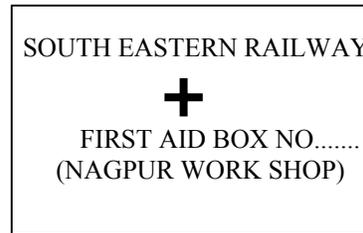
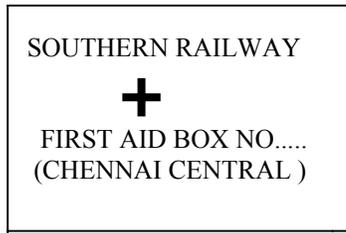
(1) The details of the contents of the accident relief medical equipment Scale 'I', Scale 'II', POMKA and first aid boxes are indicated in Annexure I to VI to this chapter, respectively. A synopsis is given in [Annexure VII](#) to this chapter.

(2) Inside the Medical vehicle or the room, as the case may be, printed list showing the full details of all the scale 'I' and Scale 'II' equipment will be affixed in a prominent place in a glass fronted case.

(3) A printed list showing the full details of all scale 'I' equipment will be displayed in a glass case fixed in a prominent place inside the vehicle. A printed list of the contents of each of the boxes, almirahs, cupboards, cabinets, or shelves will be displayed outside of these, to indicate their contents.

(4) The outside of each of these boxes of scale II equipment should be painted with a number and broad classification of contents as indicated against the list in Annexure III. A printed list of the contents of each of the boxes will be affixed to the inside of the lid of the boxes to indicate the contents.

(5) The outside of each of the first aid boxes at stations, marshalling yards, work shops, loco sheds, carriage and wagon depots and with the guards shall be painted with a number, sign of red cross on white background, the words "first aid box", name of station, workshop, etc., as indicated below:



(6) A printed list of all contents of the first aid boxes will be affixed to the inside of the lid of the boxes.

(Ministry of Railway's letter No.69/H/2/6 dt. 16/8/1971, No.71/H/2/11 dt. 18/12/1971, No. 69/H/2/6 dt. 10/01/1977 and No.79/H/7/10 dt. 11/09/1979 and 08/11/1979)

706. Custody, replenishment and inspection of the accident relief medical equipment:-

(1) The medical officer in charge of the section is responsible for ensuring that the contents of the accident relief medical equipment Scale 'I' and Scale 'II' are as prescribed and are in good order. After use, the equipment should be inspected by the medical officer in charge of the section and replenishment of all the consumed articles arranged immediately.

(2) Where Scale 'II' equipment is stored in the station building, the station master is responsible for the safe custody of the boxes. Whenever this equipment is sent to the site of accident and the contents used by Railway / non Railway doctor, the responsibility for returning the unused equipment back to the station from where it was taken rests with the station master of the station where the equipment was sent, and the Railway doctor in whose jurisdiction the equipment is located will, on return of the equipment, check the same and arrange immediately for necessary replenishment of the articles used.

(3) As regards to First aid boxes, in all big Railway stations, the contents should be replaced and refilled from the Station superintendent. These boxes should not be sent to the Health units /Hospitals for refilling. In small stations, these may be sent to the Health Units for refilling.

(Rly Bd.'s letter No [87/H/7/12 dated 15/09/89](#))

(4) The medical officer in charge of the section should inspect all accident relief medical equipment in his section and submit periodical inspection reports to his immediate superiors.

(5) A complete stock taking of all equipment in the A.R.M.E should be done every year. A certificate to the effect that this has been done and that the equipment are according to the scales laid down should be submitted by the medical officer in charge of the section so as to reach the Medical Officer in charge of

Division by the end of November and to the Chief Medical Director by the end of December. To enable this to be checked, the date of replacement should be clearly shown on the packages so replaced.

(6) A.R.M.E Scale 'I' and auxiliary van must be inspected monthly by the following officials (preferably jointly):-

- (a) Medical officer
- (b) Station master/Dy.Station superintendent/Station Manager.
- (c) Junior Engineer (Telecommunication).
- (d) Junior Engineer (Train Examining), and
- (e) Electrical official in charge.

(7) The train examiner must personally ensure that the coaches are in good working order on the mechanical side and then certify their fitness. The electrical official must personally examine and similarly ensure and certify that the electrical portion of the auxiliary coaches and the electrical equipment in the main coach are in good working order.

(8) The A.D.M.O/D.M.O/Sr.DMO must check the medical equipment and shall be responsible for the immediate replacement of articles found unserviceable or deficient.

(9) The train-examining official should ensure that the water tanks are drained and refilled with fresh water once in a month.

(10) The telecommunication official must thoroughly test the portable telephone to ensure that this is in working order and that the wire diagram is up to date. He must also check the public address equipment wherever provided.

(11) After each monthly inspection, a report should be submitted by the medical officer in charge to the C.M.S./M.S. in charge of the division stating that joint inspection has been carried out and bring to the notice of C.M.S./M.S any defects noticed that require remedial action. He will also bring to the notice of C.M.S./M.S in charge if the vehicle has not been inspected by any of the official mentioned above to enable the Medical Officer in charge to take action at the divisional level.

(12) Scale II equipment will be inspected by the ADMO/DMO/SR.DMO and the stationmaster once in a month.

(13) The C.M.S./M.S must inspect the A.R.M.E scale I once in six months and scale II once in a year and take such action as found necessary to see the equipment is up to the standard and in good working order. It is desirable that the inspection of scale I equipment is done jointly with Sr. DME, Sr. DEE and Sr. DSTE During the inspection, complete stock verification should be done.

(14) In addition to the monthly inspection, to ensure that all bearings etc., are in good condition, the train examining official must arrange for the coaches to be taken out on a trial run once in a quarter to the nearest junction where they may be detached and brought back. This must be arranged by the J.E/train examination and the Station Master, in conjunction with the control and in consultation with the medical officer in charge, so that all concerned are aware of the position of the vehicle. The date of such trial runs and results thereof should be entered in the inspection book. To ensure that all staff required to attend in case of accidents are alert and are conversant with what they are expected to do at the time of accident, accident drill should be conducted once every three months, if there is no real accident within that quarter.

(15) Other medical and executive officers would also make surprise checks of all accident relief medical equipment including the first aid boxes in running trains. Endorsement of inspection of first aid boxes should be given in the notebook provided in those boxes. After inspection, all seals broken by the inspecting officer would be replaced.

(16) A notice board should be displayed outside the office where the first aid box is kept, showing that there is a first aid post with Red Cross markings for information of staff and travelling public.

Note:-(i) Staff should be properly trained and conversant with the methods of putting up shelters.

(ii) Items of accident relief medical equipment that are expended during the accident should be recouped immediately.

(iii) Surgical instruments that are not made of stainless steel should be kept smeared lightly with Vaseline. Once a year Vaseline should be wiped off, the instrument cleaned with rag soaked in kerosene and fresh Vaseline applied.

(iv) There are many items, which are to be kept in sterile drums so that they will be available ready for immediate use. The Medical officer in charge of the division can decide the number of drums required. The drums should be of uniform size of 23-cm diameter and 23 cm height so that they can be sterilised in the single drum autoclaves normally available at almost all health units. These items should be re-sterilised every month and the date of last sterilisation indicated.

(v) All perishable items as well as injectibles and medicines should be replaced every year, sometime during September/October. i.e., when the monsoons are over. Items like adrenaline and glucose should be replaced even earlier if they show signs of deterioration, like brown discolouration or deposits in injections of adrenaline and fungus growth, haziness or deposits in bottles and ampoules of glucose solution.

(vi) Bottles containing spirituous preparations like surgical spirit, tincture iodine, etc., should be sealed with candle wax to make them airtight.

(vii) Plasma, A.T.S., Tetanus toxoid, Anti gas gangrene serum, etc. and any other equipment as well as additional quantities of equipment like blankets, stretchers, dressing materials etc., which are likely to be needed at the site of accident may be taken from the hospital and health units, in addition to the standard Accident Relief Medical Equipment.

(viii) Stretchers should be opened out and canvas tested by standing on it for deterioration once in three months. Blankets should be taken out of their boxes and examined once in six months. Umbrellas to be regularly tested by opening them.

(ix) Insecticides and /or moth repellents like naphthalene balls, di-chloro benzene etc., should be used to prevent damage to blankets, etc.

(x) Petromax lanterns and Primus stoves should be lit and tested once a quarter.

(xi) Rubber goods should be powdered with french chalk. Hot water bags and ice caps should be kept lightly inflated. All rubber goods should be replaced from fresh hospital stock once a year, including rubber tourniquets when required.

(xii) Transfusion fluids in A.R.M.E should be kept in disposable polythene containers.

(xiii) Torch cells should normally be kept outside the torch. The plastic cover on torch cells should be removed. These should be replaced once in six months or earlier if they show signs of deterioration. The torches should be tested at each inspection. All medical officers have full powers for replacement of any items that become due or any deficiencies that occur on attending an accident.

(xiv) Articles of medical comfort such as tea, coffee, milk powder and sugar, etc., should be replaced once a year or earlier if they show signs of deterioration in stock.

(xv) All items of equipment which are periodically replaced may be consumed in Railway hospitals and health units if other wise fit for consumption.

(xvi) All other items that are found to have deteriorated or become unserviceable on each inspection should be replaced.

(xvii) Availability of vials for collection of blood samples for alcohol content should be ensured.

(xviii) O₂ cylinder should be tested regularly for availability of oxygen

(xix) ARME should be regularly cleaned and all electrical connections should be on and only the mains should be 'off'

(xx) The ward of the ARME should have a door opening towards the track.

(Para 1429 of Indian Railway Establishment Manual and Ministry of Railway's letters No.1/M & H/13/75 dt.. 2nd and 3rd November.1961, No.69/H/2/6 of 16/8/1971 and No.77/H/9 dt. 30/06/1977 and Bd.'s letter [No. 87/H/7/12 dated 2.8.95](#))

707. Maintenance of list of medical institutions and private practitioners etc., of the neighbourhood:-

(1) Station masters/Dy.SS should maintain a list of all Railway and non railway medical institutions, private practitioners and first-aiders available in the neighborhood in the proforma as given in [Annexure VIII](#) -XI to this chapter. These lists should be exhibited in a conspicuous place in the office of the stationmaster at each station **and also paste them in ARMEs** for the guidance of all concerned. The stationmaster should make certain that these lists are kept up-to-date. The medical officer in charge of the section should periodically inspect the same to see that these are properly maintained and kept up to date.

(2) The medical officer in charge of the section should also maintain the list as given in [Annexure X](#) and XI to this chapter. These lists should be hung in a conspicuous place in his office/consulting room and kept up-to-date.

(3) All medical officers should make themselves acquainted beforehand with the capacity of the facilities available at all non-railway hospitals and dispensaries in their jurisdiction and try to establish personal relationship with the officials concerned.

(4) Formalities if any, to be observed before a person could be admitted in a non-railway medical institution for treatment, should also be completed with the concerned authorities beforehand and not kept pending till an accident actually takes place.

(MOR's letter No.MH59/MES/19/medical dt. 31/01/1959 and No. MH 59/MES/96/Medical dt. 25/09/1959 and A.C slip no 7 of 2002 [Bd's no 2002/H/23/4 dt 31-12-2002](#))

708. Display of detailed road maps:-

In case where the site of accident is approachable by road, medical aid may be rushed more quickly and more conveniently by road than by train. A detailed road map for each division should therefore be obtained and kept framed in all Railway control offices. Copies of these should also be available in all Railway hospitals, so that in case of need road ambulance vans can be rushed to the site directly from the Railway hospitals. The road ambulance vans should be kept in proper working condition so that they are fit to undertake long journeys.

(MOR's letter No.64/H/2/1 dt. 13/01/1964)

709. Classification of Injuries:-

(1) For the purpose of these rules, a Railway employee or a passenger or a trespasser shall be considered to be 'injured' only when he/she is incapacitated from following customary vocation for more than forty eight hours. Such injuries are classified as under -

(i) 'Serious' (include 'grievous' injuries as defined below)

(ii) 'Minor' or 'Simple', but excluding 'trivial' injuries such as abrasions or bruises.

(2) The following are considered to be grievous injuries(as per section 320 of the Indian Penal Code) -

(a) Emasculation.

(b) Permanent privation of the sight of either eye.

(c) Permanent privation of the hearing of either ear.

- (d) Privation of any member or joint.
- (e) Destruction or permanent impairment of powers of any member or joint.
- (f) Permanent disfigurement of head or face.
- (g) Fracture or dislocation of a bone or tooth.
- (h) Any hurt which endangers life, or which causes the sufferer to be, during the space of twenty days, in severe bodily pain or unable to follow his ordinary pursuits.

(3) Injuries other than those defined above are considered to be minor or simple injuries.

(4) Apart from the 'injured' cases as above, there may be cases where a passenger or trespasser receives only petty abrasions or bruises. These are of trivial nature and technically speaking should not be taken as 'injured' persons.

Note:- Change of classification of injuries may be necessary in the light of x-rays and other detailed findings after admission. Advice with regard to change of classification of injuries should be furnished to the Chief Medical Director as early as possible.

(Paragraph 1428 of Indian Railway Establishment Manual, Ministry of Railway's letter No. 68/safety/43/19 dt. 25/02/1969 and section 320 of the Indian Penal Code).

710. Duties of the staff at the time of an accident:-

(1) The most suitable responsible Railway official on whom is to devolve the responsibility of summoning the nearest available medical aid according to the urgency of the case is the Station Master. When the Station Master on duty receives information that there has been a serious accident in his jurisdiction and the services of the medical department are necessary, he should immediately take action to send the accident relief medical equipment to the site of accident by the first available means of transport. If the equipment is being sent by the relief train, and the medical officer does not arrive before the train is ready to start, the equipment should be sent with the train in charge of a responsible person, preferably one holding a first aid certificate. This medical equipment will be placed at the disposal of any available medical man on the spot.

(2) The medical officers will keep themselves in readiness for such an emergency. Immediately on receiving notice that a serious accident has occurred for which the services of the medical department are required, the medical officer in charge of the section himself, if time permits, or a responsible official deputed by him, will take the following steps:-

(i) Notify his superiors.

(ii) Notify the Matron/Sister on duty (where there is a hospital and nursing staff).

(iii) Ask all concerned authorities to co-operate with the medical department and to allow first aid men belonging to their departments to render first aid and assist in the transport of the injured from the point of accident to the non-railway /Railway hospital.

(iv) Call for assistance from the neighbouring divisions and neighbouring Railway also, if the nature and the magnitude of the accident warrant it.

(v) Inform the local non-railway hospitals about the occurrence of the accident so that they should remain in readiness to receive and treat the injured.

(vi) Instruct the nearest St. John Ambulance Brigade to send with equipment as many Brigade personnel as possible.

(vii) Detail one medical officer if he can be spared or a senior dispenser to remain on duty for seeing that all arrangements are made at the hospital at the receiving end for the reception of the injured, that transport is in readiness, that all first aid men available are informed of the accident, etc.

(viii) Proceed to the site of the accident by the first available means of transport, along with the necessary staff and medical equipment.

(ix) Advise any medical personnel *enroute* to accompany him.

Note:-(a) If the medical officer in charge of the section is not available at the time of receipt of the information of the accident, the official next in charge should take the initiative and proceed to the site of the accident with all the available equipment and the staff at his disposal and by the first available means of transport.

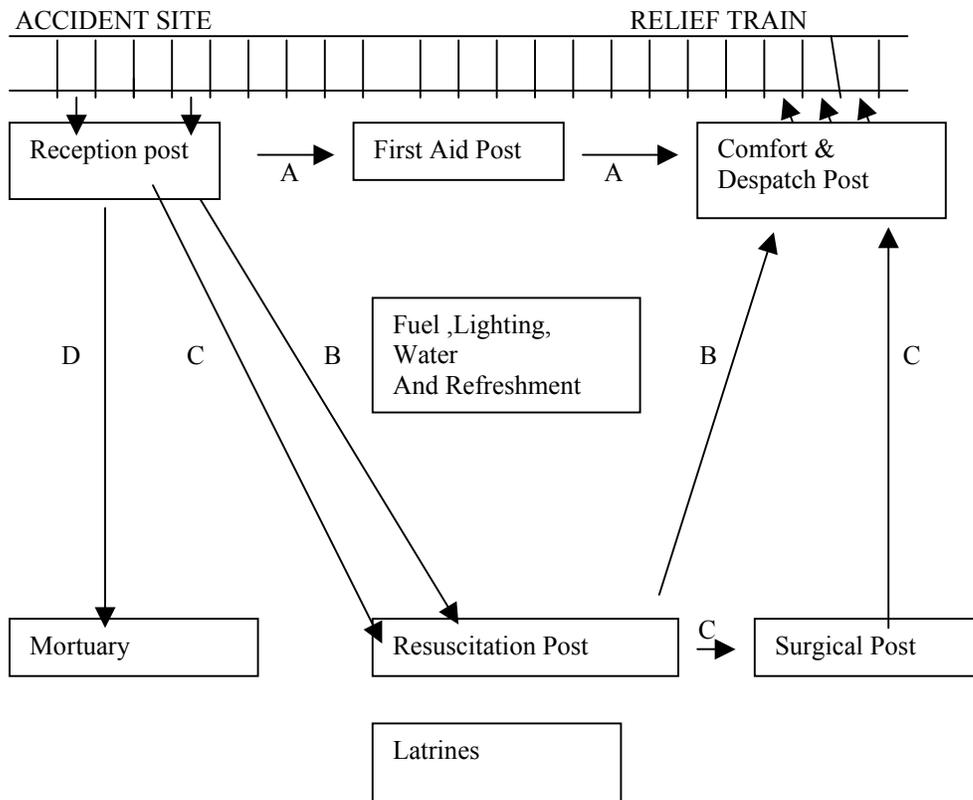
(b) In an accident case, the question of jurisdiction does not arise. It is the duty of every Railway doctor to respond to the call, whenever required, irrespective of the jurisdiction.

(c) In large stations, where there are number of doctors, details of duties to be carried out by each in case of an accident may be laid down.

(para 1416 and 1417 of Indian Railway Establishment Manual)

711. Medical aid at the site of accident:-

(1) In major Railway accidents where the number of casualties is expected to be large, it may be worthwhile to establish one or more temporary field dressing stations at the site of accident, in bivouac shelters as per the sketch given below for guidance:



A: Minor Casualties B: Cases of Shock C: Cases of Grievous Injuries D: Death

(2) When the accident has occurred near a station, the medical officer in charge may also make use of any building belonging to Railway which might be suitable for setting up of temporary field dressing station, for example, refreshment room or waiting room.

(3) The temporary field dressing station should consist of the following posts:-

- (a) Reception post,
- (b) First aid post,
- (c) Fuel, lighting, water, and refreshment post,
- (d) Resuscitation post,
- (e) Surgical post,
- (f) Comfort and dispatch post,
- (g) Mortuary,
- (h) Latrines.

(4) The Railway doctor in charge should detail the staff available to take over the necessary equipment from the accident relief medical vehicle and the boxes etc., give instructions to open them and keep everything in readiness to receive and deal with the casualties.

(5) The work of different posts should be regulated as follows:-

(a) Reception post:- All the casualties including the dead should be brought to this post directly from the site of accident for sorting and dispatch to other posts. Minor casualties should be directed to the first aid post and after necessary first aid treatment should be sent directly to the comfort and dispatch post for disposal. Serious casualties should be directed to the resuscitation post and/or surgical post, as the case may be, for treatment. The dead, after examination should be sent to the Mortuary. It is advisable that such cases be examined again after ten minutes before finally coming to the conclusion of their being dead or not.

(b) First aid post:- Here all minor casualties should be rendered first aid and then sent directly to the despatch post for disposal.

(c) Fuel, lighting water and refreshment post:- Here all necessary arrangements should be made for providing light and supply of boiling water and refreshments, etc., for the use of other posts.

(d) Resuscitation post:- The casualties are treated here. The post must be as quiet and sheltered as possible. Relief of pain and distress, correction of dehydration, restoration of blood volume and administration of oxygen etc., may be carried out where necessary.

(e) Surgical post:- Casualties requiring urgent surgical aid must be given treatment at this post and then taken to the despatch post. No elaborate surgical treatment should be undertaken, but spot amputation of crushed and hanging limbs may be done.

(f) Comfort and despatch post:- Casualties should be provided necessary comfort in the form of rest and refreshment while awaiting despatch. Here the patient's name, address and ticket/pass No. etc., should also be noted. If the patient wishes to proceed home or to his destination, he should be allowed to do so, after taking down the particulars about him. Serious casualties should be transported to the nearest hospitals without delay by the first available means of transport.

(g) Mortuary:- All dead, after examination and confirmation, should be brought to Mortuary covered with shrouds, and handed over to police for identification and disposal.

(h) Latrines:- At least two latrines- one for male and one for female- should be provided at convenient and accessible sites. Necessary number of sweepers and bhisties may be obtained from the nearest Health Inspector.

(6) All the injured persons should be dealt with in a systematic manner. Elaborate surgical methods need not be undertaken on the spot. The aim should be to provide first aid with the least possible delay, and special attention should be paid to the treatment of shock, arrest of haemorrhage, splinting of fractures etc., where necessary. Arrangements should thereafter be made to evacuate the seriously injured to the nearest hospital as expeditiously as possible. To the extent found feasible, evacuation of such cases to a hospital should be in the direction that the injured person was proceeding.

(7) The injured persons other than Railway beneficiaries should be shifted, as far as possible, to the nearest non-railway hospital except in the following circumstances:

- (i) Non availability of non-railway hospital.
- (ii) Want of accommodation in the non-railway hospital.
- (iii) Unsuitability of non-Railway hospital to render first aid.
- (iv) Difficulty of transport.
- (v) Serious condition of the patient.
- (vi) In other circumstances considered justifiable by the attending medical officer.

(8) The injured persons other than Railway beneficiaries, when admitted in a Railway hospital should be transferred to non-railway hospital as and when their condition permits.

(9) During evacuation of the injured persons to a hospital by train, stretcher/lying case should preferably be accommodated in medical vehicles and suitable alternate accommodation in the train may be utilised for the others.

(10) An attendant, male or female as needed, should travel in each compartment and a sweeper with a bedpan and a urinal should be available.

(11) Medical assistance *enroute* from other Railway hospitals/health units should be arranged.

(12) A ticket giving particulars, as far as possible, of name, father's/husband's name, address, ticket / pass No. and brief notes of injuries and first aid rendered, should be tied round the neck of all serious cases evacuated to hospitals. The hospitals to which the injured are being evacuated should be advised by quickest means regarding number and sex of the injured that are being sent to them.

(13) The Chief Medical Director must be informed immediately of any serious accident, which has involved loss of life or injury to persons. The list of the injured with a description of their major injuries must be issued with the least possible delay. The Chief Medical Director should be kept informed of the exact position regarding the names and number of persons injured or dead, nature of casualties and the time of evacuation of the injured persons to hospital. If the cases admitted are in a hospital in the section, a daily report must be sent of their progress in the first week, and at such intervals as asked for subsequently.

(14) The senior doctor in charge should be the last person to leave the site of accident after ascertaining that no case has been missed. He should arrange to get particulars of all the injured cases including those attended by non-railway doctors and the names and addresses of such doctors for settling claims, if any, and for issuing letters of appreciation by the Chief Medical Director or the General Manager later.

(15) At stations where Railway hospital is provided, the senior doctor left behind would make the following arrangements:-

(i) He should get as many beds emptied in the male, female, and children's wards as possible by discharging non-serious cases.

(ii) Adequate arrangements for blood transfusion should be made, operation theatre should be kept ready, and ambulance should be despatched to the station to bring the casualties.

(iii) Ambulances should be requisitioned from the Municipalities, Red Cross centres, and civil and military hospitals where necessary.

(iv) All local hospitals, whether civil or military, should be advised to be prepared to receive casualties, giving them an approximate idea of the number of such casualties they should expect.

(16) In order that these instructions are carried out correctly and expeditiously, it is essential that every member of the Medical staff should be conversant with his duties and should know the contents and use of various types of medical equipment to be handled by them at the time of accident. When a permanent Railway employee proceeds on transfer or leave, the attention of the relieving employee should be drawn by

the relieved employee to these instructions and to his individual duties. All hospital staff should be conversant with the erection of bivouac shelters.

(17) The doctor in charge should arrange periodical rehearsals to ensure that the staff concerned are able to carry out the above instructions.

(18) Railway Medical Officers providing medical aid at the site of accident should use doctor's aprons with arm Red Cross badges of minimum 6 " wide . All other personnel rendering medical Aid at the accident site should wear arm badges.

(paras 1418 to 1426 of the Indian Railway Establishment Manual and Bd.'s letter No [82/H/7/3 dt.. 05/06/82](#), [B6/safety-I/24/47 dt..15.5.89](#) and [dt 08-06-1989](#))

Note:- If an accident has occurred elsewhere and the injured are given attention in transit *enroute*, their full particulars without disturbing the dressing should be noted and sent to the medical officer in charge of the section.

712. Referring of the injured persons to private hospitals:-

(1) It will be the duty of the train or station staff to render first aid to a person injured within the Railway premises immediately. If necessary, arrangements should be made to summon medical aid from other Railway or non-railway sources.

(2) In the following special cases, the injured person may be taken to a private hospital:-

(a) When there is no railway or non-railway hospital available within a radius of, say eight kilometres of the site of accident, or

(b) When the attending doctor certifies, in writing, in the prescribed proforma as given in [Annexure XII](#) to this chapter, that the treatment in private hospital is necessary in the interest of the patient.

(3) Where a private hospital, to which an injured person is taken in terms of (a) and (b) above has different scales of charges for different kinds of accommodation/diet, he should normally be limited to the lowest class of accommodation/diet available. It will be left to the discretion of the doctor in charge, depending on the severity of the injury, to admit the injured person to a higher class of accommodation/diet, if it is considered essential for the recovery, or for prevention of serious deterioration of the condition of the injured person.

(4) Where the aforesaid conditions are not satisfied but the injured person, or any adult member of his family who happens to be along with him, desires him to be provided with a higher class of accommodation/diet, there would be no objection to this being done, provided the injured person or the adult member of the family agrees, in writing, to pay the extra cost involved directly to the hospital authorities.

(5) For this purpose, each of the Railway administrations should come with a working arrangement with such private hospitals as may be necessary in the areas served by them so that in an emergency, injury cases can be referred without loss of time to the hospitals concerned. To facilitate matters and to avoid misunderstandings, the Chief Medical Director should draw up a list of such private hospitals, bearing in mind the Railway or non-Railway hospitals in existence in the vicinity. The Chief Medical Director should also settle the charges to be paid to the hospitals for such cases for each class of accommodation/diet etc.

(6) The bills by such private hospitals should be submitted through the Chief Medical Director who will certify the correctness of the charges payable, before passing for payment by the FA&CAO. Payments to private hospitals under this para can be arranged locally by the Railways and the Ministry of Railways approval is not necessary.

(Para 1421 of Indian Railway Establishment Manual and M.O.R's letter No.MH 59/MES/96/ Medical dt.. 18/12/1959)

713. Recording of information:-

(1) As on these occasions, the medical staff are fully engaged in dealing with the casualty cases, a responsible official should be detailed by the Divisional Railway Manager to take notes, regarding details of the injured as mentioned and as dictated by the doctor.

- (i) Name.
- (ii) Full address.
- (iii) Ticket/Pass No. with full particulars of journey.
- (iv) Two marks of identification.
- (v) Details of injuries.
- (vi) existing deformities and old scars.

(2) Only rough notes are to be recorded at the site of accident, based on which detailed reports are to be made out later as laid down in para 714.

Note:- The official detailed by the D.R.M. will also make arrangements for refreshments and food, and to collect names and addresses of relatives of the injured passengers to be informed.

(3) The attending doctor should also make a note in respect of following, as the information may be useful at an official inquiry:-

- (i) Time and mode of receipt of first information of accident.
- (ii) Time of occurrence of the accident.
- (iii) Time of his departure from his station for the site of accident.
- (iv) Transport used.
- (v) Details of the staff who accompanied, and medical equipment taken or ordered to be despatched to the site of accident.
- (vi) Time of his arrival at the site of accident.
- (vii) Copies of all messages, including telephonic and telegraphic messages to his immediate superior or any other person.

Note:- No statement with regard to number or nature of casualties should be given to members of public or press till all casualties have been reconciled and after ensuring that not a single case has escaped attention. These reconciled and final figures should only be given to press or general public by the senior most Railway official on the spot, viz., Divisional Railway Manager, Chief Medical Superintendent or other divisional officers as the case may be.

714. Submission of reports:-

(1) On return to head quarters, a detailed report should be made out based on rough notes recorded vide para 713, which should give the name and addresses of all persons injured, with details of injuries, and should state how each case has been disposed off. The detailed report should also give particulars of the cases attended by the non-railway doctors and the name and addresses of such doctors. The report should be submitted to the Chief Medical Director along with the injury reports on accident block forms for passengers and railway employees separately.

(2) These notes should be kept confidential as these form important documents for assessing compensation. (Para 1427 of Indian Railway Establishment Manual)

715. Issue of complimentary passes to the next of kin:-

Complimentary passes may be issued to the next of kin of the victims of accident from any station in India to the site of accident and back to the destination, as well as to surviving victims, who are discharged from the hospitals, to their destinations, provided that:-

(i) the issue of such passes should be centralised in the General Manager's office and should have the personal approval of the General Manger,

(ii) the class of pass for the surviving victims should be the same as they were travelling, or higher if recommended by the attending doctor,

(iii) the class of pass for the relatives should be determined according to their status,

(iv) such passes should be issued to not more than two relatives of the injured or the deceased persons and,

(v) no break journeys are allowed.

(M.O.R's letter No. E (G) 58-5-6/1 dt. 23/25/08/1958)

716. Earmarking of alternate motor vehicles to ambulance cars:-

Wherever an ambulance car is available, an alternate road vehicle of Railways may also be earmarked for use in case of contingencies of ambulance van not being able to proceed to the site of accident. When neither such ambulance nor a Railway vehicle is available, the attending doctor may also hire any other vehicle for the transport of casualties as well as doctors, para medical staff and accident relief medical equipment. The details in regard to payment in such cases may be settled by the General Managers in consultation with their Financial Advisors & Chief Accounts Officers.

(Ministry of Railway's letter No.77/H/7/19 dt. 17/01/1978 and No.80/H/7/2 dt. 14/08/1980)

ANNEXURE I

CONTENTS OF ARME SCALE I

Sr.No	Items	Qty	Location
1.	I.V.Fluids in disposable plastic transfusion bottles		Operation theatre room
	a)5% Glucose	5 Nos.	in built-in cabinet or shelves, marked "syringes Injections and medicines"
	b)Normal saline	5 Nos.	
	c)Plasma expander like low molecular dextran	5 Nos.	
2.(a)	Disposable sterile infusion sets	12 Nos.	"
	(b) Venflow	5 Nos	
3.	Sterile disposable syringes		
	a) 2 ml	20 Nos.	"
	b) 5 ml	10 Nos	
	c) 10 ml	10 Nos	
	d) 20 ml	10 Nos	
	disposable needles	50 Nos	
4.	Inj Pentazocine	50 amps	"
5.	Inj Atropine sulphate .65mg or .6 mg	10 amps	"
6.	Inj Diclofenac sodium 3 ml	50 amps	"
7.	Inj Adrenaline 1: 1000 strength amps	5 amps	"
8.	Inj Buprenorphine	10 Nos	"
9.	Inj Lignocaine hydrochloride without adrenaline 2% vial of 50 ml	5 vials	"
10.	Inj Ampicillin 250 mg/vial	20 vials	
10(a)	Amoxicillin	100 cap. In strips	
11.	Inj Dopamine 5 ml	10 amps	"
12.	Inj Dexamethasone each vial containing 4 mg	10 vials	"
13.	Inj Diazepam 10 mg	10 amps	"
14.	Inj Pheneramine maleate	6 amps	"
15.	Inj Ranitidine	6 amps	"
16.	Inj Deriphylline	6 amps	"
17.	Nifedipine liquid capsule for sublingual use	6 caps	"
18.	Inj Paracetamol 2 ml I.M.	6 amps	"
19.	Inj Dicyclomine Hcl 2ml I.M.	6 amps	"
20.	Inj Metoclopramide	10 amps	"
21.	Inj Lasix	12 amps	"
22.	Surgical spirit 350 ml in wax stoppered bottle	2 bottles	"
23.	Solution of Iodine 2% 120 ml in stoppered bottle/Povidone Iodine solution	2 Bottles	"
24.	Chloroxylenol or similar antiseptic 120 ml	2 bottles	"
25.	Sterile paraffin tulle 10cmx10 cm or equivalent in tins of 24 pieces	5 tins/packets	"
26.	Lignocaine jelly in tube	1 Nos	"
27.	Redistilled water for inj 10 ml vials	10 vials	"
28.	Paracetamol tablets 0.5 Gm in strip	100 tab	"
29.	Tab Diazepam 5 mg	50 tab in strips	"
30.	Tab Pheneramine maleate	50 in strips	"
31.	Oral rehydration powder	12 pkts	"
32.	Tab Diclofenac sodium	100 tab in strips	"
33.	Tab Prochlorperazine 5 mg	50 in strips	"
34.	Tab Dicyclomine Hcl	50 in strips	"
35.	Tab Metronidazole + Furazolidine	100 tab in strips	"
36.	Tab Antacids	100 in strips	"
37.	Tab Salbutamol 4 mg	50 in strips	"

38.Tab Metoclopramide hydrochloride	30 in strips	"
39.Coronary vasodilator sublingual(sorbitrate10mg)	50 in strips	"
40.Nasal drops	3 vials	"
41.Tinidazole (300mg)	100 in strips	"
42.Chloramphenicol eye applicaps in bottles of 25	2 Nos	"
43.Anti infective or antiseptic insufflation powder 10 gms container	5 Nos	"
44.Surgeon's instruments and ligature in a case containing the following		Operation theatre room -----
a) Liston's Amputation knife	1 No	cabinet or shelf
b) Board Parker scalpel handle size no. 4	2 Nos	marked instruments
c) B.P.Blade for above	1 Packet	and appliances
d) Amputation saw	1 No	"
e) Probe sinus 20 cm	1 No	"
f) Director butterfly wing	1 No	"
g) Forceps bone 18 cm	1 No	"
h) Needle holder universal	2 Nos	"
i) Scissors blunt pointed 12 cm S.S	1 No	"
j) Scissors sharp pointed 15 cms S.S	1 No	"
k) Artery forceps spencer wells 12 cm S.S.	10 Nos	"
l) Razor safety with packet of 5 blades in case	1 No	"
m) Catheter male G.S.size 8 & 12	1 each	"
n) Tourniquet Esmarch (I.R.Bandage)	2 Nos	"
o) Suture needles cutting curved and straight assorted size in vulcanite case	5 each	"
p) Ligature catgut chromic with straight needles of 50 mm and curved needles of 40 mm attached in sealed tubes	5 each	"
q) Ligature nylon medium	50 strands	"
r) Ligature catgut plain in sealed tube with needles size 0 & 1	6 each	"
45.Forceps tongue S.S	1 No	"
46.Mouth Gag adult and child size	1 No each	"
47.Airways plastic or rubber child and adult size	2 each	"
48.Sponge holder 20 cm long S.S	4 Nos	"
49.Scissors surgical 12 cm blunt and sharp pointed S.S	3 Nos	"
50.Forceps dissecting 12 cm toothed S.S	1 No	"
51.Forceps dissecting 12 cm non toothed S.S	1 No	"
52.Forceps dressing 12 cm S.S	3 Nos	"
53.Forceps cheatle S.S	2 Nos	"
54.Corneal loupe	1 No	"
55.Tracheostomy set in a case labelled 'sterile', consisting of tracheostomy tube with tapes, one scalpel with blade, one sharp hook, two artery forceps, mosquito silk suture, one blunt hook and double hook retractor, sterile gauze.	1 No	"
56.Labelled cut-open set sterilized in case consisting of : 1 B.P scalpel with blade No 4, 2 Nos mosquito artery forceps,one fine dissecting forceps,one I.V.Cannula, silk thread ,one needle connected polythene tube gauze.	1 No	"
57.Eye lid retractor	1 No	"
58.Eye spud S.S	1 No	"
59.Eye fixation forceps S.S	1 No	"
60.Rubber catheter sizes 4,6 & 8	1 No each	"

61.Foley's catheter universal size	2 Nos	"
62.Tourniquet Esmarch's(I.R .bandages and card in tin case)	2 Nos	"
63.Stethoscope binaural	2 No	"
64.Sphygmomanometer	2 No	"
65.Scissors Mayo 7 " straight	1 No	"
66.Bowls lotion 25 cm,20 cm,16 cm,diameter E.I.	2 Nos each	"
67.Trays instrument and dressing with cover 30 x 25cm, 25 x 20 cm, 25 x 15 cm all S.S	1 No each	"
68.Tray kidney size 25 cm and 20 cm,	2 Nos each	"
69.Brush nail	5 Nos	"
70.Apron operation plastic	5 Nos	"
71.Apron operation ,longcloth to be kept in sterile drums	5 Nos	"
72.O.T. Slippers size 7,8	2 Nos each	"
73.Face mask disposable	10 Nos	"
74.Head cap disposable(surgeon)	10 Nos	"
75.Towels operation surgical 100 x 60 cm in sterile drums	20 Nos	"
76.Gloves surgical size 6-1/2", 7",7-1/2" sterile disposable assorted size	10 Nos	"
77.Coats surgeons	5 Nos	"
78.Towels hands surgeons (in Polythene bag)	10 bags	"
79.Soap toilet in case- cakes	5 Nos	"
80.Stopper loosener	1 No	"
81.Operation table tubular steel with sponge rubber mattress	1 No	in operation theatre room
82.Shadowless lamps 30 cm dia or angle poise and fixed on side panel	1 No	"
83.Trolley anesthetic without castor with stand for oxygen cylinder	1 No	"
84.Oxygen cylinder 1320 Ltr. capacity with key	1 No	"
85.Inj ketamine hydrochloride	5 Amps	"
86.Mask Oxygen,polythene(big and small)	1 No each	"
87.Portable resuscitation kit in a bag containing: a)Automatic resuscitator with provision for positive pressure ventilation, inspiratory, expiratory flow adjustments b)Manual resuscitator (Ambu's Bag) c)Oxygen cylinder(small) ventimask with tubes d)Suction (manual and automatic) e)Intubation set with laryngoscope, endotracheal tubes of all sizes f)stethoscope, sphygmomanometer, Hammer, Spatula, torch, thermometer. g) I.V.Rod in two (folded) disposable IV set, adhesive plasters, sterilised gauge, bandage scissors, dissecting & tissue forceps, heamo-static forceps, needle holder, disposable syringe & needle, splint.	1 No	"
88.Revolving stool	2 Nos	"
89.Trolley instrument without castors & with castor and glass top	1 No each	"
90.Steriliser instrument portable with two burner spirit stove sizes 30 x 20 x 15 cms and 20 x 10 x 10 cms	1 No	"
91.Gauge cut in assorted sizes and packed in	20 Mtrs	in cupboard or shelf

dressing drum 23 x 25 cms sterilised		marked 'sterilisation' and dressing material
92.Wool cotton absorbent cut to size and steri- -lised in drum 23 x 25 cm	2 Kg	"
93.Wool cotton absorbent packet of 500 Gms	10 pkts	"
94.Bandage loose woven compressed 7.5 cm wide 4.5 Mtr long	100 Nos	"
95.Bandage loose woven compressed 10 cm wide and 4 Mtr long	100 Nos	"
96.Bandage adhesive 7.5 cm wide in sealed tins	2 Nos	"
97.Bandage triangular 130 x 90 x 90 cm (SJAB)	30 Nos	"
98.Adhesive plaster 2.5 cm x 5 Mtr	3 Nos	"
adhesive plaster 10 cm x 5 Mtr	3 Nos	"
99. Scissors Mayo 7 "	1 No	"
100.Mackintosh 1 Mtr size.	5 Nos	"
101.Swab sticks in bundles of 25 wrapped in cloth bag and sterilised in drums	50 Nos	"
102.Spirit methylated in wax stoppered bottles of 250 ml each.	4 Bottles	"
103.Ready made plaster of Paris bandage 10 cm & 15 cms sizes in tins.	20 bandages of each size	"
104.Corrugated rubber drain for operation.	1 sheet	"
105.Pins safety assorted sizes in packets of 10.	4 sets	"
106.Thomas splint adult & child size.	2 Nos	store room in -built cupboard cabinet or shelves marked 'splints'etc., primus stove,petromax,kerosene oil.
107.Splint arm & forearm wooden set of 6.	2 sets	"
108.Splint thigh wooden list on set of 6.	3 sets	"
109.Hammer 400 Gms.	1 No	"
110.Chisel 2.5 cms wide.	1 No	"
111.Saw 30 cm long.	1 No	"
112.Clasp knife.	2 Nos	"
113.Cork screw opener.	1 No	"
114.Matches safety packet of one dozen boxes.	1 Pkt	"
115.Torch Eveready 4 cell(compact hand carrying).	10 Nos	"
116.Bulbs for torches (spare).	5 Nos	"
117.Water bottle with drinking cup and strap 1 Ltr.	5 Nos	"
118.Basin wash hand E.I. 35 cms dia.	5 Nos	"
119.Buckets plastic 5 Ltr capacity.	5 Nos	"
120.Jug water E.I. 2 Ltr capacity.	2 Nos	"
121.Stove primus/LPG stove.	2 Nos	"
122.Day carrier.	1 No	"
123.Kerosene oil in 5 Ltr tin.	1 tin	"
124.L.P.G.Petromax 1.5/ 2 Ltr.	5 Nos	"
125.Note book with pencil.	5 Nos	"
126.Memo pad with carbon paper.	5 Nos	"
127.Book for noting injury particulars. identification etc.	5 Nos	"
128.Skin marking pencil.	2 Nos	"
129.Ground sheet size 200 x 120 cm.	2 Nos	"
130.Brassards arm with red cross.	50 Nos	"
131.Haversack each containing the following:	5 Nos	Store room in In-built
a)Roller bandages	10 Nos	cupboard cabinet or
b)Triangular bandages	2 Nos	shelves marked 'Haversacks'
c)Tab. Paracetamol	20 in strips	
d)Sterile adhesive strip	40 Nos	

dressing standard size		
e)Antiseptic cream(25 Gm)	1 tube	
f)Chloramphenicol eye applicaps in plastic box	10	
g)Torch (3 cell)	1	
h) Arm brassard red cross	5 Nos	
i) Memo pad with pencil	1	
j) Tally cards 10 cm x 7 cm with eyelets & tapes	12	
k)Disposable sterilised syringes with needle 2 cc	2	
l) Inj Diclofenac sodium	2 amps	
m) Safety pins	10 Nos	
n) Esmarch tourniquet	1 No	
o) Wooden splint set of 6	1 set	
p) Analgesic aerosol spray	1	
q) Analgesic Antiseptic spray	1	
132. Sterile adhesive strip dressing standard size box of 150	1 Box	"
133.Cups feeding E.I.(200 ml)	5 Nos	In built in cupboard,cabinet or shelves marked 'Nursing appliances,bed linen and patient's linen etc'
134.Mug polythene 300 ml capacity	5 Nos	"
135.Hot water bags I.R. with cover & ice cap	5 Nos	"
136.Spittoons	5 Nos	"
137.Bed sheets cotton white 2.1 x 1.5 Mtr	40 Nos	"
138.Pillow cotton 50 x 20 cms with 2 water proof covers for each pillow	20 Nos	"
139.Sarees cotton white 5.5 Mtr	10 Nos	"
140.Lungis cotton white 2 Mtr each	20 Nos	"
141.Shirts open in front with half sleeves large size	20 Nos	"
142.Water proof sheeting 1 x 1 Mtr in pieces	20 Nos	"
143.Sand bags 30 cm x 15 cm	10 Nos	"
144.Hand punkhas	10 Nos	"
145.Shrouds long cloth 2.1 Mtr x 1.5 Mtr	40 Nos	"
146.Backrest wooden	1 No	"
147.Camps stool folding	2 Nos	in ward compartment strapped to one side.
148.Camps table folding	2 Nos	"
149.Blankets woolen/cotton according to climate	50 for B.G.	in ward compartment in tin lined boxes in
	40 for M.G	in locker under box seat or stretcher.
150. Bed pan E.I. slipper shaped	4 Nos	in ward compartment or racks in lavatory.
151. Urinal male E.I.	4 Nos	"
152. Urinal female E.I.	2 Nos	"
153. Milk powder 450 Gms or Milk condensed	2 Tins	in kitchen compartment
154. Sugar in lever lid tin in 0.5Kg /1 Kg poly pack 4 tins	2 kgs	in built-in cupboard cabinet or shelves etc., marked medical comforts.
155. Tea in sealed tin of 500 Gms(250 Gms packs 2)	1 tin	"
156. Coffee(instant) 100 Gms in sealed tins	2 tins	"
157. Table spoons S.S.	5 Nos	"
158. Tea spoon S.S.	10 Nos	"
159. Tea pot	1 No	"
160. Tumbler polythene or disposable glass (400 ml capacity)	40 Nos	"

161. Cork screw	1 No	"
162. Tin Opener	1 No	"
163. Bucket with flat cover polythene size 5 Ltr	2 Nos	"
164. Kettle aluminium size 3 Ltr	1 No	"
165. Degchi aluminium with cover 20,18,15 & 10 cms dia set of 4	1 set	"
166. Sterile /mineral water	25 bottles	"
167. Bucket G.I. 5 Ltr capacity	2 Nos	"
168. Polythene carbuoys with handle and stopper 18 Ltr capacity(for drinking water)	2 Nos	"
169. Stretcher folding S.J.A. Pattern (aluminium)	10 Nos	in box fitted to the under frame marked 'stretcher, umbrella, shelter etc'
170. Umbrella hand	5 Nos	"
171. Rain coat plastic with hood (like ladies raincoat)	5 Nos	"
172. Gum boots standard and large	2 Nos each	"
173. Breath analyser	1 No	"
174. Vials for collection of blood samples for testing alcohol content	5 Nos	"
175. Dictaphone	1 No	"
176. Stair case steel	2 Nos	"
177. Shelter as per specification given below: Shelter BIVOUAC 420 cm x 420 cm x 240 cm made of light single fly canvas with the fly extended to the ground on the two sides & open at the two ends. On both sides there should be hoods attached to the top to prevent rain beating in. Tents made of white & Blue fabric complete with bamboo poles without joints, iron pegs hammer and salits	1 No	"
178. Under water seal	1No.	
179. Foot operated Suction machine	1 No.	

ANNEXURE II

PORTABLE MEDICAL KIT FOR ACCIDENTS (POMKA) TO BE TRANSPORTED BY ROAD/RAIL

1. One surgical dressing drum (size 10"dia x 5" ht) autoclaved , each containing one kg. of sterilised cotton, 5meters of gauze(cut to different sizes) and 10 roller bandages (7.5cm x 4 mtrs) and two towels.

It should also contain one bag containing 6 artery forceps, 1 scalpel, sterile linen/silk suture; 1 tooth and 1 non toothed dissecting forceps, 2 scissors, 2 Spencer Well artery forceps, curved cutting needles No.2 with Universal needle holder.

2. catgut with needles	:2 packets
3. Sterile adhesive strip dressing.	:50 Nos.
4. Rubber tourniquet.	:2 Nos.
5. (a)Disposable sterile syringes 2 cc with needles	:10 Nos.
(b)Disposable sterile syringes 5 cc with needles	:10 Nos.
6. Methylated spirit/antiseptic lotion/povidone/iodine	:1 bottle of 250 cc
7. Chloramphenicol applicaps	:10 in plastic container
8. Tab paracetamol	:100 tab in strips
9. Tab Diclofenac sodium	:30 tab in strips
10. Tab Pheneramine maleate 25 mg.(Avil)	:30 tab in strip
11. Tab Prochlorperazine 5 mg(Stemetil)	:30 in strips
12. Tab Dicyclomine Hcl	:30 in strips
13. Tab Metronidazole with Furozolidine	:30 tab in strips
14. Tab Antacid	:30 in strips
15. Tab Salbutamol 4 mg	:30 in strips
16. Tab Diazepam 5mg	:10 in strips
17. Tab Metoclopramide	:10 in strips
18. Coronary vasodilator sublingual (Tab Sorbitrate 10 mg)	:10 in strips
19. Tab Buprenorphine(Tamagesic)	:12 tablets
20. Antiseptic cream 25 Gms	:1 tube
21. Antiseptic Ointment/Antiseptic lotion	:1 tube
22. Nasal drops	:1 vial
23. Oral rehydration powder	:4 packets
24. Inj Pentazocine	:2 amps
25. Inj Diclofenac sodium 3 ml amps	:10 amps
26. Inj Pheneramine maleate	:5 amps
27. Inj Diazepam 10 mg amps	:5 amps
28. Inj Dopamine 5 ml amps	:5 amps
29. Inj Dexamethasone 4 mg vial	:2 vials
30. Inj Lignocaine(plain)2% 50 ml vial	:1 vial
31. Inj Ranitidine	:2 amps
32. Inj Deriphylline	:2 amps
33. Nifedipine liquid capsule for sublingual use(depin)	:2 capsules
34. Inj Paracetamol 2ml i.m	:2 amps
35. Inj Dicyclomine Hcl 2ml i.m	:2 amps
36. Inj Lasix	:4 amps
37. Inj Buprenorphine	:6 amps
38. Aerosol spray dressing	:1 No.
39. Ambubag with airway 1 adult,1 child size	:1 No
40. Disposable transfusion set	:1 No
41. Disposable transfusion glucose bottle	:2 Nos
42. Stethoscope	:1 No
43. Kidney tray 25 cm and 20 cm	:2 Nos
44. Brush nail	:1 No
45. Gloves surgical	:2 pairs

46. Ryle's tube	:1 No
47. Soap toilet	:2 cakes
48. Arms band with red cross	:10 Nos
49. Torch of three cells	:2 Nos
50. Adhesive plaster 2.5 cmx 4.5 mtrs and 10 cmx 5 mtrs	:one each
51. Splints wooden extensible set of 6	:one set
52. Rain coat plastic	:two
53. Crepe bandage	:two

NOTE :Contents should be stored in a convenient container like a suit-case(size 21") for easy transport

DISTRIBUTION OF POMKA

A) Health unit/Poly clinic	:1 set of Pomka
B) Sub-divisional hospital	:2 sets of Pomka
C) Divisional/Zonal hospital	:3 sets of Pomka with the following additional items

Additional items

1. POP Bandages 10 cms & 15 cms	:10 assorted
2. Mackintosh sheet 1x1 mtr	:2
3. Aerosol spray dressing	:2
4. Folding stretcher	:2
5. Portable Boyle apparatus	:1
6. Dictaphone	:1
7. Generator set	:1
8. Laryngoscope set	:1
9. Endotracheal tubes	:1 set

Annexure III

CONTENTS OF ARME SCALE II:

Each ARME Scale II should contain 3 sets of POMKA and the following additional items

Additional items for ARME II

1. POP Bandages 10cm and 15 cms	:5 each
2. Mackintosh 1 Mtr x 1 Mtr	:2
3. Folding stretcher	:2
4. L.P.G. Based petromax	:2
5. Spare mantle for petromax	:2
6. Match box	:1
7. Tally card 10x 7 cms with one skin marking pencil	:12
8. a.Catheter sterile male	:2
b.Catheter sterile female	:2
9. Mouth gag	:1
10. Shop scissors	:1
11. Clasp knife	:1
12. Umbrella hand	:2
13. Gum boot	:2 pairs
14. Basin wash hand E.I. 35 cm dia	:one
15. Bed sheets	:10
16. Shroud	:6
17. Blanket woolen or cotton according to climatic conditions	:6
18. Note book with pencil	:2 Nos
19. Memo pad with carbon	:2 Nos
20. Book for noting injury particulars, identification marks etc	:2 Nos

These additional items for scale II ARME should be kept in two boxes for easy transport

Annexure IV

FIRST AID BOX

Item should be kept in small first aid box. The ones fixed in the station may continue to be of wooden/aluminum. The portable ones in trains should be of aluminum or metal. No change in the pattern.

CONTENTS:

1. Set of six wooden extensible splints (St.John Ambulance type)	1 set	deleted
1. Sterile adhesive strip dressing(standard size)	20 Nos	
2. Rubber tourniquet	2 Nos	
3. Roller bandages (7.5 cm x 4 Mtr) gauze	10 Nos	
4. Triangular bandages(130 cm x 90 cm x 90 cm)	4 Nos	
5. Tab Paracetamol	20 in strips	
6. Antiseptic cream 25 Gms	1 tube	
7. Injury card	1 No	
8. Safety pin set of 10	1 set	
9. Tab diazepam	10 tab in strip	
10. Cotton wool	100 gms 1 packet	

As at present, in all big Railway stations, the contents should be replaced and refilled from the S.S. These boxes should not be sent to the Health units/Hospitals for refilling. In small stations, these may be sent to the Health Units for refilling.

The aluminum boxes should not be bigger than 22 cms x 18 cm x 10 cm and it's weight along with the contents should be about 1.5 Kg and in no case should exceed 2 Kg.

(Annexure II to Rly Bd's No 87/H/7/12 dt 15/09/89 [and letter NO.2001/H/23/6 dt 29-06-2001](#))

Annexure V

FIRST AID BOX FOR RAJDHANI/SHATABDI/SUPERFAST EXPRESS

(Corrected Vide Letter Dt.:4/7/95)

Revised list of contents of First Aid Box for Long Distance Vestibule Trains, Rajdhani Express & Shatabdi Express.

Sr.No.	ITEM	Nos.
1.	Band-Aid strips (1.9x7.2 cms)	50
2.	Sterile Absorbent Gauze Pad (7.5x7.5)	15
3.	Sterilised Absorbent Cotton Wool (25 gms)	10
4.	Roller Bandage (7.5 cms x 4 m)	20
5.	Triangular Bandage	5
6.	Adhesive Plaster (2.5x4/5 mars)	2
7.	Splints, Wooden, extensible set of 6	1 set
8.	Pins safety on a card or in a box	20
9.	Scissors Dressing	1
10.	Esmarch Tourniquet (IR. Bandage)	1
11.	Resuscitator Aid Bag (Air-Viva Type)	1
12.	Airway Tubes (Medium & small size)	2
13.	Tab. Paracetamol	30 tabs in strips
14.	Tablets Diclofenac sodium	30 -do-
15.	Tab. Pheniramine Maleate 5 mg	30 -do-
16.	Tab. stemetil 5 mgm	30 -do-
17.	Tab. Dicyclomine Hcl	30 -do-
18.	Tab. Metronidazole+Furozolidone (Dependal-M)	30 -do-
19.	Tab. Antacid	30 -do-
20.	Tab. Salbutamol 4 mgm	30 -do-
21.	Tab. Diazepam 5 mgm	30 -do-
22.	Tab. Metoclopramide HCL	10 -do-
23.	Coronary Vasodilator sub-lingual (Tab Sorbitrate)	10 -do-
24.	Antiseptic Cream 25 gms	1 tube
25.	Antiseptic ointment/Antiseptic lotion	1 tube
26.	Antiseptic Spray Dressing	2 Nos.
27.	Nasal Drops	1 vial
28.	Chloramphenicol Eye applicaps	10 in plastic container
29.	Oral Rehydration Powder	4 pkts
30.	Inj. Metaclopramide HCL 5mg/ml (2ml amp)	2 amps
31.	Inj. Dexamethasone 4 mg/ml	1 vial

32.	Inj. Diclofenac sodium (3ml/amp)	2 amps
33.	Inj. Pentazocine HCL 30 mg/ml	1 amps
34.	(I) 5% Glucose Transfusion disposable bottle plastic	1 No
	(ii) Normal Saline	1 No
35.	Disposable transfusion set	1 Nos.
36.	Disposable syringes 2 cc	2 Nos.
37.	Disposable syringes 5 cc	1 Nos.
38.	Needles size 20	4 Nos.
39.	Needles size 24	4 Nos.
40.	First Aid Box Card for accountal	1 Nos.
41.	Injection Pheniramine Maleate	2 amps
42.	Injection Ranitidine	2 amps
43.	Injection Deriphyline	2 amps
44.	Nifedipine Liquid Capsule for sub-lingual use (Depin)	2 capsules
45.	Injection Diazepam	2 amps
46.	Inj. Paracetamol 2ml-1M	2 amps
47.	Injection Dicyclomine Hcl 2 ml	2 amps
48.	Injection Frusemide	4 amps
49.	Disposable Spirit Swabs	10 Nos.

Note: Medicines, Injections and Transfusion fluid to be used by a qualified person authorised to use the Allopathic Drugs..

Annexure VI

FIRST AID BOX FOR GANG MEN

It shall be an aluminium or metallic box, which is not likely to be rusted. It should be sturdy. Wooden boxes, wherever used, may be retained till they are fit for use. Their replacement should be by aluminium boxes as and when required.

CONTENTS:

1. Gauze roller bandages(7.5 cm x 4 Mtr)	10 Nos
2. Triangular bandages(130 cm x 90 cm x 90 cm)	4 Nos
3. Tab Paracetamol	20 in strips
4. Chloramphenicol eye applicaps	10 in plastic container
5. Antiseptic cream 25 Gm tube	1 No
6. Sterile adhesive strip dressing standard size	10 Nos
7. Sterilised first field dressing in sealed polythene 12 cm x 8 cm	2 Nos
8. Safety pin set of 10	1 Set

Annexure VII
STANDARD ACCIDENT RELIEF MEDICAL EQUIPMENT OF ALL KINDS :-
Distribution and Maintenance of

No.	Location	Description of medical equipment	Place where equipment carried or kept	Contents	Equipment designed to be used by
1.	On Accident Relief Trains and at selected stations	1. Accident Relief Medical Equipment Scale 'I'. 2. Static First Aid Equipment in First Aid Box.	Medical Relief Vehicle. Breakdown tool van.	See Annexure I. See Annexure IV.	Doctors. Qualified First Aiders.
2.	POMKA		Health Unit/polyclinic/sub-divisional/divisional/zonal Hospitals.	See Annexure II.	Doctors. Qualified First Aiders.
3.	At other selected stations where there is no Accident Relief Train.	Accident Relief Medical Equipment Scale II.	Station Building.	See Annexure III.	Doctors and Qualified First Aiders.
4.	At all stations dealing with passengers.	Static First Aid Equipment in First Aid Box.	Stationmaster's Office.	See Annexure IV. One stretcher.	Qualified First Aiders.
5.	Rajdhani / Statabdhi/ <u>Superfast</u> Express.	Special First Aid Box.	With Train Superintendent or Pantry car Manager.	See Annexure V.	Doctors. Qualified First Aiders.
6.	In all trains carrying passengers.	Guards' First Aid Box.	With Guard.	See Annexure IV	Qualified First Aiders.
7.	At all marshalling yards, and other such places.	Static First Aid Equipment in First Aid Box.	Yard Master's Office TXR's Office and/or Signal Cabins, etc, conveniently situated.	See Annexure IV One stretcher.	Qualified First Aiders.
8.	In workshops	Static First Aid Equipment in First Aid Box.	Workshop Foreman's office and/or at other convenient places throughout the workshops with clear instructions to	See Annexure IV One stretcher.	Qualified First Aiders.

			show where the First Aid Equipment is located and in whose immediate charge it is.		
9.	In loco sheds and carriage & wagons depots.	Static First Aid Equipment in First Aid Box.	Office of Loco Foreman or Office-in-charge.	See Annexure IV One stretcher.	Qualified First Aiders.

Annexure VIII

LIST OF RAILWAY HOSPITALS AND HEALTH UNITS IN THE NEIGHBOURHOOD.

1	2	3	4	5	6	7	8	9	10
Station	Name and location of the hospital or health unit	Designation of the medical officer in charge.	Number of beds for males and females .	Whether X-ray facilities are available .	Whether operation theatre exists.	Whether requisition for assistance can be sent by telephone (give telephone number), telegram or messenger .	Distance of the hospital or health Unit from the station.	Mode of transport available.	R e m a r k s.

Note: Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Stationmaster/Station superintendent.

ANNEXURE – IX
(See Paragraph 707)

LIST OF NON-RAILWAY HOSPITALS OR DISPENSARIES INCLUDING GOVERNMENT, MUNICIPAL, MISSION, MILITARY OR PRIVATE INSTITUTIONS IN THE NEIGHBOURHOOD

1	2	3	4	5	6	7	8	9	10	11
Station	Name of the hospital or dispensary	Address	Designation of the doctor in-charge	Number of beds for males and females	Whether X-ray facilities are available	Whether operation theatre exists	Whether requisition for assistance can be sent by telephone (give telephone number), telegram or messenger	Distance of the institution from the station	Mode of transport available	Remarks

Note: any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master

**ANNEXURE X
(SEE PARAGRAPH 707)**

LIST OF PRIVATE MEDICAL PRACTITIONERS AVAILABLE AT OR IN THE VICINITY OF THE STATION

1	2	3	4	5	6	7
Station	Name of the medical practitioner	Medical qualifications	Full address and telephone number (clinic and residence)	Whether requisition for assistance can be sent by telephone or messenger	Whether available at short notice during day or night	Remarks

Note:- Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.

**ANNEXURE XI
(See Paragraph 707)**

LIST OF RAILWAY PERSONNEL AT STATION, INCLUDING IN THE LOCAL WORKSHOPS, LOCOSHEDS ETC., QUALIFIED TO RENDER FIRSST AID

1	2	3	4	5	6
Station	Name	Designation	Address	Rostered hours of duty	Remarks

Note:- Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.

ANNEXURE XII

(See Paragraph 712)

_____ **RAILWAY**

Ref.: Accident to Train No: _____ at _____ on _____

This is to certify that Shri/Shrimati/Kumariwho has been injured in the above mentioned accident and attended to by me, requires treatment in a hospital immediately and that he/she must be sent to the nearest(Private) Hospital.

(Signature of the Doctor & Designation)

Registration No: _____

Station _____

Date: _____ Time _____