

CHAPTER VIII
SPECIAL PROVISION RELATING TO VARIOUS DISEASES

Section A- Tuberculosis

801. Examination of all candidates: - All candidates for appointment to posts in Railway service are to be thoroughly examined and investigated for evidence of tuberculosis and, where necessary, protected against the disease by B.C.G. vaccination. The investigation will include a radiographic examination of the chest.

(MOR's letters No. 63/H/5/3 dated 6th July 1963 No. 64/H/5/23 dated 7th December 1964 and No. 67/H/5/2 dated 20th April 1967).

802. Examination of employees coming in contact with susceptible groups of population:

(1) Teachers and other categories of staff in Railway schools, who come in contact with susceptible groups of population, may also be radiographically examined and protected by necessary B.C.G. vaccination, etc. to the extent possible. Those suffering from tuberculosis should be extended full facilities for treatment and rehabilitation.

(2) Food handlers, whether Railway employees or employed on commission basis in departmental catering establishments, should be subjected to radiographic examination of the chest, free of cost, in Railway hospitals. Where facilities for such examination do not exist in Railway hospitals, arrangements should be made with the state Governments concerned for the purpose. In the case of those employed by contractors in the establishments run by them, the contractors themselves should arrange to have them radiographically examined at any state Government center at their own cost and produce a certificate at the time of appointment, as also at subsequent, periodical re-examinations, which should be at the end of every year thereafter. Such examinations, where not feasible in state Government institutions, may be carried out in Railway hospitals on payment of outsider's charges. The contractors should also arrange to have them tuberculin tested and B.C.G. vaccinated where such facilities are available.

(MOR's letters No. E57/ME5/Medical dated 4th November 1959, 14th January 1960, 6th March 1961 and 4th June 1961, No. 65/H/7/71 dated 27 July 1965 No. 65/H/5/32 dated 20/05/1966).

803. Employment/retention of persons with healed tuberculosis in Railway services: (1) There is no bar to employment on Railways of persons who may have suffered from tuberculosis in the past but are certified by recognised tuberculosis specialists as healed cases and fit for work, provided such persons are considered otherwise fit by Railway doctors or by Railway medical board as the case may be.

(2) A Railway employee whose services are terminated either because the maximum limit of leave and extraordinary leave admissible is exceeded or because the medical officer cannot recommend the grant of leave as there appears to be no reasonable prospect of the employee ever being fit to resume duty (i.e., under Rule 2228- R.II, which should, however, be used with due care so as not to cause unnecessary hardship in tuberculosis cases) may, on recovery, and on his being certified by a tuberculosis specialist as non-infective and fit for work, be considered for appointment, even in permanent capacity, in suitable posts for which he is considered fit otherwise.

Note:-(i) A recognised tuberculosis specialist is a person belonging to any one of the under mentioned categories:

(a) A medical practitioner who has been engaged in tuberculosis work for a period of at least eight years, where the practice was mainly confined to this speciality;

(b) One who has been in-charge of modern tuberculosis institution, either a hospital, a sanatorium or a clinic with facilities for X-ray and laboratory examination, for period of five years, or one who has worked in such an institution as senior Assistant for a period of five years;

(c) Professors and teachers of medicines recognised by the Universities who have had special training in tuberculosis or who have had a large practice, i.e., 50 per cent of his total practice was tuberculosis work for a period of at least five years.

(i) The benefits envisaged in paragraph 803 above may, *mutatis mutandis*, be extended to apprentices also.

(ii) When re-employed in permanent posts, they may be confirmed therein out of turn provided they were permanent before their previous service was terminated due to absence through sickness. If their previous service was only temporary, they may be confirmed in their turn counting their previous service also for this purpose only.

(iii) The balance of previous leave, if any, should lapse in the case of such re-employed staff.

(iv) For purposes of fixation of pay of non-gazetted staff on re-employment, it should be fixed in such a way that, as far as possible, there is no sharp diminution in emoluments on their re-employment from what they were drawing at the time of their discharge from Railway service. The cases of re-employment in gazetted posts should be sent to the Ministry of Railways for orders.

(v) Condoning of break in service for the purpose of provident fund and special contribution to provident fund will be dependent on the person refunding the provident fund and special contribution to provident fund previously received by him.

(vi) The previous service will count for the purpose of passes and P.T.O s also when the break in service is condoned for the purpose of special contribution to provident fund.

(vii) The previous service will be taken in to account for counting the length of service for purposes of eligibility to appear in a departmental test/examination.

(MOR's letters No. E50ME5/39/3 dated 19th March 1953 and 23rd July 1953, No.1953, No. E54ME1/5/3 dated 28th October 1955 and NO. E56ME1/1/17/Medical, dated 16th July 1956).

804. Duties of a doctor on detection of a tuberculosis case:- (1) Cases of tuberculosis or suspected tuberculosis may come to the notice of the Railway medical officers in one of the following ways viz..-

(i) in the course of normal work in the out-patient or in-patient department;

(ii) From sick certificates brought by Railway staff from private medical practitioners and other non railway institutions; and

(iii) Cases discovered at chest clinics on Railways.

(2) All tuberculosis cases should immediately be brought to the notice of the Medical Officer in-charge of the division by the Railway medical officer, who initially spots them, who will make the best possible arrangements commensurate with the condition of the patient for the treatment of the case either in a Railway chest clinic, a Railway Hospital, or a non-railway sanatorium/institution where separate annexes/beds have been reserved for the purpose. The Medical Officer in-charge of the division will also take necessary action in regard to examination, segregation or follow up of contacts and prophylactic inoculation of the Railway population at risk.

805. Scope of treatment of employees. their families and dependants-In Railway hospitals and Railway chest clinics

(1) Railway employees, members of their families and dependent relatives will receive, free of charge, treatment for tuberculosis, to the extent facilities are available in Railway hospitals and Railway chest clinics.

In reserved accommodation in non-railway sanatoria /institutions

(2) Railway employees, members of their families and dependent relatives may receive, free of charge, treatment for tuberculosis, in non-railway sanatoria/institutions where separate annexes/beds have been reserved for the purpose.

(3) For institutional treatment, preference should be given to Railway employees. The family members and dependent relatives of the Railway employees may be allotted these reserved beds when not required for Railway employees themselves. However, family members and dependent relatives, when admitted, will not be required to give place to Railway employees.

(4) Before sending a patient to a non-railway sanatorium/institution, the case should be got approved by the authorities of the sanatorium/institution by sending them skiagrams and clinical notes etc., in the forms prescribed by them. After examination of these skiagrams and clinical notes, etc., the authorities of the sanatorium/institution will advise the Medical Officer in-charge of the division concerned of the suitability or otherwise of the patient for admission.

(5) It is also necessary that the authorities of the sanatorium/institution should inform the Medical Officer In-charge of the Division concerned at least four weeks before the discharge of a patient from the sanatorium/ institution, so that the patient next in the waiting list can be sent in his place in time and the bed does not remain vacant for a long time.

(6) It is advisable that the authorities of sanatorium/ institution send all admission and discharge reports to the Medical Officer In-charge of the concerned Division .

In non-reserved accommodation in recognized non-railway sanatoria/institutions

(7) When early sanatorium or hospital treatment is necessary and no Railway reserved beds are available, Railway employees, members of their families and dependent relatives may, at the instance of their authorized medical officer, get themselves admitted in non-reserved accommodation in the non-railway tuberculosis sanatoria/ institutions recognized for the purpose,.

(8) The authorized medical officer, while referring cases against non-reserved accommodation in recognized sanatoria/institution in terms of sub-paragraph (7) above, should give the following certificates:

- (a) Early admission to the sanatorium/institution is necessary.
- (b) No railway-reserved bed is available.

(9) The Chief Medical Director of the Railway should, in such cases, contact the Medical Superintendents of the recognized sanatoria and refer the cases for admission and treatment, to them subject to conditions that

- (i) the standard of treatment provided by them is good and efficient,
- (ii) the patient should, as far as possible, be admitted to a free ward,

(iii) If (ii) above is not possible, then the patient should be admitted to the lowest class of paying wards, where charges should be comparable to those paid for reserved beds in other sanatoria, of up to Rs. 2,400 per bed per annum, and

(iv) In case the patient prefers to be in a paying/costlier ward, even when accommodation is available in a free/lower class of paying ward, he may be allowed to do so, but additional cost shall not be borne by the Railway.

Note. (i) The Chief Medical Directors and the Medical Officer In-charge of Division should maintain full information regarding all sanatoria and similar other institutions on the Railway irrespective of whether they have beds reserved at the cost of Railway revenues, and should also keep sufficient number of admission forms of all those sanatoria/institutions, so that patients who may wish to make their own arrangements for bed may have the necessary information and advice readily available to them.

(ii) A patient should, at his own cost, provide himself with necessary utensils, clothing mosquito net, etc., if the regulations of a sanatorium/institution so require.

(Rule 641(I) and Note below Rule 641(II)-R.I., MOR's letters No. E57ME3/8/Medical dated 14th/16th November 1957 and. No60/m. & H/5/2 dated 5th September 1960)

806. Admissibility of free diet to patients suffering from tuberculosis:- Please see paragraph 641

807. Payment of medical expenses incurred by patients suffering from tuberculosis.- When a Railway employee, a member of his family or dependent relatives receive treatment in non-reserved accommodation in a recognized tuberculosis institution in terms of paragraph 805(7) above, the sanatorium charges, including diet charges, incurred on all kinds of tuberculosis diseases, may be paid direct to the sanatorium authorities by the Railway Administrations on the basis of the monthly bills received subject to the conditions that:-

(i) Before payment is made, the charges on account of special medicines, reimbursement in respect of which is not admissible, and the cost of diet in respect of those whose pay is more than Rs.4200/- per month, are deducted from the bills of the sanatorium, and

(ii) Payment should be made only so long as a reserved bed is not available in the same hospital or in a nearby hospital and, as soon as a reserved bed is available, the patient should be removed to the reserved bed, unless it is medically inadvisable to do so.

Note: Cost of special medicines or extra diet should be borne by the Railway administrations if the cost of reservation of beds in a sanatorium/institutions does not include such charges. The General Manager will have full powers to sanction the cost of such special medicines. These powers should not, however, be re-delegated to lower levels.

(Ministry of Railways' letters No. 63/H/1/2 dated 16th February 1963, No. 70/70/H/5/1 dated 17th April 1970 and No. PC-68/DA-1/4 dated 6th June 1970).

808. Post-treatment check-up of Railway employees by tuberculosis specialists:- Where it is considered by the Medical Officer In-charge of Division concerned that a patient should be sent to a sanatorium/institution for a follow-up by a tuberculosis specialist, arrangements for the same should be made. If, for non-availability of reserved beds, the patient has to be admitted in non-reserved accommodation, the charges incurred will be borne by the Railway Administration.

809. Submission of Reports.- The Medical Officer In-charge of Divisions should send monthly reports to the Chief Medical Director, in all necessary details about the progress of the patients sent to the different railway/non-railway sanatoria/institutions. The Chief Medical Directors will thus be in a position to determine approximately when the next vacancy will occur, and ensure full utilisation of the reserved beds.

810. Issue of passes to patients suffering from tuberculosis: please see para 832.

811. Admissibility of allowances to patients suffering from tuberculosis: please see para 833.

812. Establishment of chest clinics: (1) With a view to provide preliminary and post-sanatorium treatment to the Railway employees, their family members and dependent relatives suffering from tuberculosis, and thus to correspondingly reduce their stay in non-railway sanatoria/institutions, a minimum of one chest clinic should be provided for each division on the Railways, irrespective of the bed strength of the divisional hospital. These chest clinics may ordinarily be located in each divisional hospital, due regard being paid also to stations at which there is a large concentration of railway population, for example, a large workshop or shed, etc.

(2) These chest clinics should have the following facilities: -

(i) X-ray examination of the chest.

(ii) sputum and blood test .

(iii) specialised equipment, like artificial pneumothorax and pneumoperitonium,

(iv) special antibiotics and drugs,

(v) a few beds for indoor accommodation, primarily for outstation patients, and

(vi) a doctor having special training and experience in tuberculosis.

(Ministry of Railways, letters NO. E 55ME5/54/Medical dated 24th February 1956 and 6th November 1956).

813. Orientation training course at the National Tuberculosis Institute, Bangalore:- (1) With a view to have effective control on the incidence of tuberculosis amongst Railway population, each Railway may send one team at a time consisting of the following staff, for orientation training courses for control of tuberculosis at the National Tuberculosis Institute, Bangalore:-

- (i) One Medical Officer.
- (ii) One treatment organiser/(Health Visitor)
- (iii) One X-ray Technician.
- (iv) One Laboratory Technician.
- (v) One B.C.G. team leader.
- (vi) One Sr. Clerk (statistical).

(2) The following terms will govern the training of such teams :-

(i) The duration of the training will be for a period of three months.

(ii) The period of training will be treated as on duty.

(iii) The trainees may be allowed stipend (Rs. 100 per month in the case of the medical officer and Rs. 50 per month in the case of other categories) that will be paid by the Health Ministry or travelling allowance under Rule 331-R.I., whichever is higher. Only the difference between the travelling allowance and the stipend will be payable by the Railway.

(iv) Free simple hostel accommodation will be provided to the trainees, who will however have to meet their messing and other incidental expenses, themselves.

(MOR's letter NO. 64/H/5/31 dated 3rd September 1965)

814. Annual return regarding data on tuberculosis - A consolidated return, giving month wise information in the prescribed proforma as given in Annexure I to this chapter, should be furnished to the Tuberculosis Association of India at the end of every financial year, and a copy there of endorsed to the Ministry of Railways.

(MOR's letter No. MH58ME5/12/Medical dated 30th June 1959 and 25th July 1962)

Section B-- Cancer

815. Scope of treatment of employees, their families and dependants.-(1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for cancer at Railway hospitals, to the extent facilities for such treatment exist.

(2) They may also receive, free of cost, treatment, at the nearest recognised hospital providing such treatment, on the recommendation of the authorised medical officer.

In case where they are advised by the Medical superintendent of the recognised hospital to continue certain treatment or check ups after their discharge from the hospital as a follow-up, they may be allowed to do so without consulting an authorised medical officer.

(3) If the Medical Superintendent of the recognised hospital to whom the patient is sent for treatment by the authorised medical officer, recommends that special treatment is necessary at the Tata Memorial Hospital, Mumbai, such patient may also receive free treatment at this hospital.

(Rule 943-R.I. and MOR's letters No. MH60MEI/4/Medical dated 10th March 1961, No.62/H/1/53 dated 13th September 1962 and No. 77/H/6-1/41 dated 11th January 1978).

816. Issue of passes to patients suffering from cancer.- Please see para 832.

817. (a). Admissibility of allowances to patients suffering from cancer.- please see para 833.

(b) Admissibility of free diet to patients suffering from cancer .- please see para 641.

818. Grant of advances to patients suffering from cancer.- please see para 834.

819. Facilities available to Railway passengers (other than employees) suffering from cancer./other diseases-(1) Cancer patients are granted concession while travelling alone or with an attendant. The concession is allowed for admission to or on discharge from hospitals/institutes where cancer patients are treated and also for their re-examination or periodical check-up.

(2) The concession order (letter of authorisation) for the outward journey is issued by the Divisional Railway Managers/Divisional Commercial Managers/Chief Commercial Managers etc., of the Railway concerned on production of a certificate in a prescribed form from the State/Divisional Medical Officer/Registered Medical Practitioner/officer-in-charge of the Cancer hospital/institute. On presentation of the concession order, the station Master issues tickets at concessional rates.

(3) For return journey on discharge from cancer hospital/institute or after re-examination or periodical check-up, the Station Master/Dy.Station Superintendent issues the concessional tickets on production of a certificate from the officer-in-charge of hospital.

Section C-Poliomyelitis, Cerebral Palsy and Spastic Paralysis

820. Scope of treatment of employees, their families and dependants.-(1) A Railway employee a member of his family or dependent relatives shall receive, free of cost, treatment for polio, cerebral palsy and spastic paralysis, at Railway hospitals, to the extent facilities for such treatment exist.

(2) They may also receive, free of cost, treatment at the nearest recognised hospital providing such treatment on the recommendation of the authorised medical officer.

(3) If the Medical Superintendent of the recognised hospital, to whom the patient is sent for treatment by the authorised medical officer, recommends that special treatment is necessary at the Children's Orthopaedic Hospital, Mumbai, such patient may also receive free treatment at this hospital.

821. Grant of advances to patients suffering from polio, cerebral palsy and spastic paralysis-- please see paragraph 834.

822. Admissibility of allowances to patients suffering from polio, cerebral palsy and spastic paralysis-- please see para. 833.

Section D-Mental health

823. Scope of treatment of employees, their families and dependants.- (1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for mental diseases at Railways hospitals, to the extent facilities for such treatment exist.

(2) They may also receive, free of cost, treatment at any recognised hospital providing such treatment, on the recommendation of the authorised medical officer.

(3) The duration of the treatment for which reimbursement of medical expenses will be admissible to the Railway employee concerned should not exceed six months to begin with unless the Medical Superintendent of the mental hospital concerned certifies that further treatment for a reasonable period, up to two and half years in five or more separate spells (i.e. six month or less at a time) beyond the initial six month limit, is likely to lead to complete recovery of the patient.

Note: - As an alternative to the method of reimbursement to the Railway employees as referred to above, the state Governments, where agreeable, may debit the Railway administration concerned for the expenses incurred on Railway cases in their recognised mental hospitals. These instructions will apply also

to recognised non-government mental hospitals. In respect of items for which reimbursement is not allowed under the rules, it must be ensured that the charges are recovered by the institutions direct from the patients.

(4) When a patient, who had been cured and discharged, has a relapse of the illness, he can be admitted afresh for six months. His stay may also be extended for a further reasonable period not exceeding six months, on the strength of a certificate given by the Medical Superintendent of the mental hospital concerned that there is reasonable prospect of complete recovery within this extended period.

(5) When a patient, who had been discharged not as fully cured but improved, is re-admitted shortly after being discharged, say within six months, reimbursement should be allowed only if the Medical Superintendent of the mental hospital certifies that there is reasonable prospect of complete recovery within six months.

Note:- (i) the maximum total period of treatment at a mental hospital should not exceed one and a half years in the lifetime of a patient.

(ii) There should be no time limit for outdoor treatment at a recognised mental hospital which may be allowed till such time as the medical authorities of the mental hospital advise otherwise.

(Rule 643 R.I., Paragraph 1444 of the Indian Railway Establishment Manual and MOR's letters No. MH60ME 1/4/Medical dated 10 th march, 1961, No. 61/M & H/1/32 dated 4th September 1961, No. 62/H/1/53 dated 13th September, 1962, No . 67/H/1/11 dated 8th May, 1967, No. 67/H/1/33 dated 24th August, 1967 and 6th June 1968, No. 67/H/1/33 dated 1st January 1969 and No.71/H/1-2/2 dated 17th February 1972).

824. Engagement of attendants.- Attendant/attendants may be engaged when it is certified by the hospital authorities that the attendant/attendants was/were not engaged in lieu of special nursing. Reimbursement will be allowed in such cases.

(MOR's letter No. 61/M &H/1/32, dated 4th September 1961).

825. Capitation fees not allowed.- Reimbursement of capitation fees, where levied in mental hospitals, is not admissible.

(Ministry of Railways' letter No. 61/M & H/1/32, dated 4th September 1961).

826. Issue of passes to patients suffering from mental diseases.- Please see paragraph 832.

827. (a) Admissibility of allowances to patients suffering from mental diseases:- Please see paragraph 833

(b) Admissibility of free diet to patients suffering from mental diseases:- Please see paragraph 641

Section E- Diabetes

828. Scope of treatment of employees, their families and dependent relatives.-(1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for diabetes at Railway hospitals, health units, to the extent facilities for such treatment exist. The medicines and drugs necessary for this purpose will be stocked and supplied from Railway hospitals/health units as long as required to control the disease and/or the authorized medical officer considers necessary.

(2) Medicines, drugs and injections are normally issued only on the authorisation of the authorized medical officer, but since diabetes is a disease which requires prolonged treatment, suitable procedure may be evolved by Railway administrations for supply of these medicines, drugs and injections to such cases, so that inconvenience to patients caused by frequent visits is avoided.

(3) Where the treatment of diabetes includes administration of medicines and drugs through injections, this should not be taken as authorising the routine attendance of the authorised medical officer at the residence of the patient for the purpose.

(4) For injections prescribed in connection with the treatment of diabetes, only the vials will be supplied by the Railways. Syringes and injecting needles should be procured by the patients themselves and not supplied from the Railway stock.

(5) As such medicines and drugs are supplied by the Railway hospitals and health units, the claims for reimbursement of expenses on this account are not to be entertained.

(Ministry of Railways letters No. 66/H/1/33 dated 9th December 1968 and No. 64/H/1/26 dated 6th February 1969).

Sections F- Leprosy

829. Scope of treatment of employees, their families and dependants:-(1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for leprosy at Railway hospitals, to the extent facilities for such treatment exist.

(2) They may also receive, free of cost, treatment for leprosy at the recognized hospital providing such treatment on the recommendation of the authorized medical officer.

830. Admissibility of free diet to patients suffering from leprosy.- please see paragraph 641.

831. Employment of persons in Railway services who had leprosy:-Candidates who have been leprosy patients but have after treatment been confirmed by a leprosy specialist as non-infective and fit for work should be treated as fit for employment when they are examined for medical fitness by Railway doctors or by a railway medical board, as the case may be, if they are otherwise fit. Confirmation of such an employee should be proceeded with only after two years of service. However, for a period of five years after initial appointment, such an employee should be medically examined annually to check that he continues to be fit.

Note.- (i) Railway employees who were suffering from leprosy and whose services were terminated either because of the maximum limit of leave and extraordinary leave having been exceeded or because the medical officer could not recommend the grant of leave as there appeared to be no reasonable prospect of the employee's ever being fit to resume duty may be considered, on their being certified by a leprosy specialist as non-infective and fit for work, even in a permanent capacity in suitable posts for which they are considered fit otherwise.

(ii) When re-employed in permanent posts, they may be confirmed there in, out of turn, provided they were permanent before their previous service was terminated due to absence through sickness. If their previous service was only temporary, they may be confirmed as per their turn counting their previous services also for this purpose only.

(iii) For purposes of fixation of pay of non-gazetted staff on re-employment, it should be fixed in such a way that, as far as possible, there is no sharp diminution in emoluments on their re-employment from what they were drawing at the time of their discharge from Railway service. The cases of re-employment in gazetted posts should be reported to the Ministry Railways for orders.

(Ministry of Railways' letters No. E50ME5/39/3 dated 19th March 1953, No. E56ME5/2-Medical dated 16th November 1956, No. E57ME5/7/Medical dated 7th March 1957, No. 79/H/6-4/39 dated 22nd July 1980 and No. 80/H/5/20 dated 12th August 1980).

Section G- other general instructions relating to the diseases dealt with in sections A to F

832. Issue of Special passes on medical grounds:-

I. Condition of Entitlement

Issued for journey from station nearest to the residence of a Railway servant where railway medical facilities for treatment of the railway servant or his family members are not available to a station where railway dispensary or hospital or sanatorium with the required facilities for treatment is located.

II.. Entitlement / Facilities

1. Pass will ordinarily be issued for the class of entitlement of the railway servant on privilege account

2 (a). A higher class of pass may be issued at the discretion of the General Manager of the Railway Administration/Unit or Secretary, Railway Board for outward journey only to:

(i) a railway servant or his family members suffering from tuberculosis or cancer for travelling with one family member or dependent relative or a companion when no family member or dependent relative is included, on the recommendation of the Chief Medical Director of the Railway concerned. No attendant will be included.

(ii) a railway servant or his family member or dependent relative when the railway servant himself has arranged a bed in a sanatorium provided the Division Medical Officer of the Railway certifies that the Railway Administration could not arrange a bed and that treatment in that sanatorium/hospital is necessary.

(iii) a railway servant or his family member or dependent relative suffering from tuberculosis or cancer for travel from one sanatorium to another for further treatment, operation etc. provided that the concerned medical authorities certify that this is necessary and provided further that such recommendation of sanatorium/hospital authorities is accepted by the Chief Medical Director of the Railway. A family member or dependent relative may also be included if necessary.

2 (b). The grant of higher class pass and attendants on medical ground shall be regulated as under:

(i) If the Medical Officer considers that patient should be accompanied by an attendant during travel for his journey to an outside station for treatment the inclusion of the attendant in the Railway pass shall be regulated as under:-

ii) One attendant may be allowed if the patient is bed-ridden and is unable to sit up, on the recommendation of the Medical Officer in-charge of the hospital/health units/polyclinic.

iii) If the patient is in big plaster where one attendant can not lift the patient, two attendants in the same class on the recommendation of the Medical Officer may be provided.

iv) In cases where the patient is in coma/shock/stupor due to any cause (irrespective of T.B./cancer) such as head injury etc. a higher class pass along with an attendant in the same class may be given on the recommendation of the Medical Officer.

Provided that the facility of an attendant shall be available only when no other family member is accompanying the patient. Such passes where an attendant has been allowed should, therefore, be restricted to the patient and the attendant only.

Provided further that higher class passes shall be allowed only for outward journey while proceeding for treatment to an outside station. After the patient recovers, the return journey pass shall be issued for the class to which the patient is entitled. Where an attendant was allowed to accompany the patient, he shall be issued second class pass for the return journey.

3(i) In case, higher class pass to the Railway employee for his return journey has also been considered necessary, specific recommendation of the CMD of the Railway in whose jurisdiction of the hospital is located shall be necessary.

ii) Pass for the return journey of the entitled class or higher class as the case may be shall be issued on the recommendation of the CMD by the Railway in whose jurisdiction the hospital is located. To facilitate issue of pass by that Railway, stamped endorsement authorising that Railway for issue of the medical passes may be made on the pass when it is issued for outside journey.

4. In case where a Railway servant falls seriously ill outside the Zonal Railway on which he is working and is referred to a hospital located on another station for specialised treatment by the Railway Medical Officer, he may be given a special pass available from that place to the location of the hospital/ dispensary to which he has been referred and back to the same place. The concerned Medical Officer recommending the grant of the pass

shall report the facts of the case to the controlling CMD of the employee indicating clearly reasons that necessitated treatment at an outside station in support of his recommendation for issue of Special pass.

The Medical Officers recommending the issue of pass on medical grounds shall submit a monthly statement to the concerned CMD indicating the circumstances of each case and the reasons for recommending such passes. CMD should ensure that the recommendations of the Medical Officers for issue of passes were in accordance with the guidelines of these orders.

(Railway Servants (Pass Rules), 1986 2nd edition 1993 –Schedule VII (Special Passes)

833. Admissibility of allowances to patients suffering from tuberculosis, cancer, polio, cerebral palsy, spastic paralysis or mental diseases.-

(1) A Railway employee suffering from tuberculosis, cancer, polio, cerebral palsy or spastic paralysis, who is sent to a medical institution for treatment, on the advice of authorised medical officer, shall be entitled to travelling allowance as for a journey on tour to and from the place of treatment, but no daily allowance shall be admissible for any halts.

(2) A Railway employee suffering from mental diseases, who is sent to a recognized mental hospital for treatment on the advice of the authorized medical officer, shall be entitled, for only the road portion of the journey, to the actual cost of transit not exceeding half the mileage allowance calculated for the road journey. No daily allowance shall be admissible for any halts.

(3) If the authorized medical officer certifies in writing that in the case of a Railway employee or a member of his family or dependent relatives suffering from tuberculosis, cancer, polio, cerebral palsy or spastic paralysis, it is unsafe for the patient to travel unattended and that it is necessary for an attendant to accompany the patient to the place of treatment, an attendant may be allowed to be deemed to have been travelling on duty and may draw travelling allowance for the outward and inward journeys as for a journey on tour, and (b) if not a Railway employee, may be allowed the actual expenditure incurred for road journeys not exceeding the mileage allowance which would have been admissible to the Railways employee himself.

Note:- (i) No cost of conveyance of personal effects may be allowed.

(ii) Daily allowance may be allowed for journeys undertaken after completion of treatment for periodical check-ups at the nearest institution where the patient had received treatment on the advice of the authorized medical officer as also on the advice of the authorities of the said institution.

(4) If the authorised medical officer certifies in writing it is unsafe for a patient suffering from mental disease to travel unattended and that an attendant is necessary to accompany him to the place of treatment, the attendant shall be entitled, for only the road portion of the journey, to the actual cost of the transit not exceeding half the mileage allowance, admissible to the Railway employee concerned, calculated for the journey. This will cover journeys not only to the nearest Railway station but also journeys by road to the hospital concerned. No daily allowance shall be admissible for any halts.

Note:- The outward journey should be deemed to have commenced from the headquarters of the Railway employee or from the place from which the patient actually travels, whichever is nearer, to the place of treatment. Likewise, the return journey will be deemed to have ended at the headquarters or at the place to which the patient actually travels, whichever is nearer.

(Rule 323 (1)-R. I and Ministry of Railways; letters No. E56ME5/96/Medical dated 3rd August 1956 and No. MH58ME1/20/Medical dated 13th May 1959).

834. Grant of advances to patients suffering from cancer, polio, cerebral palsy or spastic paralysis:- Advances may be granted to low paid Railway employees who find it difficult to make initial payment of hospital bills, etc. from their private resources in cases of treatment for cancer, polio, cerebral palsy or spastic paralysis, on the terms and conditions mentioned below-

(i) The advance would be admissible only in cases where the Railway employee or a member of his family or dependent relatives is being treated as an in-patient in one of the recognized hospitals. The advance should not be allowed in case where treatment is being obtained at the residence of the Railway employee or at the consulting room of the authorized medical officer or as an out-patient at a hospital.

(ii) The application for an advance should be supported by a certificate from the medical officer in-charge that the patient is being treated as an in-patient in the hospital; such a certificate should also indicate the probable duration of stay of the patient in the hospital and the anticipated cost of treatment which would otherwise be reimbursible under the rules and be also countersigned by the authorized medical officer.

(ii) Not more than one advance should be granted in respect of the same illness.

(iv) An advance under these rules will be admissible only to the eligible Railway employees. The amount of advance will be as per extant rules prevailing at the time of application.

(v) The amount of the advance shall be adjusted against the subsequent claim for reimbursement of the expenditure as admissible under the rules and the balance, if any, recovered from the pay of the Railway employee concerned in two equal monthly installments after the discharge of the patient from the hospital.

(vi) In the cases of temporary employees, the grant of an advance under these rules would be subject to the production of surety from a permanent Railway employee not covered by the payment of Wages Act.

(Ministry of Railways' decision below Rule 642-R.I and Ministry of Railways' No. E56ME5/98/Medical dated 3rd August 1956, No. 65/H/4/2, dated 10th February 1966 and No. 77/H/8/9 dated 30th June 1980.)

ANNEXURE I

(see Paragraph 814)

**ANNUAL RETURN GIVING INFORMATION REGARDING TUBERCULOSIS
(PERIOD ENDING 31st march)**

Month	No. of new cases examined during the month	No. of new cases diagnosed as suffering from pulmonary tuberculosis	No. of new cases with positive sputum	No. of new cases diagnosed as suffering from non pulmonary tuberculosis	No. of cases discharged with improved results	No. of cases discharged with worse results
1	2	3	4	5	6	7
April						
May						
June						
July						
August						
September						
October						
November						
December						
January						
February						
March						
Total						