

CHAPTER IX

PUBLIC HEALTH SERVICES

Public Health

901. The provision of preventive and promotive Health Services are essential to control communicable and non-communicable diseases and to improve the health of the Railway population, so as to enable them to lead a better quality of life. Some of the preventive and promotive Health Services provided on the Railways are:

- a) Family Welfare Services
- b) MCH services including Antenatal care, Immunisation of children and Nutritional supplements, etc.
- c) Control of communicable and non -communicable diseases including Implementation of National Health Programmes, like control programmes for Malaria, Tuberculosis, Diarrhoea, Cancer, Blindness, AIDS, etc.
- d) Food Hygiene and Implementation of PFA
- e) Monitoring of quality of water supply
- f) Industrial Health
- g) Environmental Sanitation
- h) School Health Services
- i) Health Education
- j) Health Services in Fairs and Festivals
- k) Control of Epidemics

Dy.Chief Medical Director (Health and Family Welfare) implements these Community Health Activities at the Zonal Headquarters level under guidance of Chief Medical Director. Medical Officer in charge of Health and Family Welfare in the division is responsible for its implementation at the divisional level. The Community Health Services are given in an integrated manner. All Medical Officers and Paramedical staffs have the responsibility in the delivery of comprehensive health services

Section A

SANITATION

902. National cleanliness Day

October 2nd is to be observed as a “National cleanliness Day” on the Railways every year. The Railway population should contribute with the general public towards its success.

(Railway Board’s letter No.80/M&H/7/92 dated 21.9.1960)

903. Sanitation means maintaining a clean environment so that the beneficiaries stay in neat and hygienic environment. The modern scientific term is Environmental Engineering. Railway stations, colonies and all work places are to be maintained in a hygienic and clean manner and adequate care is to be taken at the planning stage itself. Keeping this objective in view, special emphasis is laid on the collection and disposal of refuse, sewage and sullage in a scientific manner. Sanitation services are to be provided in all the railway premises including the railway colonies, railway stations, circulating area, railway yards, office and cleanliness of the coaches and the track. Cleanliness of these areas, is a multidisciplinary approach by various departments of the Railways viz.. Medical, Engineering, Commercial and Mechanical. The Medical Department maintains the sanitation at railway colonies where Health Inspectors are posted.

The Commercial Department maintains other colonies, stations and also the Goods Office, Parcels office, etc.. The Mechanical Department looks after the sanitation and cleanliness of the coaches. The Civil Engineering Department does so for the yards, track and underground sewerage areas. A Janitor who has staff working under his control looks after the sanitation in big offices. Sanitation of the bulk of the 8000 Railway Stations on Indian Railway are under Commercial Department.

904. Supply of accessories to sanitary staff doing scavenging work

- 1) The sanitary staff doing scavenging work should be provided with brooms which should have long handles, with a small khurpee (flat scrubber) fixed at the other end for scrubbing purposes.
- 2) The buckets to be used by them should have collapsible lids with hinges. Where possible, wheelbarrow should be used.

(Railway Boards letter No.60/M&H/7/89 dated 18th September, 1960 and No.61/M&H/7/140 dated 12.10.1962)

905. Supply of accessories to sanitary staff coming in contact with night soil

- 1) The sanitary staff working in septic tanks, disposal of night soil, etc. in view of the special nature of the duties performed by them should be provided with the following accessories at the scale noted against each:
 - (a) Gum boots - one pair every 3 years
 - (b) Post-mortem rubber gloves - one pair every year
 - (c) Water-proof apron - one pair every year
- 2) Further, they should be provided with long spades and rakes etc.
- 3) The night soil should be collected in proper containers with collapsible lids with hinges and carried in wheelbarrows to ditches, trenches or disposable grounds. Night soil will not be carried as head load under any circumstances.
- 4) There should be adequate washing facilities for the staff, preferably near the depot.

Note: Detailed specification for the accessories referred to in sub-para (3) above have been given in Railway Board's letter No.61/M&H/7/140 dated 28th January, 1963.

(Railway Board's letter No.59/W2/SN/3 dated 10.12.1959, No.61/M&H/7/140/Pt.1 dated 5th March 1962 and No.60/M&H/7/140 dated 28th January 1963)

906. (1) All new buildings constructed should have sanitised latrines, with water borne disposal of faeces.

(2) At places where roads are good and have huge drains, the sanitation should be done by using mechanical aids. For these refuse collectors, mini refuse collectors, skip hoists, mechanical road sweepers, sewage line cleaning machines, excavated loaders, front end loaders, mini water jet cleaning machines suitable for platforms, are freely available with indigenous technology in the country. These gadgets will help easy cleaning and are cost effective. As an experimental measure they should be tried out at one large station in each division. Some of these gadgets shall be of immense help in sanitation arrangements at major fairs and festivals.

(3) Sanitation of latrines will be given top priority in allocation of funds for improvements in staff quarters.

907. Contract labour : Section 10(1) of the Contract labour (regulation and abolition) Act 1970 prohibits employment of contract labour, for sweeping, cleaning, dusting and watching of buildings owned or occupied by establishments of the Central Government. This act does not apply to the outside cleaning and other maintenance operations of multi-storeyed buildings where such cleaning or maintenance operations can not be carried out except with specialised experience.

908. Station Sanitation

a) At wayside stations where no Health Inspector is posted, supervision over sanitation work should be with the Station Master.

b) At stations where there are whole time Health Inspectors, sanitation would be supervised by the traffic representative in-charge. For technical guidance and organisational control, Health Inspectors would continue to be under Medical Department.

(Railway Board's letter No.84/H/27/41 dated 5.6.85)

909. Precautions while cleaning sewer lines/septic tanks: Safaiwalas while cleaning sewer lines/septic tanks should take necessary precautions to avoid accidents from toxic gases in the sewerage system. Health Inspectors should supervise such operation personally and see that the precautions as detailed below are undertaken:

i) Before leaving office

Before leaving office following must be ensured:

- a) History of the site should be collected from old workers and available records.
- b) All the safety equipment including First Aid Box are taken.

ii) On arrival at site:

- a) Proper fencing and signals must be provided whenever a manhole is opened.
- b) If fencing is not available and manhole is required to be opened, a person must be stationed near the open manhole and should be instructed not to leave the manhole in any circumstance as long as it is open.
- c) A supervisor who is quite conversant with the work of sewer cleaning and maintenance should be responsible for the cleaning operations. He should be present at the work site throughout the cleaning operations.
- d) No worker should be allowed to go into the manhole without the knowledge and presence of the supervisor.
- e) Worker should apply coconut oil to his body before entering the manhole to avoid biological infections.
- f) At least three manholes on each side of the entry manhole must be kept open at least two hours before any worker is allowed to enter into the manhole.
- g) Before entry, a moistened lead acetate paper should be lowered into the manhole and tested for presence of hydrogen sulfide. If a positive result is obtained the test should be repeated after every half an hour and no one should be allowed to enter till a negative result is obtained.
- h) A burning safety lamps should be lowered in the manhole and oxygen deficiency test should be carried out.
- i) If the test results are still doubtful a hand or power operated air blower should be used to blow up the sewer gas.
- j) Harness belt/rope should be tied to the chest of the worker going inside. 2 workers are required to be stationed on the ground to pull out the worker if required.

iii) Working inside sewers:

- a) Adequate arrangement for light must be made inside the manhole.
- b) Neither implements nor removed silt from sewer line should be kept near the manhole.

- c) If the worker inside manhole requires any instrument, same should be tied to a rope and hung inside the manhole.
 - d) If the worker in the sewer/manhole gets ill, he should be at once taken out and given necessary first aid including artificial respiration if needed.
 - e) The worker should not be allowed to remain in the sewer for more than half an hour at a time.
- iv) *After completion of work before leaving site*
- a) After work is over, the workers entered into manholes should clean their bodies with sufficient water and soap.
 - b) When the work is over all manholes are to be checked and covers are put properly.
 - c) It should be ensured that no material, implement is lying in the manhole.
 - d) Take attendance of all workers before leaving site, to ensure that all the workers who went into the sewer line have come out.

(Railway Boards letter No.97/H(FW)/5/5 dated 9..6.97)

910. Hospital Waste Management

Each hospital should develop a proper system for collection, storage and disposal of hospital waste. The following steps are recommended:

- a) The segregation of hospital waste at source in different categories, hazardous and non-hazardous and collection in readily identifiable colour coded containers.
- b) Infectious waste should be subjected to incineration.
- c) Needles, scalpel, blades and discarded glassware should be disinfected by autoclaving.
- d) Non hazardous waste to be disposed off in a manner similar to house hold waste.
- e) Specifications regarding temperature, emission levels, capacity size and height of incinerator, fuel efficiency etc. are to be borne in mind while selecting the incinerators.
- f) Keeping in view the issues of environmental pollution, inherent problems of production of ash and toxic emissions associated with the incineration process, alternative strategies of medical waste management can be thought of which involves :-
 - (i) Reduction of waste (e.g. use of glass syringes instead of plastic syringes)
 - (ii) Composting of organic fraction of waste
 - (iii) Usage of chemical processes which are eco-friendly and
 - (iv) autoclaving and mechanical shredding, etc. may be explored.
- g) Adequate emphasis may be given on training, motivation and supervision of hospital staff on waste management.
- h) Protection of workers and their safety is essential to prevent infection and injury while handling waste. Adequate protective wears like gloves, aprons, masks and boots may be provided to waste handlers and they should be immunised against Hepatitis B virus.

(Railway Boards letter No.96/H/2-2/1 dated 23.4.97)

Section B

PROVISION OF SAFE WATER SUPPLY

911. Responsibilities: Provision of safe drinking water is the responsibility of Engineering department, while medical department is responsible for monitoring the quality of drinking water. The Engineering department is responsible for chlorination of water supply and maintenance of storage tanks in Railway colonies and stations. Mechanical Department maintains the overhead tanks of coaches.

(Railway Board's letter No.83/N(C)/165/5 dated 26.6.86)

Supply of potable water in stations and colonies is absolutely essential. Any negligence on the part of field staff in carrying out regular checks and adequate chlorination of drinking water should be viewed seriously.

(Railway Board's letter No.88/H/9/1 dated 6.4.89)

912. Chlorination

Chlorination should be done generally using chlorine gas by chloronomes installed at filtration plants, operated and maintained by Engineering Department. Chlorocil equipment using brine solution can also be used for chlorination purposes where assured electricity is available as this equipment produces instant chlorine gas by electrolytic process. At other places chlorination has to be done by mixing good quality bleaching powder solution (containing at least 25% of chlorine) at a particular rate with raw water in the main pump at the pump house itself or at the high level storage tank by Section Engineer.,

The residual free chlorine available one-hour after chlorination should be 0.5 mg/L. Chloroscopes to know residual chlorine and Horrocks apparatus to assess chlorine demand of water should be available with all Engineering staff in-charge of chlorination and all Health Inspectors.

(Railway Board's letter No.80/H/26/5 dated 15.5.80)

913. Residual chlorine

The Health Inspectors should check the presence of residual chlorine daily at various distribution points e.g. platforms, refreshment rooms, waiting halls, hospitals, schools and in the Railway colonies (preferably from farthest taps in the distribution systems), randomly and record of the same should be kept in a register. Suitable remedial measures should be taken in case of deficiency. Health Inspectors should also test the bleaching powder used once in 3-4 months for chlorine content (must contain at least 25% of chlorine)

[\(Railway Board's letter No.88/H/9/1 dated 6.4.89\)](#)

In draught areas where potable water is brought in tanker wagons from another station, these tank wagons must be periodically inspected and disinfected. Water trolleys, water coolers, water filters in running rooms and waiting rooms, etc. should also be regularly inspected.

914. Bacteriological and Chemical examination

Health Inspectors should collect water samples for bacteriological examination at least once a month from each bigger/important station and major Railway colony and every 2 months from each smaller station and colony. Health Inspectors should also send water samples for chemical examination once in six months.

[\(Railway Board's letter No.88/H/9/1 dated 6.4.89\)](#)

The bacteriological examination is done to know the coliform count in 100 ml of water by the presumptive coliform test. In a coliform count of 4 to 10, the quality of the sample is suspicious and above 10, it is unsatisfactory. It is essential that water samples, after collection, are transported to the nominated Railway laboratory without delay in Ice Kit container or with ice in ice box or Thermocol containers. The samples are to be collected by Health Inspectors and not by his proxy. Adequate number of autoclaved sample bottles (250 ml) should be available with Health Inspectors. Since free chlorine in water defeats the very purpose of bacteriological examination, sodium thiosulphate should invariably be put in bottles before autoclaving to neutralise the free chlorine. Before taking a sample, health inspectors should estimate the free chlorine content of water by a chloroscope and record it on the label. The Health Inspectors should be trained in handling autoclaved bottles and collection of water sample from various sources without artificially polluting the water. Label pasted on water sample bottles should have the name of the station,

source of water supply, date and time of collection, Name of H.I., chlorine content at the time of water collection, whether sodium thiosulphate added and whether the sample is clear or turbid. These must be written legibly with ballpoint pen.

915. Action on test reports

Health Inspectors should ensure that test reports are received back and followed up. Unsatisfactory results should be conveyed promptly to Engineering officials in writing. Engineering officials shall duly inform the Health Inspectors about the corrective action taken. DRMs should co-ordinate this matter in their monthly divisional meetings and ensure corrective action. Divisional In-charge should send a monthly statement to CMD for corrective action at the Zonal level. CMD should send a report to the Railway Board once in 3 months regarding number of unsatisfactory reports and corrective action taken thereon on the prescribed proforma.

916. Accountability in case of lapse in supply of safe drinking water

It is necessary that the Supervisors and Officers entrusted with the responsibility of supply of safe drinking water are made fully accountable for any lapse on this account. The responsibility for an unsatisfactory sample would lie with the Section Engineer concerned and, in case of repeated unsatisfactory reports of samples in a particular locality, the responsibility shall shift to the Section Engineer in-charge, and, if the number of contaminated samples is numerous and repeated in a Sub-Division, the AEN is personally responsible.

(Rly Bd.'s letter No. 94/LM(B)/9/5 Dated 24.5.94)

Section C

Medical Arrangements At Major Fairs (Melas) And Festivals

917. General

i) Major and minor fairs and festivals occur in this country at varying periodicity. The Railways have an important role to play in the same as transport carriers of the public. The Medical Department is involved to provide necessary environmental sanitation and medical aid. The scope of the railway medical department is limited to railway premises only. These measures have to be undertaken in collaboration with the State and local health authorities, where melas are held.

ii) As these fairs vary greatly in scope and character, it is not possible to formulate fixed rules that will apply under all conditions. Medical and sanitary measures required, depend upon the local conditions.

iii) Requirement of staff will depend on the magnitude of the congregation. Hence, no fixed yardsticks can be laid down for the strength of staff required. However, as a general guideline, one Safaiwala for every thousand pilgrims, one Safaiwala for a block of 20 toilet seats and one Safaiwala for every 50 urinals is the accepted general standard. However, the employment of staff should be in phases depending upon the needs. Within these parameters, staff are to be used for disinfection and for control of mosquitoes and flies.

918. Responsibility

The main responsibility for environmental sanitation and health at the mela site is of the State Health Authorities. The Railway Administration's responsibility will generally be confined to railway premises. However, a close liaison has to be maintained by the Railway Medical Authorities with the State and local health authorities.

919. Objectives of the Medical Department

- 1) Environmental sanitation.
- 2) Prevention of epidemics.
- 3) Prevention of infectious diseases.
- 4) Providing first aid to injured persons.

- 5) Isolation of doubtful cases of infectious diseases in a ward or hospital till arrangements for the transport to the infectious diseases' hospital can be made.
- 6) Providing medical aid to the railway staff posted there.

Note: It is not the responsibility of the Railways to man and work at the inspection and inoculation posts for the passengers. Railways will ensure that all railway employees going to the mela area are inoculated. However, Railways may assist the State Health authorities in inoculation of the pilgrims, as and when the need arises. Inspection and segregation of the infectious cases amongst the passengers is also the primary responsibility of the State Health Authorities.

920. Planning

On receipt of a notice from the State Government, the DRM will form a committee of Divisional Officers of which the Medical Officer in-charge of the division will also be a Member to plan arrangements for the mela. The State Health Authorities will intimate the dates of the Mela and approximate number of pilgrims expected. The Medical Officer In-charge of the Division would do his own planning for the medical and sanitation arrangement. He will visit the site of the mela well in advance and chalk out the requirement of equipment, human resource and funds. Additional funds, if required, may then be obtained.

921. Nomination of Mela Medical Officer:

- 1) The Medical Officer In-charge of the Division shall appoint a senior Medical Officer, depending on the number of pilgrims expected, duration and importance of the mela, who will be in-charge of the medical and sanitation arrangements for the mela. He shall work under the direct control of the Medical Officer in charge of the division.
- 2) In case of big melas e.g. Kumbh Mela, he must have a few DMOs, ADMOs under him for different first aid posts and the Medical Officer in-charge of the division will distribute duties as deemed necessary.
- 3) The Medical Officer nominated by the Medical Officer in-charge of the division shall be designated as the Mela Medical Officer. He will be nominated well in advance of the commencement of the mela and will be constantly associated with the meetings, correspondence in connection with the mela; and maintain liaison with State and local Health authorities.
- 4) A Chief Health Inspector should also be nominated exclusively for this purpose to assist the Mela Medical Officer. He will make occasional trips to the mela site to study the housing problems of his staff, the sanitary conditions existing before the mela, the improvements needed to meet with the extra demands, and have these attended to by the departments concerned. In consultation with the Committee formed by the DRM, he shall ask for accommodations for his staff and also the lay-out to provide effective environmental sanitation.
- 5) The Mela Medical Officer should be at the site before the commencement of the mela along with the Chief Health Inspector so nominated, to take care of the sanitation problems.

922. Duties of the Medical Officer posted in a mela area

- a) He will be overall in-charge of the medical and sanitary arrangements.
- b) He shall report to the Medical Officer in-charge of the division on day-to-day happenings such as the number of passengers inspected, number of incoming and outgoing pilgrims, the number of cases of infectious diseases detected and their disposal, the number of casualties treated etc. He must take initiative using his judgements for sorting out any problem that may crop up during the mela and seek advice from the Medical Officer in-charge of the division.
- c) He should examine and ensure hygienic handling of foodstuff kept for sale by the vendors, canteen contractors and catering establishments in the railway premises.
- d) He should inspect the sanitary and water arrangements daily.

e) He should deploy staff and supervise inspections of the incoming and outgoing passengers for detection of disease. On detection of any case, either in the carriage or at the inspection barrier, he should detain and segregate the case and send it to the Civil Hospital. The carriage in which the case has been detected, should be detached, disinfected under his guidance and should be allowed to be used only when certified as fit.

f) He will maintain close liaison with the civil health authorities regarding any communicable disease that has arisen or is likely to arise in the civil area, and should take necessary precautions to prevent its spread to railway premises. He should help the State Health Authorities in conducting inoculations, confining the activities generally to railway premises.

g) He should ensure that his staff work in shifts.

h) He should maintain discipline amongst his staff.

i) He should appoint responsible staff to keep account of all the tools and plants and the consumable items provided for the Mela.

j) He must maintain a record of cases treated, the number of infectious disease cases detected, the number of passengers examined for infectious diseases, and the number of inoculations carried out.

k) Assistance of other departments of the Railway, and co-operation of the State authorities concerned should be sought as and when necessary.

923. Staff requirements.

1) Staff that can be spared from other places of the division should be spared. In case of requirement of staff needed other than those that can be spared from the division, a demand should be placed on the Chief Medical Director well in advance so that, he can arrange for the staff either from other divisions of the Railway or take assistance from sister railways. Temporary staff may be appointed as casual labour on local rates as approved by the civil officers in charge of the mela through local employment exchange, after obtaining sanction of competent authority. Name, Father's name, age and two marks of identification of each employee should be entered in a register and their signatures/LTI impressions obtained. If this is not done, it may not be possible for the Mela Medical Officer to arrange payments from the station earnings.

2) In big melas, recruitment of casual labourers becomes a problem. Housing is a necessary pre requisite for them. Staff has a tendency to move from one unit to another. In such exigencies, the health inspectors coming on mela duty can bring casual labourers from their areas.

924. Inspection posts.

i) Inspection posts will be required in the mela area and will be manned by the St. John Ambulance Brigade personnel. At vital places, a Medical Officer too shall be posted. The inspection posts will perform the following duties.

a) Render First-aid

b) Patrolling duty for detection of infectious diseases

c) Carrying patients on stretchers from the platforms to the medical institutions

d) Carrying messages

e) Attending to telephone calls

f) Attending to patients admitted in the wards and providing them with comforts.

g) Attending to any other duty specified by the Mela Medical Officer.

ii) Besides the above, there will be inspection posts at out stations surrounding the mela area.

iii) Members of the nursing division will be utilised for

a) Duties in the inspection posts and wards;

b) Inspection of ladies compartments.

925. Sanitary measures.

i) Before the actual commencement of the Mela the Safaiwalas should start cleaning the area and desilting of drains. When the whole of the Mela area is absolutely neat and clean, the total strength of staff should be divided into groups and placed under the charge of Health Inspectors, two thirds of them being preferably on day duty and one third on night duty.

2) Banana skins, leaves, papers, cigarette cases, etc. shall immediately be picked up after the departure of each train, the tracks cleaned and dusted with a mixture of lime and bleaching powder in the ratio of 4:1

3) The garbage collected should be burnt, buried or disposed of as per arrangements made before the mela.

926. Inoculation.

All staff deputed for mela duty will be properly protected against Cholera and Typhoid. Vendors must be in possession of valid vaccination certificates. Passes to staff going on duty to mela should be issued only after checking their inoculation certificates.

927. Water Supply.

(1) Samples of water of all stations in the mela area will be sent to the nearest railway laboratory for analysis one month before the commencement of the mela and thereafter at regular intervals. If the water is found defective, the Civil Engineering Department should be informed who will take necessary action to render the water potable.

(2) During the mela period, the Health Inspectors using chloroscopes shall carry out daily testing of the water for residual chlorine. The residual chlorine should be 0.5 mg/l . In case it is not up to this standard, chlorination should be increased.

928. Bathrooms.

(1) A row of taps in suitable temporary structures made of brick or galvanised iron sheets, or corrugated asbestos sheets or bamboo, tatties with cement flooring should be built separately for males and females, with suitable arrangements for drainage of water.

(2) As a general guideline, one bathroom is required for every 500 passengers and these have to be systematically planned at the originating and also at the terminating stations as pilgrims have to wait for 24 hours or so to catch their trains.

929. Sprinkling of water on roads.

Arrangements should be made for sprinkling of water on roads to prevent the dust from rising.

930. Canteens and kitchens.

(1) Canteens and kitchens for the staff should have floors with proper arrangements for washing of utensils and crockery. All kitchens should be provided with electric light and should be fly-proof.

(2) Temporary kitchens should be provided at the originating and terminating stations for passengers who might have to wait for want of train accommodation; so as to enable them to do their cooking.

931. Refreshment rooms, vending stalls, etc.

(1) All refreshment rooms, vending stalls, canteens, running rooms and catering establishment on railway premises should be inspected daily. Food handlers, ice vendors, etc. should be examined according to the standards laid down for examination of refreshment rooms and vending stalls. The food handlers and ice vendors should be protected against cholera and typhoid.

(2) All food should be kept covered under fly-proof covers.

932. Latrines.

Dug well latrines are ideal for mela areas. There should be separate latrines for males and females. They should be suitably distributed over the mela area under the railways' jurisdiction. Other public latrines, if not provided with flush arrangements, should be closed for the duration of the mela. In case dug well latrines cannot be provided, the alternative is bore hole latrines, or deep trench latrines.

933. Urinals.

Soakage pits should be constructed. There should be sufficient number of urinals, distributed throughout the mela area, separately for males and females.

934. Anti-mosquito and anti-fly measures.

Adequate measures should be taken to prevent breeding of mosquitoes and flies. All permanent buildings as well as temporary structures in the mela area should be sprayed with insecticides. Adequate number of spittoons and dust bins should be provided. The Carriage and Wagon Department and Medical Department should spray all incoming trains at the last junction. The object is to keep the areas absolutely free from mosquitoes and flies. In the open areas, knock down anti-fly, anti-mosquito sprays should be done.

935. Sale of wholesome food.

It is necessary that special attention is paid to ensure that only whole some food or food articles are sold in the mela area and also on the journey area. The food should be kept covered to prevent contamination by flies. It should also be ensured that the utensils are properly cleaned.

936. Anti snake measures.

In areas infected with snakes, all the holes in the ground should be treated with appropriate chemicals and thereafter filled with earth.

937. Washing and cleaning of rakes.

They will be washed and cleaned by the Carriage and Wagon Department in the usual manner.

938. Disposal of infectious disease cases.

All cases suffering from infectious diseases should first be brought to the nearest medical institution, and then transferred to an infectious disease hospital. All cases of vomiting, diarrhoea or dysentery should also be transferred to such hospitals for examination.

939. Dispersal of mela.

1) On the inward journey, the passengers alight from the trains and go straight to the mela and have little inclination to stay in the railway premises. On the return journey, however, pilgrims are in a hurry to catch the first available train, collecting in large numbers on railway premises. Greater attention therefore has to be paid towards maintenance of cleanliness in railway premises during dispersal. Hence, it is essential to have toilets, urinals bathrooms and kitchens for the pilgrims. To a great extent, the success of the Mela Medical Officer lies in keeping the railway premises clean at the time of dispersal.

2) Mela Medical Officer should make at least two rounds daily of the whole mela area and take necessary action to rectify defects noticed by him. Medical Officer in-charge of the division shall also pay frequent visits during the mela period.

3) i) When the mela is officially declared over by the State Authorities, the Mela Medical Officer will arrange to return all staff and equipment to their respective sources. The temporary labour is to be discharged, after paying them from the station earnings.

ii) Some staff will have to be kept behind for cleaning the area after the mela is declared closed.

940 Submission of report.

At the end of the mela, the Mela Medical Officer will submit a detailed report to the Medical Officer in-charge of the division in whose jurisdiction the mela had taken place.

Section D

Quarantine

941. Definition

(1) “Quarantine” means any restrictions imposed upon the movements of a railway employee or a member of his household or upon his intercourse with other persons. Such restrictions being imposed when the person is suffering from, or having suffered within a preceding period not greater than the usual maximum incubation period of the infectious disease. Such restriction is designed to prevent the spread of disease by an affected person to another non-affected person. Quarantine has gradually become less important with modern knowledge of disease control.

(2) “Quarantinable Infectious Diseases” means cerebro-spinal meningitis, cholera, diphtheria, typhus fever or such other disease as may have been declared to be such by a State Government within the areas under its administration.

(3) “Infectious diseases” means Chicken Pox, Leprosy, Measles, Mumps, Scarlet fever, Typhoid fever, Whooping cough or such other diseases as may have been declared to be such by a State Government within the areas under its administration.

(4) “Household” includes any member of his family or dependent relatives of a railway employee residing with him, or other person who at the time occupies any part of the same unit or residence or any servant of the above living in the same residence.

942. Procedure to be followed when a quarantinable infectious disease is detected or suspected in the household.

(1) A railway employee residing within the jurisdiction of a Railway Medical Officer who knows or has reasons to suspect that either he himself or a member of his household is suffering from a quarantinable infectious disease, shall immediately notify his Medical Officer, or if residing beyond the jurisdiction of a Railway Medical Officer, shall inform his immediate superior of the fact at once.

(2) The railway employee’s immediate superior under sub-paragraph (1) above, shall immediately notify the Medical Officer in charge of his section. The message shall specify the suspected illness, the name, designation and address of the railway employee, and whether his residence is within the railway premises, or if otherwise, approximately how far therefrom.

Note: In respect of the 3 quarantinable infectious diseases viz.. Cholera, Plague and meningitis, the notification as referred to in paragraph (1) and (2) above should be sent by telegram to the following authorities:

- (a) The Director of Public Health (Director of Health Services at the State);
- (b) The Civil Surgeon of the District/District Health Officer
- (c) Municipal Health Officer/Cantonment Executive Officer
- (d) The Chief Medical Director
- (e) MD/CMS/MS in-charge

In the case of other quarantinable/infectious diseases advice by letter should be sent to the relevant authorities above.

(3) When a railway employee or a member of his household is suffering from a quarantinable infectious disease, it will be his duty, if he is residing within the jurisdiction of a Railway Medical Officer to facilitate the examination of himself or the affected person in the household by doctor.

(4) When a railway employee or a member of his household is suffering from a quarantinable infectious disease, it will be his duty, if he is living beyond the jurisdiction of a Railway Medical Officer to immediately arrange for the examination of himself or the affected person in the household by a Medical Officer in charge of a Government or Municipal Hospital or dispensary situated nearest to the place of his duty, failing that any other registered medical practitioner and produce a certificate from him stating the nature of the illness.. The certificate in question should be submitted to the Medical Officer in charge of the section though his immediate superior.

(Rly. Bd.'s letter No. E47/ME1/7/3 Dated 12.4.48)

943. Restrictions imposed on a railway employee under Quarantine

A railway employee to whom a quarantine admission certificate has been issued, shall not, until the issue of a quarantine discharge certificate terminate his period of quarantine.-

- (i) Either himself frequent or permit members of his household to frequent places of public resort, such as institutes, schools, reading rooms, shops, places of worship and the like; or
 - (ii) If resident in railway premises, leave without the express permission of his Authorised Medical Officer, the station or in part thereof which the Medical Officer may consider proper in the interest of the health of the public; or
 - (iii) Permit any person not being a member of the medical or health staff or other expressly authorised person, to enter his house or hold unnecessarily communication with himself or a member of his household.
- Note:** No clothing of any sort be sent to be washed without the doctor's advice.

944. Quarantine leave : Deleted
(Rule 551 RI 1995 reprint)

945. Procedure to be followed when a case of infectious disease is detected or suspected in the household.

A Railway employee in whose household an infectious disease is verified to be present in a contagious phase, within a prior period not greater than the usual maximum incubation period of such disease, shall attend the railway health unit or hospital and will continue to do so until such time as it appears that the likelihood of the railway employee contracting the malady in question no longer exists. The railway employee shall also facilitate, for a similar period, such examination of members of his household by a Railway Medical Officer as the latter may deem reasonable or should the railway employee reside beyond the jurisdiction of a Railway Medical Officer he shall, when called upon, furnish a medical report obtained from a Medical Officer of the Local State Government, failing which, from that of any other registered medical practitioner certifying the health of his household.

(Rule 941-RI)

946. Carriage of passengers with infectious or contagious diseases

- a) Railways shall not carry persons suffering from the following infectious or contagious diseases:
 - i) Cerebro-spinal meningitis
 - ii) Chicken-pox
 - iii) Cholera
 - iv) Diphtheria
 - v) Measles
 - vi) Mumps
 - vii) Scarlet fever
 - viii) Typhus fever
 - ix) Typhoid fever and
 - x) Whooping cough
- b) A person suffering from any of the above diseases shall not enter or remain in any carriage on a railway or travel in a train without the permission of the Station Master or other railway servant in-charge of the place where such person enters upon the railways.
- c) A railway servant giving such permission may, on the person suffering from the disease and agreeing to pay the usual number of fares for reserving a compartment, arrange for his separation from other persons travelling upon the railway.
- d) Detention of Passengers suffering with any Infectious or Contagious diseases - When a passenger is detained at railway station by a Medical Officer, as a measure for prevention of the spread of infectious or contagious diseases referred to in Para (a) above and when such a passenger is unable to continue the Journey by the train for which the ticket is issued and the period of its availability in terms laid down for break of journey en route is exceeded, the Station Master on the authority of certificate from the Medical Officer, shall make the ticket available for further journey by an endorsement on the back of the ticket.

(The Gazette of India Notification Nos. GSR 556(E) dated 7.6.90 and GSR 340(E) dated 17.6.97, Railway Board's file No. TC II/2013/89/Rly.Bill)

Section E

SCHOOL HEALTH

947. Periodical Medical Examination of School Children

(1) Medical examination of school children studying in railway schools should be carried out at the time of admission and once a year thereafter by the concerned Medical Officer. Any defect noticed should be recorded so that the school authorities can advise the parents of such children to give necessary treatment to them. Particular care must be taken to examine the children in respect of the following:

- i) Congenital defects
- ii) Malnutrition
- iii) Tonsils and Adenoids
- iv) Eyes
- v) Ears
- vi) Teeth and gums
- vii) Skin

Note:

(i) The concerned Medical Officer will not be entitled to any honorarium for conducting the above periodical examinations.

(ii) Suitable action should be taken to follow up cases of children, requiring treatment and to give them such treatment.

(Railway Board's letter No.MH/58/ME5/163/Med. dated 10.3.59 and No.63/H/7/89 dated 16.11.1964)

948. School Health week:

School Health week has been included in the calendar of activities at the National Level to be organised in the last week of August every year. During this period all school children should be subjected to Health Check up and those needing treatment should be followed up. Programme of Health Education should also be organised in the schools in collaboration with the school authorities during the week.

(Board's letter No.97/H(FW)/10/3 dated 21.2.97)

Section F

General Physical check-up of certain categories of staff

949. Medical examination of food handling staff.

(1) The food handling staff working under contractors/railway catering department, in Refreshment Rooms, Food Stalls, dining cars and station vendors, as well as cooks, masalchies and helpers working in the railway hospital, running rooms, canteens, training school hostels; water men; and running room bearers; though classified in category "C" for the purpose of medical examination, should nevertheless be subjected to periodical medical examination at Railway hospitals/health units, with a view to detect and prevent communicable diseases and infectious diseases. The check up is to be done as follows:

- i) On first appointment
 - ii) Every year thereafter
 - iii) Before being permitted to return to work after prolonged sickness; and
 - iv) On appearance of any skin disease or any rash on the skin.
- 2) The periodical medical examination should include radiographic examination of the chest to detect cases of pulmonary tuberculosis and examination of skin for any infectious disease. Radiographic examination of chest should invariably be done through MMR or large X-ray films.

(Board's letter No.95/H(FW)/8/1 dated 6.10.95)

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 centre at their own cost and produce a certificate at the time of appointment, as also at subsequent periodical 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 charge.

- 3) Charges to be levied for medical examination of food handling staff- Please See Paragraph 589

Note:

- a) The Station Master/ Canteen Manager will direct the employees, station vendors and others connected with the handling of food and water supply to Railway Medical Officers for examination for the above purpose with a authority on the prescribed proforma (Annexure I) .Suitable punitive measures should be initiated against defaulters,
- b) The Railway Medical Officer will issue the necessary health certificates in the prescribed proforma.(Annexure II)
- c) The licensed contractor will ensure that the health certificates are readily available for inspection by any inspecting official.
- d). The Station Master/ Canteen Manager will maintain a register with necessary entries posted up to date in the prescribed proforma. This register should be exclusively for medical examination only. (Annexure III)
- e) The Station Master/Catering Inspector should see that all vendors are in possession of medical certificates and that they are sent for medical examination as prescribed.
- f) All catering/vending contracts should provide for medical examinations as laid down in sub paragraphs 1 and 2 above and should also provide for dealing adequately with failures by contractors by punitive measures.

(Railway Board's letter No.MH59MES5/333 Med. dated 11.10.60 and 28.4.61; No.66/H/3/1 dated 5th July, 1966, 23rd July 1966 and 15th Sep., 1966 and No.67/H/3/8 dated 10.5.1967)

950. Medical Examination of book contractors and their staff

- (1) Book stall contractors who personally deal with customers, as well as their shopkeepers and salesmen, etc. should at the time of initial recruitment and periodically there after at intervals of six months, produce health certificates regarding their physical fitness from any registered medical practitioner which should specify, particularly, that the persons in question are free from Tuberculosis.

(2) Where the Supervisor/Inspecting officials of the Railway suspect that such persons are suffering from tubercular infection, etc., they may be directed to report to a Railway Medical Officer at the nearest railway medical institution for medical examination. If considered necessary, the persons concerned may be required to produce X-ray of their chest, etc. for examination by the Railway Medical Officer. Such examinations, where not feasible in State Government institutions, may be carried out in railway hospitals on payment of outsiders' charges.

(Railway Board's letter No.64/TGIII/461 dated 12.8.1965)

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Section G

951. National Health Programmes

The Railways are actively involved in the implementation of various National Health Programmes. The important National Health Programmes are:

- (1) National Family Welfare Programme including MCH.
- (2) National Malaria Eradication Programme
- (3) National Filaria Control Programme
- (4) National Tuberculosis Control Programme
- (5) National Leprosy Eradication Programme
- (6) National Programme for Prevention of Visual impairment and Control of Blindness
- (7) Diarrhoeal Diseases Control programme
- (8) National Iodine Deficiency Disorders Control Programme
- (9) Guineaworm Eradication Programme.
- (10) Kala Azar Control Programme
- (11) National Cancer Control Programme
- (12) National Mental Health Programme
- (13) National Diabetes Control Programme
- (14) National STD Control Programme
- (15) National AIDS Control Programme
- (16) National Programme for Control of JE
- (17) National Water Supply and Sanitation Programme
- (18) Minimum Needs Programme

952. Malaria Control

The measures taken for control of malaria should be in line with the directions of the National Malaria Eradication Programme. Liaison with NMEP authorities / State Malaria cells for logistic, technical and other support has to be maintained at all levels.

1 Diagnosis and treatment

- i) All cases of fever should have their blood smears examined for Malarial parasite before taking chloroquine.
- ii) Whenever a slide is found positive for MP, Radical treatment for cure is a must.
- iii) All Medical Officers should prescribe presumptive and radical treatment of Malaria as per the schedule given by NMEP.

- iv) Primaquin must be available in all Hospitals and Health Units in adequate quantities.
- 2 Monthly report
Monthly report on Malaria should be sent on the prescribed format latest by 15th of subsequent month.
- 3 Health Education
- i) Efforts to create awareness amongst the community and to enlist community involvement in prevention and control of Malaria must be made.
 - ii) Involve the community as the environmental measures for control of mosquitoes can only be done by the efforts of the community themselves.
- 4 Mosquito Control
- i) To eliminate the transmission of disease, it is essential to reduce the longevity of the vector and to bring down the vector density.
 - ii) Integrated vector control measures are to be undertaken.
 - iii) Identify all the breeding sites in the jurisdiction of each Health Inspector
 - iv) Decide on a specific vector control activity for a targeted site.
- A) Antilarval measures form the backbone of the vector control measures in the urban areas. They consist of:
- a) Regular spraying of mosquito larvicidal oil (MLO)/ Fenthion (Baytex)/ Temephos (Abate) in breeding places every week.
 - b) Use of larvivorous fish is the method of choice where water collections do not have high organic pollution. The fish can be arranged through the Malaria Research Centre and State Malaria Cells.
 - c) Source (breeding sites) reduction methods:
 - i) Periodic emptying of domestic water containers, sealing of water tanks, filling potholes, puddles, burrow pits and canalising drains.
 - ii) Environmental modification and manipulation by leveling of land or filling large depressions, soakage pits to prevent flow of waste water into the streets and leaking pipes or taps to be repaired.
 - iii) Overhead tank should have a tight fitting lid and overflow pipe of tank should have a wire mesh to prevent entry of mosquitoes into the tank.
 - iv) Expanded polystyrene (EPS) beads which form a floating layer over the water surface, provide a physical barrier between mosquitoes and water. A single application of 4-5 layers of EPS beads protects habitat from mosquito breeding for 3-4 years. This can be applied in disused well, under ground tanks etc. Closer co-ordination and education of the officers concerned and supervisors of the Engineering Department should be done to achieve results.
- B. Anti adult measures: consist of
- a) Spraying of fifty houses around the house where an MP positive case has been found with residual insecticides like e.g. DDT.. Malathion or Synthetic Pyrethroids.
 - b) Anti insecticidal space spray can be done on request wherever mosquito density is high with pyrethrum extract or malathion.
 - c) The choice of insecticide may be made in consultation with the state Malaria Cells based on local vector susceptibility.

d) Habitat Management by Mosquito proofing of houses and personal protection measures.

C. Bio-environmental methods

Insecticides have failed to control the mosquito problem due to various causes, the important ones being resistance of vectors to insecticides, incomplete coverage by insecticide, cost of petroleum products, shortage of supplies, changing behaviour of mosquitoes, environmental pollution, food toxicity and this being a temporary method. Hence the strategy for mosquito control has shifted to the bio-environmental methods which are environmentally safe, simple, cost effective, long lasting, socially acceptable easy to implement, widely applicable, promote rural development, generate employment, enhance health status and inculcate scientific temper. This strategy is being successfully implemented in various projects by Malaria research centre.

953. Tuberculosis Control Programme Highlights .

The Tuberculosis control programme aims at early detection of cases and complete treatment. In the current strategy of Directly Observed Therapy (DOT), the emphasis is on (a) the cure of all infectious and seriously ill patients of tuberculosis through administration of supervised short course chemotherapy to achieve a cure rate of at least 85% and (b) augmenting case finding activities to detect at least 70% of estimated cases.

The diagnosis is based primarily on testing 3 samples of sputum for AFB in all clinically suspected cases. This is further supplemented by radiology. Only the standardised treatment regimens must be prescribed. The supply of drugs should be regular and uninterrupted to the most peripheral level in blister packs packed in patient-wise boxes. The treatment should be closely supervised to eliminate default rates completely.

The Governmental efforts are supplemented by Indian Railway Tuberculosis Association (**IRTBA**) which is affiliated to Tuberculosis Association of India and has branches in each Railway. The guidelines for control of tuberculosis and use of TB seal Funds must be strictly adhered to.

954. Guidelines for Utilisation of T.B. Seal Funds

1. Zonal and Divisional Committees:

Zonal and Divisional Committees for the management of IRTBA activities and funds should be formed under the chairmanship of the CMD and CMS respectively. The Committees should have two members from paramedical who have the aptitude for this work like Matrons, CHIs, etc. The total members of the committee should not exceed 5.

The committees in consultation with the respective CMDs should form a Calendar of anti TB activities. CMDs should develop fool proof methods to monitor the activities. Major achievements may be reported to the Railway Board.

2. Food Supplements for TB patients

a) Undernourished employees and dependants admitted to chest clinics who are not entitled to free diet may be given food supplements in the form of fruit, milk, eggs, etc. restricting supply of proprietary, elemental & complex food supplements to those who can not have normal diet.

b) Patients of tuberculosis on domiciliary treatment from low socio-economic groups who require supplementary nutrition can be given proprietary food supplements including vitamin preparations, only for a reasonable period of time. A record of such patients should be maintained indicating the designation, income, number of family members, dietary supplements given and weekly weight records for the relevant period.

c) Railway employees on leave without pay on account of sickness from tuberculosis, who get only a meager subsistence from Staff Benefit Funds may be given food grains e.g. cereals, pulses etc.

d) No cash assistance should be given from this account.

3. Procurement of Health Education material:

Materials like posters, slides, videocassettes, exhibits etc., which can not be readily purchased from Railway Revenue, can be procured from the funds of Tuberculosis Association. Procurement of material for Health Education need not be limited to Tuberculosis alone. Infrastructure for health education should be streamlined.

4. Purchase of journals and preparation of audio-visual material:

Purchase of journals on Tuberculosis and chest diseases can be made from the Tuberculosis Association funds (as per list circulated by Railway board). Slides/ Transparencies for presentation of papers in Conference/Seminars can be funded from IRTBA funds. However, such property will belong to the IRTBA.

5. Case Detection Camps:

Since the success of control of Tuberculosis lies to a great extent in early case detection, it is essential to organise at least one Tuberculosis Detection Camps/door to door survey for each Railway Colony once a year. Such programme should include active surveillance for BCG in all children up to one year.

Scouts & guides, members of St.John Ambulance Brigades and other volunteers including retired railway employees, school teachers from railway schools, active members of women social services organisations, etc., should be involved and actual expenditure incurred on transport and light refreshment (austerity type) for the volunteers in such field activities may be subsidised from TB funds as a supplement to the railway resources.

6. Each major railway colony should have a “Voluntary Health Worker” who can be a retired railway employee or educated unmarried and unemployed daughter or wife of a railway employee or any other active person who is an effective communicator and is willing to do some social work. He will assist the Chest Clinic in reducing the default rate, screening of contacts, case detection, health education, organisation of multipurpose drives, etc., and in general work for the betterment of the health status of the residents.

The volunteer should be adequately trained for his/her activities. A nominated Medical Officer should monitor his/her activities and a record of the work done by him/her should be maintained.

As an incentive, an honorarium based on the quantum of work and the cost index prevailing in the area up to a maximum of Rs.100/- per week for the number of weeks in a month, that the volunteer is actually engaged in rendering the specified services subject to availability of funds in the Tuberculosis Association account will be payable to the Voluntary Health Worker.

7. Honorarium up to Rs.100/- per month can also be paid to carefully selected, competent, specially trained and, certified, group C or D employees for sputum examination at specified centre at a rate of Rs.1/- per slide, where no regular staff is available for the purpose. They should be provided with an initial training of 2 to 4 weeks with a refresher course every six months at the Divisional or Zonal headquarters.

Secretary IRTBA will prepare a simple, practical yet a thorough curriculum for such training and circulate it to all Chest Clinics/Physicians after due approval from the president, IRTBA.

8. Extra incentive to TB patients or their spouses undergoing sterilisation with up to two children, in the form of NSC of Rs.1000/- should be given. This should be admissible only to those who are registered tuberculosis patients on anti-tuberculosis drugs.

9. A group award of Rs.2000/- to the Best Chest Clinic of the Zone should be given annually. The criteria for selecting the best chest clinic would include:

- a) Default rate (lowest)
- b) Percentage reduction in incidence of TB (compared to the previous year)
- c) Quality of records maintained by the chest clinic.

- d) Physical facilities e.g. labs, X-rays (including the serviceability of equipment)
- e) No. of Educational drives on Tuberculosis conducted for General Public e.g. films, seminars, exhibitions, etc.
- f) No. of Multipurpose case detection drives conducted
- g) Percentage of Infants covered for BCG vaccinations.

10. Railway Board will give the following awards from the IRTBA fund at an appropriate function:
- a) Zonal Railway which has sold the maximum number of TB Seals - running shield.
 - b) Zonal Railway which has sold the second highest number of TB Seals - running shield.
 - c) Individual officer who sold the highest number of TB Seals - Rs. 500 + Trophy.
 - d) Highest quantum improvement over the previous year in sterilisation performance Rs.2000/- (The improvement will have to be at least 25% over the previous year for eligibility)

11. Similar awards may be instituted at Zonal levels. However not more than 2% of the funds accrued during the year should be spent on awards. Innovative strategies can be evolved for community participation in TB seal sale and awareness drives e.g. competitions for good and catchy slogans, quiz contests on Tuberculosis and allied health problems, public symposia, etc., for which too, an award can be instituted.

12. Any expenditure not directly or closely related to the control of Tuberculosis must NOT be made from these funds. In particular, engagement of full time or part time receptionist or other hospital worker, engagement of house officer, funding of conferences and symposia not specifically related to the control of Tuberculosis or Ostentatious receptions or entertainment, even if in connection with a programme organised on the subject of TB control, will not be permissible.

13. All accounts of the Railway TB Associations, whether at the Divisional, HQ or Railway Board level must be audited without fail within 4 months of the end of each financial year.

14. Interest accrued from the corpus of the Association and up to 50% of the income from the sale of TB seals of the year should be utilised for the activities, as mentioned in the guidelines; the corpus and the remaining 50% of the income for the year should be kept in suitable deposits. At the beginning of each financial year a budget will be prepared by individual division/Chest Clinics and funds drawn from IRTBA after due approval of the budget by the concerned Zonal/Divisional committee.

15. Smaller divisions having inadequate funds can be given interest free loans from the Zonal funds to begin the Programme.

16. All CMDs must ensure that these guidelines are actually read and understood by all officers concerned and that a copy is actually available at all the units.
(Railway Board's letter Nos. 96/H/FW/IRTBA/4 dated 11.3.97, 97/H(FW)/IRTBA/2 dated 5.11.97 and 96/H(FW)/5/4/TB dated 23.12.96, 6.5.97 & 29.5.97)

955. Acquired Immune Deficiency Syndrome (AIDS)

Government of India has constituted the National AIDS Committee in 1986 and launched the National AIDS Control Programme in 1987. In 1992, a comprehensive five-year strategic plan (1992-97) was implemented throughout the country, as a 100% centrally sponsored scheme.

Conforming to the guidelines issued by NACO in early 1996 an AIDS control system has been created on the Indian Railways. The basic programme components are:-

1. Programme Management:

The infrastructure for implementation of the AIDS control programme in the Railway Board level is:

(i) Health Directorate will issue policy guidelines and directives for effective management and implementation of the AIDS Control Programme.

(ii) Director/Jt. Director (Industrial Health) will monitor the program implementation and co-ordinate with the various Zones and National AIDS Control Organisation.

(iii) The Chief Medical Director will be the overall in-charge of the Programme in the Zonal railway. The Deputy Chief Medical Director (H&FW) will be the co-ordinating officer who will co-ordinate and liase the campaign at the Headquarters and Divisional levels. He will be responsible for maintaining a central registry in the headquarters office for HIV positive and AIDS cases occurring in the Zone. He will also report and liase with the Director Industrial Health (Railway Board).

(iv) At the Divisional level: The Chest physician of each division or any other senior physician in the absence of a Chest physician would function as the nodal officer.

2. Formation of Divisional Health Promotion Councils:

A senior branch officer nominated by the DRM preferably the ADRM would be the Chairman of this Council and the nodal Medical Officer will be the Secretary. The Health Promotion Council shall consist of 5 to 9 members selected from the officers, employees and their families, representatives of labour unions and members of voluntary organisations like Women Social Service Committees, Scouts & Guides and the persons serving in St. John Ambulance Brigade etc. The main task of this Council will be to increase awareness about HIV/AIDS and to disseminate this knowledge amongst the Railway population.

3. Information, Education and Communication (IEC): Health education or IEC is the primary tool for preventing HIV/AIDS. The objective of IEC is to create awareness, knowledge and understanding amongst the population about routes of transmission and methods of prevention of HIV infection and AIDS. It is also required to promote desirable practices such as avoiding sex with multiple partners, use of condoms, sterilisation of needles and syringes and voluntary donation of blood.

4. Training of medical and paramedical workers: Chief Medical Directors will arrange training for nodal officers for AIDS Control Programme in courses organised by State AIDS Control Cells and NACO. The trained nodal officer will in turn impart training to other Medical Officers and paramedical staff at Zonal/Divisional Railway Hospitals.

5. HIV Testing Policy: The most widely used test is the Enzyme Linked Immuno Sorbent Assay (ELISA) which detects the antibodies generated by the body in response to infection by HIV. The facility for testing AIDS by ELISA or by Rapid/Simple test must be provided at all the Divisional Railway Hospitals and Production Unit Hospitals. HIV test should be done on the following cases:

- i. All blood donors
- ii. All patients presenting with clinical indication suggestive of AIDS
- iii. All patients suffering from Tuberculosis
- iv. All ante-natal cases
- v. All cases suffering from Sexually Transmitted Diseases.

The results of such tests should be treated with due confidentiality, informing only the patient and with his or her consent to the spouse. Positive cases are not to be discharged from the Hospital for reasons of being HIV positive and are not to be isolated from other patients. It is true that all those working at Health Care Units i.e. Doctors, Nurses and Para-medical Staff run a greater risk of getting infection from the patient. They can also transmit the virus to an uninfected person/patient if they themselves are infected with HIV. These risks can be avoided by following 'Universal Precautions' to prevent transmission of infection from blood-borne pathogens.

All cases tested positive for HIV should be called for follow up every 3 months. The follow up should include physical assessment including blood counts and other investigations as well as counseling of the patients. HIV/AIDS counseling is an ongoing process involving close interaction between patient and counselor with the aim of preventing transmission of HIV infection and providing psychosocial support to those already infected.

6. HIV & AIDS Surveillance: Each division to have a registry for HIV positive cases for onward submission to the nominated Dy. Chief Medical Director for maintaining Central Registry at the Headquarters office. The Zones should inform the HIV/AIDS cases to the Railway Board every month.

7. Blood Safety Programme: All Blood Banks should be licensed. Details of licensing are given in chapter XIII. It is mandatory to test every unit of blood for HIV, Hepatitis B, Syphilis and Malaria. HIV testing strategy provides that all samples are to be tested with either ELISA or Rapid/Simple test. It is also important to carry out unlinked anonymous tests with kits which include both HIV I and HIV II and the unit found positive for HIV is discarded by heat treatment followed by incineration. Blood Bank officers and staff should be trained through State AID Cells. All hospitals should have a list of all potential donors amongst the employees and their families with their blood groups and addresses. This should be supported by intensive health education for promotion of voluntary blood donation.

8. HIV/AIDS and Tuberculosis: With the high prevalence of tuberculosis in our country and recognising the fact that tuberculosis is an important opportunistic infection in HIV persons and AIDS cases, the strengthening of treatment of tuberculosis and follow up of the cases are two very crucial components of this programme.

The guidelines for AIDS Control Programme have to be revised and updated from time to time in conforming to the National AIDS Control Policy.

SECTION H

Health Education

956. I. E.C.

(1) Health Education which is now known as “Information, Education, Communication” (IEC) is the most important tool for the improvement of Community Health. For any Health programme to succeed, the community must accept it as a programme meant for its benefit and they must participate in it, This requires a behavioural change in community as well as in the individual and this behavioural change can only be brought about through IEC. IEC is a process that informs, motivates, and helps people to adopt and maintain healthy practices and lifestyles. It is a pre-planned, concerted endeavour with specific objectives, focused towards specific programme goals in order to reach specific audience, either in individual groups or mass settings, through skilful use of proper methods and media.

IEC requires mass activities, like display of posters, films, mass meetings, exhibition, etc., to increase awareness. It may require group activities, like orientation training, group meetings, experience of satisfied customers during group talks, support and involvement of local leaders, women organisations, teachers etc. Demonstration of benefits and discussion of target group with satisfied adopters facilitates the target group to assess merits and limitations of the programme before adoption. Individual counseling for family members or individuals with the help of modules, kits, flash cards, etc., is required to clear any doubts and personal motivation.

IEC activities should be taken up as a well planned programme by identifying the problems, the target population and the behavioural changes desired. A prior meeting of all Health personnel should be held to decide the plan, the talking points, the messages and a co-ordinated action should then be taken.

(2) Health Education to trainees in Zonal training centres

All courses in Zonal training centres/schools should be covered by imparting education on important aspects of health like family welfare, first aid, AIDS, common diseases, etc. Permanent exhibitions on Health Education in Training Schools, Institutes, Railway Schools should be put up.

(Railway (Board’s letter No.94/H(FW)/6/2 dated 4.8.94).

(3) Field Action groups

Field Action groups (FAG) are a very potent tool in imparting Health education to the community. FAG consisting of opinion leaders, supervisors, trade union leaders, representatives of women organisations,

able bodied retired Railway employees or their family members, other volunteers interested in social work, etc., should be given training and orientation and provided with adequate education material. Health & FW. staff. should form these FAG in each colony

(4) Health Promotion Councils

These are formed at the divisional level with nodal officer from the medical department along with other branch officers and 5 to 9 members. The members should be carefully selected from amongst the officers, employees and their families, representatives of organised labour, members of voluntary organisations. Only those persons should be selected to the council who are deeply motivated to do selfless social service, who can spent some time from their daily routines, who command rapport in the local society and who can be considered as public opinion makers in their own rights. A senior branch officer nominated by the Divisional Railway Manager will be the Chairman of the Council. He will help in formation of an effective Health Promotion council and facilitate co-ordination amongst the staff of different branches for the effective functioning of the council.

These Health Promotion Councils will help impart Health Education to the railway family.

(Railway Board's letter No.96/H/5/1 dated 4.6.96)

(5) Health Education to Indoor patients

All indoor patients should be educated about the disease they were suffering from and other related health issues, by the treating doctor before discharge as a part of the Health Education Programme. The discharge slip should invariably have an item on "Health & FW Advice" containing specific guidance on family welfare relevant to the patient and his family.

(Bd.'s No.97/H(FW)/10/3 dated 21.2.97)

(6) Teaching aids and Publicity material

The Divisional Medical Officer in-charge of Health and Family Welfare should ensure that adequate publicity material as well as teaching aids like flip charts, flash cards, slides, slide projector, overhead projector, etc. are available for training of FAG, Health Promotion Councils, etc., and also for educating the community. Adequate posters and other material should also be available at hospitals and Health Units. These can be procured from Ministry of Health & FW, DAVP, CHEB, State Health Directorates, etc. They can also be purchased from several agencies at nominal charges. Printing of such material from Railway Printing Press should be done regularly.

ANNEXURE I

[See Note (a) below Paragraph 949(3)]

FORM AUTHORIZING FOOD HANDLING STAFF AT RAILWAY STATIONS TO PRESENT THEMSELVES FOR MEDICAL EXAMINATION ON FIRST EMPLOYMENT AND RE-EXAMINATION DURING EMPLOYMENT

(Counterfoil)

.....RAILWAY

MEDICAL

DEPARTMENT

No.....

Licensee's Name

.....

Vendor's Name

.....

Age is authorized to present himself for

medical examination on appointment

.....

*re-examination

Last examined on date*

.....

Identification marks

.....

Date

.....

Signature of

Station Master

Place.....

FORM AUTHORIZING FOOD HANDLING STAFF AT RAILWAY STATIONS TO PRESENT THEMSELVES FOR MEDICAL EXAMINATION ON FIRST EMPLOYMENT AND RE-EXAMINATION DURING EMPLOYMENT

.....RAILWAY

MEDICAL DEPARTMENT

No.....

Licensee's Name

.....

Vendor's Name

.....

Medical examination on appointment

Age is authorized to present himself for

Re examination

Last examined on

date.....

Identification marks

.....

.....

Date... ..

.....

Place.....

Signature of Station Master

ANNEXURE II

[See Note (b) below Paragraph 949 (3)]

FORM OF CERTIFICATE TO BE USED
WHEN FOOD
HANDLING STAFF AT RAILWAY
STATIONS ARE
MEDICALLY EXAMINED ON FIRST
EMPLOYMENT AND
ON RE-EXAMINATION DURING
EMPLOYMENT

FORM OF CERTIFICATE TO BE USED
WHEN FOOD HANDLING STAFF AT
RAILWAY STATIONS ARE MEDICALLY
EXAMINED ON FIRST
EMPLOYMENT AND ON RE-
EXAMINATION DURING EMPLOYMENT

(Counterfoil)

.....RAILWAY

MEDICAL DEPARTMENT

No.....

Name

.....age.....

Employed as
(designation).....

By (name of
licensee).....

On
appointment

Has been medically examined
..... On date

During service

He is free from I Contagious disease
..... ii Infectious disease
Suffers from iii Repulsive deformity.

Fit
.....
Unfit

Date

Signature Railway doctor/Designation/Place

.....Signature/Thumb impression of employee

.....RAILWAY

MEDICAL DEPARTMENT

No.....

I do hereby certify that I have examined (name)
.....
.....

employed as (designation)
.....
.....

by (name of
licensee).....
.....

whose signature/ Thumb impression has been
appended below in my presence.

I consider him fit/ Unfit for such employment
Date

.....

Signature

Place,
Railway doctor

Designation

Signature
.....

Thumb impression
Of employee

[See Note (d) below Paragraph 949 (3)]

REGISTER REGARDING MEDICAL EXAMINATION OF FOOD HANDLING STAFF
AT RAILWAY STATIONS (ONE PAGE TO BE ALLOCATED FOR EACH PERSON)

Serial No

Licensee's name

Vendor's name Age

Identification marks
.....

Date of first examination

Date of re-examination

- | | |
|---------|----------|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |