DUTIES & RESPONSIBILITIES OF DIFFERENT EMPLOYEES OF HEALTH DIRECTORATE

Government of West Bengal
Health & Family Welfare Department
Capacity Building including Organizational & Human Resource Development Theme Group
Strategic Planning & Sector Reform Cell [SPSRC]
Foreword

Government of West Bengal
Health & FW Department
Strategic Planning & Sector Reform Cell
Swasthya Bhawan

No.HF/SPSRC/JD/16/2011/Part II/186    Dated, Kolkata, the 11th July, 2011

Memorandum

Sub: Draft Compilation of Govt. Orders related to Job-descriptions of different categories of employees working in the health directorate

Publication of important government orders of the health & FW Department in the form of the ‘Health Manual’ has been in practice. It has not been updated for a considerable length of time. Publication of such manuals along with updated GOs has been under the active consideration of the department for sometime past.

The Department has decided to bring out such manuals in a phased manner. As a part of the process a compilation of job-descriptions of different categories employees working in the directorate has been under taken by the State Resource Centre.

It is expected that a comprehensive job-description will be useful to

- identify the expectation of the organization from a particular category of post regarding discharge of his duties and responsibilities
- eliminate duplication of work which it tern will help in proper utilization of manpower
- supervise & monitor, the activities of a particular post holder
- identify the specific knowledge, experience & skills needed to perform the job and the hiring criteria
- formulate any capacity building programme for a particular category of post
- formulate the support system including supporting staff
- formulate an individual performance appraisal system

This draft compilation based on the available government orders has been posted in the departmental website www.wbhealth.gov.in. Any omission of already published job-description may be brought to the notice of the undersigned for further inclusion.

Suggestions or recommendations in this regard will be appreciated.

Sd/- Dilip Ghosh
Secretary & Director
SPSRC & SRC
No.HF/SPSRC/JD/16/2011/Part II/186/1(7)  Dated, Kolkata, the 11th July, 2011

Copy forwarded for information and necessary action to:-
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2. Dr. R.K. Vats, Principal Secretary, Health & FW Department
3. The Director of Medical Education & e.o. Secretary, Health & FW Department
4. The Director of Health Services, & e.o. Secretary, Health & FW Department
5. The Special Secretary - All
6. The Jt. Secretary - All
7. The Executive Director, State H&FW Samity

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4. The Chief Medical Officer of Health - All

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Copy forwarded for information and necessary action to:-
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2. The members of State Programme Management Unit – All
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4. The Technical Officers of SPSRC – All
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Duties & Responsibilities of the 2nd/3rd/4th Medical Officer of Block Level PHC:

The 2nd/3rd/4th Medical Officer of Block Level PHC will assist the BMOH in implementing the Multipurpose Health Programme in the Block area in addition to his assistance in the curative aspect of the PHC. The Duties & Responsibilities is as follows:

1. To comply with the instructions and day-to-day advice of the BMOH in discharging the curative, preventive and promotive services in the Block.
2. To attend duty in the OPD or Indoor as per routine chalked out by the BMOH.
3. To attend the emergency duty of the PHC as per routine chalked out by the BMOH.
4. To assist BMOH in the supervision of diet, maintenance of Stores and transport.
5. To assist BMOH in Block Health Administration and take active part in formulation of development plans of Block Health Service.
6. To assist BMOH in solving administrative & technical problems required in Block Health Service from time to time.
7. To assist BMOH in formulation of the pragmatic strategies for fulfilling the targets of various Health Programmes in the block.
8. To visit SHC/New PHC, Sub-centre and field area under the advice of BMOH for attending staff meeting and field supervision.
9. To assist/conduct on behalf of BMOH any Block Level/Sectoral Level meeting, when required.
10. To participate in the Staff meeting or other public meetings or Block level Planning/ Development/ Co-ordination Committee.
11. To assist BMOH in the control of outbreaks, Health Camps, Health Campaigns, Exhibition, Health Conference etc.
12. To participate in the training Programme conducted at Block Level or Sectoral Level.
13. To assist BMOH in building up of the rapport with people, peoples’ Organization, Voluntary agencies, Mahila Samities etc.
14. To remain in charge of BMOH during the temporary absence of BMOH from Headquarter, as and when required and asked to do so.
15. To assist BMOH in MIES.
16. To maintain liaison with ACMOH/Dy.CMOH/CMOH on behalf of BMOH as and when required.
17. To perform any other duty assigned to him/her by BMOH/ACMOH/Dy.CMOH from time to time in the exigencies of public service.
Duties & Responsibilities of the Medical Officer, New PHC (SHC):

[Source: Enclosure to G.O. No. Health/FW/128/HPH/10’S’-1-87 dt.30.1.88]

The Medical Officer of the New PHC(SHC) will remain in charge of the particular New PHC(SHC) and responsible for implementation of Multipurpose Health programme in the fixed geographical area by about30,000 population (20,000 in Tribal/ backward/ Hilly areas) known as a ‘Sector’. He/she will work as a part of the Block Health Machinery under the overall guidance/ control of the BMOH. The Duties & Responsibilities is as follows:-

1. To attend Block-level meetings.
2. To arrange and render curative services in the Health Centre,
3. To organize and supervise fieldwork in respect of all Health Programmes of the Sector (i.e. 6 S.C. areas).
4. To welcome the referred cases from the Sub-centres.
5. To co-ordinate the activities of the 6 Sub-centres.
6. To guide the 6 pairs of Multipurpose Health Asstt. And 1 pair of Multipurpose Health Supervisors working under his technical supervision.
7. To fulfill the targets of all Health programmes, meant for his sector.
8. To conduct weekly staff meetings and compile the reports of the Sector and submit the same to the BMOH with the help of MPHS(M), as required under MIES.
9. To organize Health Education, Health Camps, Exhibition etc. if required.
10. To meet the local leaders for the sake of the Health Programme.
11. To carry out the instructions of BMOH as and when given by him for the interest of Public Service.
12. To institute outbreak Control activities as and when required.
13. To visit Sub-centre/field from time to time for concurrent and consecutive supervision.
14. To seek for guidance and advice from BMOH for solving any Health problem/ Administrative problems within his sectoral area.
15. To maintain diet, store etc. for smooth running of the New PHC (SHC).
In order to gear up the performance in Public Health and Family Welfare Programmes it is necessary to make effective utilization of the qualified Medical manpower. Hence the Medical Officers of the Primary Health Centres and the 2nd Medical Officers of the Block Primary health Centres are inter-alia being made responsible for the following functions at the sectoral level and will remain accountable to the Block Medical Officers of health.

The areas where the above mentioned officers apart from their curative function, will be responsible so far as they relate to their referable sectoral jurisdiction are:

1) Blood smear collection from Fever cases
2) Sputum smear collection from Chest Symptomatics
3) Temporary methods of Family Planning
4) MCH prophylaxis
5) School health services

Moreover, the functioning of the Store of the Block Primary Health centres will be vested under the direct management of the 2nd Medical Officer at Health Centre and he/she will remain responsible for its day to day maintenance i.e. procurement, distribution and record keeping in respect of articles.

If more than one Medical Officer is posted in a Block Primary Health Centre apart from the Block Medical Officer of Health, the Senior Medical Officer in West Bengal Health Services will act as the 2nd Medical Officer and will be responsible for the aforesaid functions.
Duties & Responsibilities of Specialist Medical Officer:

[Source: Estt./663/1M-2/64 dated 24.02.1964]

(a) The District Medical Officer is to maintain the team work amongst different sections for the smooth running of the hospital. In order to achieve this objective and for the maintenance of discipline all staff including the Specialist Medical Officers and the honorary staff attached to the Sadar Hospital will work under the direction and supervision of the District Medical officer. The Chief Medical Officer of Health may also give guidance in such matters.

(b) The Specialist Medical Officers are not visiting Medical Officers but are whole time staff. They will be in full charge of and responsible for the beds allotted to them and do whatever is necessary for the treatment of patients in these beds including proper recording of cases.

(c) Any Specialist medical Officer called upon at any time in the interest of any seriously ill patient of the hospital shall immediately have to respond to the call and attend to the case.

(d) Specialist Medical Officers shall have to attend the OPD as required. They should examine selected cases or cases referred to them and recommended which of the cases should be treated in the OPD and which should be admitted in the hospital. A waiting list of patients selected for admission should be maintained in every hospital.

(e) Except in case of emergency the District Medical Officer should not be concerned with the treatment of cases in the beds allotted to Specialists.

(f) Specialists shall have to do emergency duty by rotation as per programme fixed by the District Medical Officer in consultation with the Chief medical Officer of Health. They shall also be required to perform such other work as may be assigned to them by the District medical officer or the Chief Medical officer of Health.
**Duties & Responsibilities of Gynaecologist attached to Post Partum Unit:**

[Source: No. FW/437/1P-8/86 dated 12.3.87]

1. Will be responsible for implementation of MCH & FW programme in the sub-district hospital and will provide consultation to the selected 3/4 PHC Medical Officers through periodic visits.

2. Will be responsible for providing Obstetric and Gynecological care for the in-patient and out-patient cases in the hospital.

3. Will be responsible for MTP and Sterilization (including male sterilization) services in hospitals.

4. Will be responsible for organizing MCH and FP training programme of different categories of personnel.

5. Will arrange health and family planning education for pregnant and nursing mothers.
1. Will be responsible to provide in-patient and out-patient paediatric services in the sub-district hospital.
2. Will visit the selected 3/4 PHCs to provide paediatric consultation and arrange for referral cases to the base hospital.
3. Will be responsible for organizing immunization services at the hospital and its area of operation.
4. Will develop school health programme in the Primary schools in the town and help the PHC Medical Officers in similar activities in their jurisdiction.
5. Will organize health and nutrition education activities through schools in the School Health programme.
6. Will organize nutrition clinics and undertake nutrition intervention programme for children.
7. Will work closely with the Gynaecologist in promoting Family Welfare Programme.
Duties & Responsibilities of Employees of WBPHAS Cadre
Duties & Responsibilities of the Block Medical Officer of Health:

[Source: Enclosure to G.O. No. Health/FW/128/HPH/10’S’-1-87 dt.30.1.88]

The Block Medical Officer of Health will remain in Charge of the curative, preventive and promotive Health services to the people of the entire Block area. In discharging the above-noted function he/she will have to carry out the following:-

1. Health Administration:-
   
   I) To discharge administrative function in arranging total health care to the population of the Block.
   
   II) To render proper monitoring and effective supervision over all aspects of Health services of the Block.
   
   III) To render supervising visit to the new PHC/SHC, other Health Institutions in the Block area and Sub-centres.
   
   IV) To manage manpower, material support and fiscal aspects involved in his administrative jurisdiction.
   
   V) To maintain optimum rapport with the collateral administrative bodies, Community Organizations, Vol. Organizations and the People’s representatives.
   
   VI) To build up effective public relation and derive active peoples’ participation for getting the Health Programmes/functions achieved effectively.
   
   VII) To make evaluation of the impact from time to time.
   
   VIII) To represent CMOH at the Block level in any action needing such function.
   
   IX) To invite guidance and advice from the local ACMOH/ Dy. CMOHs/CMOH when required.
   
   X) To depute 2nd/3rd/4th M.O. to discharge functions as and when required.
   
   XI) To maintain Cash Book, Stock Ledgers etc.
   
   XII) To maintain other service registers properly.
   
   XIII) To make physical verification of Stores and Cash from time to time.
   
   XIV) To assess the requirement of medicines/vaccine/equipments etc. and make requisition regularly for his/her Block.
   
   XV) To maintain transport properly.
   
   XVI) To procure allotment of fund from CMOH/Dy.CMOH/DD.AAV,W.B.

2. Medical Care Service:-
   
   I) To arrange proper running of the indoor/OPD services in the Block-level PHC and advice M.O., New PHC/SHC accordingly for proper running of the same therein.
   
   II) To effectively deploy the services of the staff in the indoor and OPD.
   
   III) To supervise the services of other MOs in the PHC services
   
   IV) To maintain records and registers on the Medical Care Services.
   
   V) To welcome the referred cases from the MPHA(M)/(F) in Indoor/OPD.
3. Out-break Control, Environmental Sanitation:

I) To arrange containment measures against P.H. Emergencies.

II) To institute environmental sanitation including disinfections of water sources and other cleanliness measures in fairs, festivals and aggregation of people.

III) To institute medical and P.H. Measures amongst the victims of Natural calamities in close collaboration with the local Executive Organizations/ Panchayets.

4. Health Programmes:

1) To organize and supervise the activities under NMEP/ NLEP/NTCP/ NBCP/ NFWP/ EPI/ UIP/ MCH/ School Health.

2) To arrange proper implementation of R.B.D. Programme, PFA activities with the help of the Registrar of Birth & Death and the Food Inspectors respectively.

3) To organize Health Education Programme through group meetings, mass-meetings, other educational Programmes, exhibitions, baby-shows, camps and campaigns.

4) To conduct weekly/monthly monitoring meetings of the staff and arrange preparation of the Block-report for sending it to the District level.

5) To prepare periodical expenditure reports of different health Programmes and submit to the respective higher authorities in time.

6) To formulate local strategies in respect of each Health Programme with the objective of fulfilling the targets/overcoming the back-logs, with the help of the Block Level supervisory functions including other MOs of the Block Level

7) PHC and MOs of the SHC(New PHC) etc.

8) To organize with the help of SWOs in particular and BSI/ BPHN/ Computor/ MOs in general the various training Programmes required to be organized from time to time in the Block Level PHC/ New PHC.

5. Miscellaneous:

I) To attend S.D. Level/District level meetings conducted by the CMOH/ Dy.CMOH/ ACMOH.

II) To attend Block Level co-ordination meeting convene by the BDO/ Sabhapati, Panchayet Samity etc.

III) To respond to any other functions at the Block Level relevant to him/her.

Add BMOH:

[Source: HF/O/MA/1440/HAD/12M-28/08 Dated, Kolkata the 22nd April, 2008]

In order to ensure smooth and better patient care Public Health Work and administration in the BPHCs and RHs of the districts and also in the interest of public service, the following instructions are issued for strict compliance:

1. The BMPHs/ Supdtt of the BPHCs/RHs either acting or of the WBPH&AS shall have to perform indoor/outdoor clinical duties in addition to the Public Health Work and administrative work as required in the interest of public service.

2. Other MOs (2nd/3rd etc.) of the WBHS of the said institution shall have to cooperate with the BMOH/Supdtt. in discharging the administrative or Public Health related works as
assigned by the BMOH/Supdtt. in discharging the administrative or Public health related works as assigned by the BMOH in addition to the usual clinical duties.

3. The senior most medical Officer or in his absence the MO next to him in seniority of the BPHC/RH will have to take the charge of BMOH/Supdtt. temporarily as assigned by the CMOH, if required.

4. This should be implemented with immediate effect.
Duties & Responsibilities of ACMOH:

The role and function of the ACMOHs in all Sub Divisions and its rationalization in view of the extended process of decentralization has since reviewed by the Department.

Now in supersession of all previous orders the roles and responsibilities of ACMOHs in all Sub Divisions is enumerated below.

Administrative responsibilities:-

1. He/She will function as administrative Head for health administration within the Sub Division and oversee functioning of all Health Units excluding DH, SDH and SGH.

2. He/She, on behalf of CMOH, will also Co-ordinate/liaison with the Superintendent of the SDH/SGH and monitor proper management of Health Care Services as well as interventions during outbreak situation including preventive measures to be undertaken.

3. He/She will maintain an effective Co-ordination with the Sub Divisional Officer of the Sub Division and also with officers of other Department.

4. He/She will keep also liaison with Panchayat/Urban Local Bodies and its functionaries for promoting the different Public Health Programmes within his/her Sub Division.

5. He/She will act as Member of Governing Body and Executive Committee of District Health and Family Welfare Samity and also be a member of District Health Mission and District Health Planning Committee and Municipal level Health & Family Welfare Committee and Rogi Kalyan Samitis of all hospitals under his/her area of jurisdiction.

6. He/She will exercise the following administrative powers:

   (a) He/She will act as DDO in respect of establishment of the ACMOH Office.

   (b) Grant and sanction of normal/annual increments of the Medical Officers including BMOH and Superintendent of Rural Hospital.

   (c) Sanction of Refundable GPF advance for all Sub-ordinate Staff and MOs within the Sub-Division and recommendation and transmission of Non refundable GPF advance cases to CMOH.

   (d) Nomination regarding GI, Death gratuity, Family pension, GPF be accepted by him/her for all Subordinate staff including MOs and steps taken for making then part of S.B and onward transmission to proper authority.

   (e) He/She will Supervise analyze and comment on the functioning of all MOs and staff and also initiate ACRs of BMOH, Superintendent of Rural Hospitals, MOs of PHCs/BPHCs/RHs including MOs engaged in Homeopathy and Ayurveda, Additional Medical Officers/CHSO under his/her jurisdiction. He/She will also ensure that the Annual Performance reports of other staff are initiated by controlling officer i.e. BMOH or Superintendent of Rural Hospital.

   (f) He/She will be the leave sanctioning authority for CL, EL, HPL or Commuted Leave not exceeding sixty days, maternity leave, for MOs and staff under his/her jurisdiction. Necessary leave account is to be maintained in his/her office.

   (g) In case of administrative lapses he/she shall also recommend the initiation of necessary administrative/disciplinary action against erring officer/staff. In case of any
serious lapse he/she may recommend suspension to be CMOH U/r 7 of WB Services (classification, control and appeal) Rules 1971.

(h) He/She will approve tour Diary and shall countersign all the TA Bills relating to Medical Officers including BMOH and Superintendent of Rural Hospital. For other staff it will be done by concerned controlling officers.

(i) He/She will exercise the power delegated to him/her under Delegation of Financial Rules 1977 for sanction of Expenditure within his/her limits for his/her office and Subordinate office by issue of sanction order on receipt of proposal and/or by countersigning the bills after satisfying himself/herself that the financial formalities have been followed by MOIC, PHC/BMOH/Superintendent of Rural Hospital.

Functional responsibilities:-

1. He/She act as Nodal Officer for all Health Programmes including Public Health Programmes in his/her jurisdiction. This will also include Externally Aided Projects.

2. To Co-ordinate with ICDS and Urban Health Set up within the Sub division for making effective convergence of Health Care facilities.

3. Co-ordinate with School Health and Health Education programmes.

4. In charge of Sub Divisional Reserve Store.

5. Act as Sub Divisional level Epidemic Control Officer. He/She will mobilize the Sub Divisional level Rapid response team for containment of epidemic, major outbreak and submit daily report to SDO and CMOH.

6. Assess the Public Health situation with respect to seasonal variation and take all preventive and promotive measures well ahead. During natural calamities undertake relief measures by Co-ordinating with the local administration by pooling all his/her resources inclusive of manpower, medicine etc.

7. Necessary sanitation and public health measures will also be Co-ordinated by him/her during large congregates of people during Melas, Fairs and festivals.

8. To Co-ordinate with Panchayat and Urban local bodies for maintenance of sanitation and water quality requirements.

9. Assist and Co-ordinate with District level programme officers (Dy. CMOH-I/II/III, ZLO, DTO) and also pinpoint progress, anomalies, deficiency if any.

10. He/She will convene monthly review meeting with BMOHs, MOIC, PHCs, Superintendent, Rural Hospital, and monitor all Health programme including National Public Health Programme, IDSP and pinpoint poor performing units/facilities, take/suggest corrective measures. He/She will also try to review the health Indicators. The HMIS data need to be reviewed in a specific manner and forwarded to CMOH/SDO. He/She will ensure timely submission of reports/returns and pursue with the defaulting units.

11. He/She will present the activities of the blocks in his/her Sub Division in District level meeting and the action taken in those blocks. Following which the CMOH and other District Level Officers will discuss various issues with BMOHs. The decisions taken are to be communicated to ACMOHs and respective BMOHs/Superintendent of Rural Hospitals.
12. He/She shall be responsible for supervision of all Health facilities within his/her Sub Division up to the level of Sub Centre periodically. This would require performance review, indicator of facilities and steps to improve them.

13. Exercise the statutory functions prescribed under the PFA Act and Rules.


15. Facilitate implementing the PC & PNDT Act.


17. Supervise the work of Infant/Maternal Death audit.

18. Act as member of Condemnation and Disposal Committee for the purpose of various unserviceable instruments/Equipments/articles lying at different Hospital/Institutions under his/her jurisdiction.

19. He/She should have the authority for collection and transmission of performances reports from private sectors.

20. He/She should also coordinate with other local departmental officers like Panchayat & Rural Development Department, Education, Women & Child Development Department etc. for better implementation of the programme like – CHCMI, Nutrition Programme, Exclusive breast feeding, prevention of early marriage, prevention of female feticide etc.

21. He/She should organize and co-ordinate the Health Service Providers like Local bodies, NGOs of his Subdivision and utilize them particularly in Disaster management, epidemic control including preventive measures in consultation with S.D.O.
Change of Functional Designation of ACMOH (PH & FW)

[Source: No. HF/O/MA/199/1M-18/02 Dt. 07.02.2002]

In view of the importance attached to the effective & efficient implementation of Revised National Tuberculosis Control programme (RNTCP) the functional designation of the Assistant Chief medical officer of Health (PH & FW) henceforth will be District Tuberculosis officer (D.T.O.) until further orders.

In all communications, minutes of the meeting and activities of the District Tuberculosis Society, the Assistant Chief medical officer of Health (PH & FW) will be addressed as District Tuberculosis officer (D.T.O.).

The services of Assistant Chief medical officer of Health (PH & FW) shall be exclusively used for RNTCP and not for any other purpose.
Duties & Responsibilities of Dy CMOH-III:


- Population Control Methods-Monitoring & Supervision
- FW store management
- GP Based Mobile Health Camp
- Monthly reporting of different performance
- Monitoring of Financial performance
- Processing of financial requirement
- FRU
- MNGO & FNGO
- SNCU
- Preparation of DHAP
- School Health Programme (Pry,Sec & Madrasha), SSk & MSK
- Adolescent & Anwesha Clinic
- MTP Service
- Family planning Insurance Scheme
- Tribal Health programme
- Office management
- Others as assigned by higher authority time to time
Duties & Responsibilities of DMCHO:


- Routine Immunization including PPI, Measles and other VPD surveillance, monitoring of CCE & Vitamin A supplementation
- JSY-monitoring & supervision
- Ref. Transport - monitoring & supervision
- Ayushmati - monitoring & supervision
- IYCF - monitoring & supervision
- IMNCI/FIMNCI/Community based New Born Care - monitoring & supervision
- VH & ND - monitoring & supervision
- ANC, PNC & Institutional delivery
- Positive deviance
- Preparation of DHAP
- PNDT – District implementation coordinator for save the girl child programme
- Dai training with the help of DPHNO
- Maternal & Infant death audit
- Training on different RCH activity
- Office management in case Dy. CMOH-III is not in position or not physically available
- Others as assigned by higher authority time to time
- Voucher Scheme for transportation of Pregnant Women in selected districts
Duties & Responsibilities of Deputy Superintendents of the Hospitals attached to the Teaching Institutions and the decentralized Hospitals:

Subject to over-all supervision of the Director/ Principal/ Superintendent/ Surgeon Superintendent, the Deputy Superintendent will discharge the following functions:

i) The Deputy Superintendent will be the next in the rank to the Medical Superintendent-cum-Vice Principal (MSVP) of the Teaching Hospitals/ Superintendent, as the case may be.

ii) The Deputy Superintendent will look after the General Administration in absence of MSVP/ Superintendent.

iii) The Deputy Superintendent will exercise control on Emergency Duties of Emergency Medical Officer independently.

iv) The Deputy Superintendent will exercise his supervisory control over the Blood Banks of the Teaching Hospitals and in the decentralized Hospitals, as the case may be.

v) The Deputy Superintendent will dispose of Leave cases of Group ‘A’ Officers in absence of MSVP/ Superintendent.

vi) The Deputy Superintendent will supervise cleanliness and exercise watch on judicious maintenance of economy in all spheres of the Hospitals.

vii) The Deputy Superintendent will render his round(s) in the hospital ward/OPD/Kitchen for their smooth functioning in a disciplined manner.

viii) The Deputy Superintendent will periodically visit the quarters of Class-IV staff, Nursing staff etc. to ensure proper sanitation and other facilities.

ix) The Deputy Superintendent will supervise medicines/ surgical and linen store with the help of SDPP/ JDPP, as the case may be.

x) The Deputy Superintendent will first deal with the instant cases of complaints, both of public and staff.

xi) The Deputy Superintendent will have the responsibility of informing the MSVP about the irregularities/ wastage/ misuse/ losses of abnormal or irrelevant expenditure of store consumption, as may be detected by him.

xii) The Deputy Superintendent will countersign daily requisition of medicines/ surgical stores.

xiii) The Deputy Superintendent will exercise watch over the Ambulance-services with the help of Ward Master.

xiv) The Deputy Superintendent will arrange for preparation of Budget Estimate with the help of Accounts Officer.

xv) The Deputy Superintendent will arrange for Annual Returns and various information of the Hospital activities with the help of Registrar of medical Records Department.

xvi) The Deputy Superintendent will countersign the papers relating to reimbursement of Medical Bills on behalf of MSVP.
xvii) The Deputy Superintendent will meet relatives and friends of the patients requiring for assistance of Medical care Service.

xviii) The Deputy Superintendent will help MSVP in the matter of issuance of Purchase order, which will be routed through him.

xix) The Deputy Superintendent will maintain co-ordination with the public Works Department, both for Civil and Electric work and also for the progress of the job of the respective disciplines.

xx) The Deputy Superintendent will arrange Grand-Round(s) in the Wards at least twice in a month with the members, such as, Principal, MSVP, Nursing Superintendent, Superintendent of the Hospital, Secretary, Assistant Engineer of Civil and Electrical wings and Ward masters of the respective Ward.

xxi) The Deputy Superintendent will act as the member of the Condemnation Board and will take active part in disposing of the Condemned Articles as per extant Rules.

xxii) The Deputy Superintendent will help MSVP, in day-to-day Administration.

xxiii) As a member of the Tender Selection Committee, the Deputy Superintendent will take active participation in the Tender process, especially to Surgical and Medical Stores.

xxiv) The Deputy Superintendent will perform any other work, as may be entrusted upon him from time to time.
Duties & Responsibilities of Superintendent of SGH, SDH, DH and other decentralized Hospitals:

[Source: HF/MA/1356/Z-41/11 dated 27.05.2011]

The duties & responsibilities of the Superintendents in all State-General, Sub-Divisional, District and other decentralized Hospitals and its rationalization in view of the extended process of decentralization has since been reviewed by the Department.

2. Now in supersession of all previous orders, the undersigned is directed to state that the duties and responsibilities of Superintendents in all State General, Sub Divisional, District and other decentralized Hospitals are enumerated as below:

A. He/she will be responsible for the following administration related functions
   (i) To act as administrative Head of the Institution
   (ii) In-charge of planning and development of that hospital
   (iii) Regular review of performances and taking steps for improvements
   (iv) To act as DDO in respect of establishment of the Supdtt. Office
   (v) In-charge of Capacity building for functionaries
   (vi) Maintenance of Health Management Information System and submission of hospital performance reports

B. He/she will be responsible for the following Preventive, Curative & Promotive Programme Management related functions
   (i) Conduction of Daily round and Inspection
   (ii) Allotment of duties/beds
   (iii) Emergency & Admission services
   (iv) Quality Assurance Programme including Medical Audits, Clinical record keepings
   (v) Medico-Legal issues
   (vi) Intra-departmental Coordination
   (vii) Implementation of various National/State Health Programmes
   (viii) Disaster and mass casualty Management & Disease Surveillance

C. He/she will be responsible for the following Legal & Statutory related functions
   (i) To act as Committee member/ member-secretary of different committees like DHFWS/ Rogy Kalyan Samity
   (ii) Maintenance of order and discipline within the hospital including Safety & Security and taking up appropriate measures under WB Service Persons and Medicine Service Institutions (Prevention of Violence) Act, 2009.
   (iii) Implementation of Fire-safety regulations
   (iv) Implementation of Disability Act and issue of certificate
   (v) Implementation of Birth & Death Registration Act
   (vi) Licensing/ Accreditation related to Blood Bank, PCPNDT Act etc.
   (vii) Implementation of Biomedical Waste Management related rules
   (viii) Implementation of ‘Cigarettes and Other Tobacco Products Acts
D. He/she will be responsible for the following Public Interface related functions
   (i) Information Dissemination for patient/citizen related to services provided by the hospital including sinages, ‘May I help you’ counters; etc.
   (ii) Implementation of RTI Act
   (iii) Visitor Management including ‘Patient-party meet’
   (iv) Public Relation including grievance redressal system & patient satisfaction/feedback system

E. He/she will be responsible for the following Logistic & Infrastructure Management related functions
   (i) Procurement of drugs, consumables, equipment and other medical supplies for the hospitals
   (ii) Store & Inventory Management
   (iii) Condemnation & Disposal of unserviceable items
   (iv) Diet & Nutrition
   (v) Vehicle Management
   (vi) Sanitation & hygiene as well as overall cleanliness and taking steps for prevention of Hospital Acquired Infection
   (vii) Landscaping & Beautification
   (viii) Pest-rodent-vector control
   (ix) Physical Infrastructure maintenance & development

F. He/she will be responsible for the following Financial Management related functions
   (i) Maintenance of Accounts & Collection of user charges
   (ii) Audit & Verification of Accounts

G. He/she shall also take up any additional duty or responsibility entrusted by the Appropriate Authority for the interest of public service

3. He/she will function under the overall administrative control, guidance and supervision of the CMOH or Appropriate authority (hereinafter referred to as the ‘Appropriate Authority’), as the case may be.

4. A manual of instructions for the guidance of the Superintendents is being attached with as annexure

ANNEXURE: MANUAL OF INSTRUCTIONS FOR THE GUIDANCE OF THE SUPERINTENDENTS

1. ADMINISTRATIVE RESPONSIBILITIES:-
1.1. The Appropriate authority may delegate such other power(s) to the Superintendents in addition to the power specified below, as may be necessary for smooth running of the said hospital.

1.2. **Human resource Planning:** He/She will act as administrative Head of the Institution to oversee functioning of all the subordinate staff including Medical officers and Specialists under his/her jurisdiction attached to that Hospital (hereinafter referred to as the ‘subordinate employees’) and day-to-day administration of all the wards, departments, section, centres, clinics, units, and the whole establishment (hereinafter referred to as the ‘Departments’) of the Institution as per relevant prescribed/ statutory rules/guidelines/ provisions (hereinafter referred to as the ‘guidelines’). For this, he/she would have to be well conversant about the manpower placement, sanctioned/vacant position and further needs; associated issues relating to actual working of various levels of the hospital. If necessary, for the interest of public service, he/she will arrange for mobilization/redistribution of manpower within different departments of the hospital as per its necessity. He/She will prepare and submit proposals of manpower recruitment posting, promotion, transfer etc. to the respective branch of the directorate through Appropriate authority.

1.3. **Infrastructure Planning:** He/She will be in-charge of planning and development of that hospital. He/She should develop sound knowledge of the existing health infrastructure, manpower, logistics and the gaps in service, which can be progressively fulfilled. He/She will prepare the proposals for budget/expenditure of various funds in consultation with respective Specialist MOs different departments and the Hospital Management committee (RKS). He/She will prepare and submit proposal of changes in sanctioned bed-strength; changes in package of medical/non-medical services, creation/upgradation of different departments along with rationale to the Appropriate authority. He/she will ensure the effective implementation of policies & programmes of the government.

1.4. **Performance Review:** He/She will convene performance review meeting at least once a month along with Nursing Superintendent, Asstt Supdtt./Wardmaster and Senior officers of different departments and monitor all relevant portion of National Health programmes to be implemented in the institution and service deliveries. He/she will pinpoint poor performing departments and individual; and take appropriate corrective measures. He/She will also try to review the HMIS data/indicators in a specific manner and forward the analysis along with action-taken report/suggestion to Appropriate authority.

1.5. **Human resource Management:** He/she will act towards staff welfare and Reconciliation comprising inter-alia (a) Establishing contact and holding consultation for maintaining harmonious relations between hospital management and staff; (b) Listening to individual and collective grievances of staff for securing expeditious redress; (c) Acting as a negotiating officer with association and trade unions of staff and workers; (d) Exercising his influence over staff going on illegal strikes and help in peaceful settlement of strikes; (e) Improving their working condition; (f) Helping workers to adjust and adapt themselves; (g) Promoting management staff relations, which will ensure productivity and efficiency (h) Securing provision of staff amenities like canteen, drinking water facilities etc. He/she will deal with Personal problems and other difficulties of the staff.

1.6. **Capacity Building:** He/she will try to keep himself/ herself, and all the subordinate employees, well conversant regarding the latest scientific developments through various methods. He/she will organize/encourage the organization of ‘Clinical meetings’, Seminars, other ‘Continuing Medical Education programmes’, ‘Exposure visits’ etc for all employees including Officers,
‘Internees’, ‘House-staff’, Post-Graduate Trainees, ‘Trainee nurses’ etc. attached to that hospital. He will encourage the formation of ethical committee for research.

1.7. **Health Management Information System**: He/She will ensure timely submission of periodic reports, returns and pursue with the defaulting reporting units. He/She will present the activities/performances of his/her hospital in District level MIES meeting along with the action taken reports. He/she will ensure maintenance and safekeeping of all medical records as per the guidelines. He will maintain different databases and computerized systems of procurement, inventory, accounting and other office works etc.

1.8. **DDO & Head of Office**: He/She will exercise the following **administrative powers**:

1.8.1. to act as DDO in respect of establishment of the Suptt. Office, if he/she is declared as such by the Government;

1.8.2. to grant and sanction of periodical increments, station-leave permission, leaves of different kinds, refundable/ Non-refundable GPF advance of all the subordinate employees. Necessary GPF accounts of Group-D employees and the leave accounts are to be maintained in his/her office as per the guidelines;

1.8.3. to accept nomination regarding GI, Death gratuity, Family pension, GPF for all the subordinate employees and take steps for making them part of Service Book and onward transmission to proper authority;

1.8.4. to issue ‘working/ absentee statement’, ‘Last pay certificate’, ‘working certificate, performance appraisal certificate’ in respect of all the subordinate employees including contractual staff engaged through different societies /Samities of Health department/agencies.

1.8.5. to conduct, as head of office, the disbursement of death or retirement benefits, sanction of loans and advances, maintenance of service books including authentication of duplicate service books for all the subordinate employees as per DCRB, DPFR, WBSR and other guidelines;

1.8.6. to approve tour Diary and countersign all the TA Bills relating to all the subordinate employees;

1.8.7. to collect, preserve and dispatch (when necessary) Asset declaration of employees; to maintain discipline and decorum as per government rules and regulations amongst all the subordinate employees; to ensure the wearing of Identity badge, name-tag, uniform, liveries by all Subordinate employees as well as admitted patients;

1.8.8. to supervise, analyze and comment on the functioning of all the subordinate employees and also initiate their ‘Annual Confidential Report’ and ‘Open Performance Report’.

1.8.9. to maintain the attendance registers of all categories of employees with the assistance from other supervisory staff.

1.8.10. to countersign/ authenticate daily diaries/ case diaries, where applicable, of all the subordinate employees and any other record/ registers including attendance register.

1.8.11. to supervise the contractual staff and their services; to recommend for continuation/ discontinuation of any contractual services before or at the time of renewal of contract; to
recommend punitive measures as per terms and conditions of the contracts to the Appropriate authority for final decision;

1.8.12. to form relevant enquiry committee(s); conduct confidential enquiries by his/her own initiative or as per the direction of the Appropriate authority when the situation is called for;

1.8.13. to initiate, in case of administrative lapses, of necessary administrative/disciplinary action against all the erring subordinate employees and/or to take up the matter to the appropriate authority as the case may be. In case of any serious lapse he/she may recommend suspension to the Appropriate Authority or take necessary action, as the case may be, as per WB Services (classification, control and appeal) Rules and other guidelines;

1.8.14. to accept, as local authority, the petition of Medical Officers/specialists opting for practicing/non-practicing posts within the stipulated time frame and to issue ‘no objection certificate’ to the practicing Medical Officers/specialists desiring to get attachment to private concerns as per guidelines;

1.8.15. to allocate funds, incur/sanction expenditure in exercise the power delegated to him/her under Delegation of Financial Rules 1977 (amended from time to time) or rules of the Rogy Kalyan Samity or other guidelines,

1.8.16. to collect/levy charges, fees; fines and other revenues etc.; to pay rent, rate and taxes; and to waive/exempt charges, fees in case of emergency/exigencies as per guidelines;

1.8.17. to sell and/or ‘write-off’ properties when instructed by appropriate authority to do so;

1.8.18. to render/recommend assistance, in form of cash or kind, to the deserving candidates amongst the patients of the hospital out of ‘Illness Assistance fund’ or fund of similar kind as per guidelines;

1.8.19. to prohibit the conduction of any sorts of private business including private practice, farming of animals/livestock etc. within the campus of the hospital including staff quarter as per guidelines;

1.8.20. to regulate/restrict the entry, exit, movement and assembly of unauthorized person(s), vehicles and removal, disposal, destruction, of all movable and immovable properties, articles, materials including dead bodies and/or body parts within the hospital campus/premises, including buildings wards, staff quarters etc. as per guidelines;

1.8.21. to inform or call upon the services of local police/administrative authority, in case of absconding/missing patients; theft of govt. property; theft of properties of the patients which were in his/her custody; any assault or injury or threat thereof, to the all the on-duty employees as well as patients, members of public present within the hospital campus for maintaining the law and order situation, investigating the case(s);

1.8.22. to inform the appropriate authority about the cases of unnatural deaths of admitted patient, ‘Death on Arrival cases’ and ‘Brought dead cases’ at OPD/ emergency room, injury/poisoning cases, cases of abundant child or patients of any age, cases of vagrancy, cases of lunacy or any other cases having legal implications as per as per the guidelines;

1.8.24. to delegate any such power(s) to any such subordinate employee(s) as may be necessary for smooth running of the hospital in the interest of public service.

1.8.25. to nominate any of the subordinate officers, to act as superintendent for overall administration without any financial power, in case of his/her short absence from the institution after recording such in short-leave register/movement register etc. as per the guidelines.

1.8.26. to nominate any such subordinate employee(s) to help/assist the superintendent for effective discharge of any such function(s) as may be necessary for smooth running of the hospital in the interest of public service

2. FUNCTIONAL RESPONSIBILITIES:-

2.1. Preventive, Curative & Promotive Programme Management related

2.1.1. **Daily round and Inspection**: He/She will conduct regular morning and evening ‘round’ of the different wards/departments regularly and ascertain the actual working condition of the hospital and will advise the functionaries in-charge of different departments as well as obtain feedback for further improvement of the service. He/she will ensure that all the services as per norm are being rendered to the patients daily on time. He/she will record his/her remark in his/her daily diary. He/she will make necessary arrangement so that an inspection book is being kept in his/her office so that any visiting dignitary(s) or higher-level officer(s) when visiting such hospital can readily use that inspection book. The Appropriate authority and the Hospital Management committee /RKS should be periodically briefed as to the outcome of these visits.

2.1.2. **Allotment of duties/beds**: He/She will distribute the beds among different Medical Officers/Specialists of the hospital. All Medical Officers including the Specialists and other Medical Officers posted in different departments will be allotted ‘emergency duties’ and ‘on-call’ duties by rotation by the Superintendent. Safe keeping of such duty roster will be his/her responsibility. He/she will ensure availability of on-duty and on-call employees as per the duty roster.

2.1.3. **Emergency & Admission**: He/She will pay visit to the OPD/Emergency regularly and ensure that each and every cases at OPD/Emergency is being attended promptly and taken care of by ‘on-call’/‘on-duty’ MO/Specialist as the case may be. He/she will ensure the sending of call book for MO/Specialist. The Specialist/ MO may recommend admission, referral, transfer, and discharge of cases but the decision of the Supdtt. will be final in this regard. He/she will ensure that a list of cases waiting for admission/ surgery etc is being maintained. He/she will ensure that each and every case of admission, referral, transfer, and discharge is being done as per the guidelines/ protocol. No private case will be entertained until registered at that hospital. In case of emergency patient of IPD, the concerned MO will be intimated at once through ‘call-book’ and a note about the action taken will be kept in the bed-head ticket by the person who has intimated the concerned MO.

2.1.4. **Quality Assurance Programme**: He/She will ensure that medical/non-medical care, treatment, advice of highest possible quality is being rendered to the patient/members of public as per ‘Standard Treatment Protocols’ and ‘Standard Operating Procedures’, ‘Quality Circle’ etc. He/She will organize ‘Prescription audits’, ‘Medical audits’, ‘Pathological autopsy’ ‘clinical meetings’ etc as and when required. He/she will ensure proper keeping of medical records, registers etc.
2.1.5. **Medico-Legal Issues**: He/She will draw a duty roster/team/board of Medical Officers/Specialist keeping in mind their qualification/ experiences, to ensure that all the medico-legal cases e.g. rape, unnatural sexual offences, estimation of age, capacity test, etc and post-mortem examinations are properly attended to, as humanely possible, without delay or harassment to the public as per the guidelines. He/she will pay personal attention to complicated medico-legal cases, if required. He/she will be the authority regarding referral of such cases to higher centre for proper examination. He/She will ensure timely submission and safe custody of reports of such cases. He/she will render maximum possible assistance proactively to the Home Deptt. for safekeeping of ‘Under-trial prisoners; effective functioning of Medico-legal morgue/ mortuary; police camp situated within the premises of the hospital but not under his/her direct control as per the guidelines.

2.1.6. **Intra-departmental Coordination**: He/She, will assist and coordinate with ACMOH of the sub-division, District level programme officers (Dy. CMOH-I/II/III, ZLO, DTO), CMHO of the district/ appropriate authority of the Health Deptt to implement and monitor components of all Health Programmes including Public Health Programmes; Externally Aided Projects and proper management of Health Care Services at his/her hospital and also pinpoint progress, anomalies, deficiency if any.

2.1.7. **Inter-departmental Coordination**: He/She will maintain an effective coordination with the Sub-divisional Officer of the Sub-division/ District magistrate of the district, as the case may be, and also with officers of other Department and will tender all possible assistance to them regarding different health care aspects like blood donation camp, Disability certification camp, VIP duties, Election duty camps, other medical check-up/treatment camps etc.

2.1.8. **National/State Health Programmes**: He/she will ensure that all the activities and services to be provided under the various national health programmes are made available to beneficiaries in the hospital. He/she will also ensure that the diagnostic and case management protocols as per the guidelines of various national health programmes are scrupulously followed by all clinicians and other employees and any deviations are to identified and corrective measures taken. He/she will also provide all kinds of reports and returns related to national health programmes to the appropriate authority within the specified timeframe.

2.1.9. **Disaster & Mass Casualty Management & Disease Surveillance**: He/She will assist and coordinate with local Health & general Administration especially during outbreak of diseases, and disaster management, both natural and man-made: undertake relief measures including preventive measures by pooling all his/her resources inclusive of manpower, drugs, equipments, appliances, other medical supplies etc. He/she will act as the ‘Disaster Medical officer’ for his/her hospital and follow the standard operating procedures in ‘mass causality management’ as per the guidelines. He/She will keep also liaison with Panchayat/Urban Local Bodies and its functionaries to promote the different Public Health Programmes and hospital services within the service/catchments area, to ensure necessary sanitation and public health measures during large congregates of people like fairs and festivals. He/she will keep constant surveillance of impending outbreak of any disease in the catering population of the hospital and notify the Appropriate authority in the first instance. He/she will implement the IDSP and other related programmes. Notification of disease, as per the guidelines is also his/her responsibility

**2.2. Legal & Statutory related**
2.2.1. **Committee member:** He/She will act as Member of Governing Body and Executive Committee of District Health and Family Welfare Samity and also be a member of District Health Mission and District Health Planning Committee and Municipal level Health & Family Welfare Committee or other committees(s) as per the guidelines. He/She will act as the ‘Member-secretary’ and ‘Convener of the ‘Rogi Kalyan Samity’ of his/her hospital and discharge his duties towards functioning of RKS accordingly.

2.2.2. **Maintenance of discipline and order within the hospital including Safety & Security:** He/she will ensure tranquility, peace, harmony, sanctity of work environment of the hospital including staff quarters. He/she will ensure safety and security of the employees and members of public, patients, all the movable and immovable properties and also try to vacate/evict unlawful/ unauthorized occupancy/encroachment within the hospital campus including staff quarters with the help of government/ private security agencies including Home Deptt. He/she will procure such security and other services as per the guidelines issued by the department from time to time. He will take appropriate measures under the ‘WB Service Persons and Medicine Service Institutions (Prevention of Violence) Act, 2009’. He/she will ensure proper implementation of ‘Cigarettes and Other Tobacco Products Act'/rules.

2.2.3. **Implementation of Disability Act and issue of certificate:** He/She will act as the chairman of handicap board as per the guidelines to ensure the proper functioning of this board. He/She will draw a duty roster/team of all the subordinate employees, keeping in mind their qualification/ experiences, to ensure that all the cases of disability are properly attend to and getting necessary certificates without delay or harassment. He/she will be the authority regarding referral of such cases to higher centre for proper examination. He/She will ensure timely disbursement, submission and safe custody of reports/records of such cases.

2.2.4. **Birth & Death Registration:** He/she will nominate any one among the subordinate employees to act as ‘Sub-Register’ under RBD Acts and rules and ensure that people are getting ‘Certificate of Birth/Death’ without delay or harassment and also ensure that RBD Acts/rules as well as rules of ‘Medical Certification of cause of Death’ and other guidelines are being followed. He/she will be responsible for timely disbursement, submission and safe custody of such reports and records.

2.2.5. **Licensing/ Accreditation related to Blood Bank, PNDT:** He/she will ensure that all the necessary Licenses/ Accreditation/ Registration applicable for smooth running of different services of his/her hospital like license for Blood Bank, PNDT, etc. as required by the guidelines, updated from time to time, are being obtained by the hospital timely.

2.2.6. **Biomedical Waste Management:** He will prepare the Bio-medical waste management plan of the hospital and oversee its implementation. As occupier of the hospital premises he will take authorization from the West Bengal pollution control board and ensure that the authorization is kept valid from time to time. He will also submit the annual report to the WB Pollution control board within the 31st of January every year.

2.2.7. **Sexual harassment:** He/she shall set-up a committee according to the ‘Vishakha guidelines’ of the Honorable supreme court of India to look into matters related to ‘sexual harassment’ of employees while on duty and give effect of recommendations made by the said committee.

2.2.8. **Non-discrimination:** He/she will ensure that no person is subjected to any discrimination in any form or manner in access to facilities, goods, care and services including admission, on
any of the grounds of nationality, sex, physical or mental disability, occupation, religion, sect, language, caste, political or other opinion, actual or perceived health status and disease condition like Human Immunodeficiency Virus (HIV) infection or Acquired Immunodeficiency Syndrome (AIDS) or Multi-drug-resistant Tuberculosis or such other diseases or other arbitrary grounds.

2.2.9. **Miscellanies Legal matters:** He/she will promptly respond to all legal matters including court cases and directions of Institutions like Human Rights Commission, Consumer forum etc. and will take appropriate follow-up measures. He/She will enforce provisions of ‘noise pollution control acts, Tobacco control acts and other environmental protection acts in and around the hospital with the help of local civic authority and General Administration. He/She will exercise the functions vested upon him by Infant feed substitute Act, Minimum wage Act, labour act etc and other guidelines.

### 2.3. Public Interface related

2.3.1. **Information Dissemination:** He/she will try to promote the image of the hospital; popularize the policies of the government; explain the procedures, rules and regulation among the members of public. He/she will encourage organization of research and training programmes in the hospital. He/she will not personally divulge or compel other subordinate employees to divulge any information/ medical records in any form including still/ motion pictures to any members of public including members of mass-media which is harmful/ embarrassing to the patient or considered to be unethical/ unlawful. He/She will act under the provisions of ‘Right to Information act’ and other relevant guidelines and will be responsible for the implementation of the RTI Act for his/her hospital.

2.3.2. **Visitor Management:** He/she will ensure that proper visiting hours and movement restriction of visitors are being maintained; a list of serious cases in each ward is being prepared and maintained daily; ‘evening rounds’ and ‘patient party meet’ by the respective bed-holders are being carried out daily at fixed time & place.

2.3.3. **Public Relation:** He/she will ensure publication and display of different kinds of ‘Citizen Charters’, ‘Facility Maps’, ‘Signage of different kinds’, ‘May I help you booth’, ‘Enquiry counters’ and other patient/ public friendly measures. He/she will maintain personally and through designated/nominated officers, a grievance redress system with the help of complaint/ suggestion box etc and promptly dispose of cases of alleged corruption, malpractice, negligence, dereliction of duties. He/she will maintain the feedback system from service recipients including ‘Patient satisfaction survey’.

### 2.4. Logistic & Infrastructure Management related

2.4.1. **Procurement of drugs and Medical supplies:** He/she will ensure that drugs, equipment, consumables and other medical supplies as per norms are being available to the functionaries/patients daily on time. Procurement/purchase of drugs and other medical supplies should be taken up in consultation with the tender/purchase committee.

2.4.2. **Store & Inventory Management:** He/She will supervise the day-to-day management of the Stores. He/She will be responsible for the stores of the hospital and will arrange for their safe custody and also for the maintenance of accounts, inventories and correct returns in respect of the same, in the manner laid down in West Bengal Financial Rules, and other guidelines. He/She will conduct physical verification of the Stock during routine/random surprise checking. Any discrepancy, fraud or negligence, that may be detected, should be
duly recorded and steps should be taken for their rectification. Any such case(s) having serious magnitude should immediately be reported to the Appropriate Authority forthwith along with action taken report.

2.4.3. **Condemnation & Disposal**: He/She will act as Chairperson of Condemnation and Disposal Committee for the purpose of various unserviceable instruments/Equipments/articles as per the guidelines.

2.4.4. **Diet & Nutrition**: He/she will ensure that quality diets are being served to the patients daily on time. He/she will check up the quality & quantity of dietary articles including milk, etc. supplied by the contractors. Where necessary and possible such quality checking may be done by laboratory tests by actual measurement. He/she will also supervise whether the ‘daily diet’ is properly carried from the kitchen to the wards. He/she will note his/her remarks in the Kitchen Report Book. He/she will ensure the practices of the ‘Baby Friendly Hospital Initiative’, ‘Exclusive breast feeding’ etc.

2.4.5. **Vehicle Management**: He/She will supervise the day-to-day management including servicing, repair, and maintenance of the transport pool vehicle(s), staff-car(s), and ambulance(s) to make them safe, sanitary, roadworthy and properly equipped, as well as provide the vehicle(s) with POL and place manpower for the utilization of these vehicles. The salvage of vehicles, condemnation and disposal of unserviceable vehicle-parts/vehicles shall be taken up by him/her. He/she will ensure proper maintenance of log-book of the vehicle.

2.4.6. **Sanitation & hygiene**: He/She will ensure proper sanitation, as well as overall cleanliness and prevention of ‘Hospital Acquired Infection’, supply of safe water and cleanliness of the hospital building and premises. He/She will inspect and supervise the implementation of cleaning, scavenging, and infection control measurements including pest control, rodent control, vector control, and Biomedical waste management, through ‘Quality Circle’ approach and National/state programme guidelines. He/she will procure such scavenging and other services as per the guidelines issued by the department from time to time. He/she will ensure availability of fresh linens according to the Linen changing norms. He/she will procure related services as per administrative guidelines issued from time to time.

2.4.7. **Physical Infrastructure maintenance & development**: He/she will maintain the records related to the physical assets and land/property of the hospital. He/she, with the help of other nodal Deptt/Agencies, will ensure the availability/maintenance/repair of supportive arrangements in the hospital building and premises. Like arrangement of illumination including emergency, hot lines and back-up arrangements like generator service; arrangements for fire-fighting, beatification, landscaping, rain-water harvesting; communication including tele-communications; sitting/ sleeping/ examination/ toilet/ bathing/ washing arrangement for patients, relatives, members of public and staff. He/she will ensure maintenance of related work-sheet/logbook etc. He/she will ensure the planning and implementation all kinds of civil/electrical/ mechanical/ electro-mechanical works of construction/ repair/ renovation of permanent/ temporary structures/ fitting/ fixtures/ instruments done by allied departments like PWD, PHE, Home Deptt, General Administration, Civic bodies and local/national level agencies. No such work within the hospital campus including staff quarter can be implemented without his/her prior approval.

2.5. **HMIS & Financial Management related**
2.5.1. **Maintenance of Accounts & Collection of User charges**: He/She will supervise the day-to-day financial management and ensure that all the financial formalities like daily updating, balancing and closing of cash book; posting of GPF withdrawal in case of Gr-D etc.; daily deposition of govt. receipt including collected user charges of all kind in the bank etc. by WBFR, WBTR, DPFR and other guidelines are being followed strictly. He/she will physically verify the cash balance regularly. He/she will ensure proper maintenance, safekeeping, auditing, accounting and verification of all financial records, registers, Books of accounts, bills, vouchers, cheques and other instruments, related to both treasury and RKS accounting system etc. He/she will ensure the timely payment of property/Municipal tax, and payment towards charges for Telephone, Electricity etc.

2.5.2. **Audit & Verification Accounts**: He/she will arrange for auditing, accounting and verification by department/external agencies as per the guidelines. He/she will be responsible for meeting up of any audit queries raised by such agencies. In case of defalcation/misappropriation of fund, he/she will promptly take appropriate steps. He/she will avoid the retention of heavy cash balance.
Duties & Responsibilities of Additional Director of Health Services (Admn):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) General Monitoring and overall-in-charge of Health Administration on behalf of Director of Health Services
2) Ex-management institutions
3) Monitoring of Central Medical Store
4) Chairman, recruitment board for Directorate staff
5) No demand Certificate for all categories of Officers
6) ACR of Directorate Officers above the rank of ADHS & maintenance of service Book from DDHS and above.
7) Maintenance of Attendance Register of the erstwhile Gazetted Officers of the Directorate.
8) Initiation of proposals for the post of DDHS and above
9) In-charge of Discipline cell
10) Financial authority:- (HAV/3D-29-94/4307, dt. 2.1.95)
    a) Controlling function of TA Bills from the rank of DDHS and above
    b) Sanction of cash equivalent of leave salary from DDHS and above

Add Addl.DHS(Admn)

[Source: A/1471 dated 4.3.2009]

1. Establishment of Medical Officers
2. Misc. cases of Post Mortem examination
3. Setting up of Medical Team on request
4. Medical Re-imbursement
5. Police Morgue
6. To tackle problems of hospitals in West Bengal
7. Conduction of Enquiry and sending of reports to HRC
8. Leave Travel Concession of the staff
9. General enquiry related to Admn. Branch
10. Renal Transplant Board
11. Assembly Matters
Duties & Responsibilities of Joint Director of Health Services (Admn):
[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of Nursing Establishment on behalf of DHS. WB
2) ACR of WBGS Nursing officers & Other WBGS officers of Health Directorate
3) Monitoring of health Transport system on behalf of DHS
4) Medical reimbursement
5) Nodal Officer for Health Monitoring System
6) Hospital Administration
7) Financial Authority:-
   a) Sanction of Funeral Expenses
   b) Sanction of purchase of Type-writer machine and Duplicating machine
   c) Sanction of purchase of drawing materials
   d) Sanction of repair of Furniture, Type-writing machine, Duplicating machine and refrigerator
   e) Sanction of Telephone
   f) Sanction of expenditure for building petty repairs
   g) Sanction to the purchase and repair of X-ray machine
   h) Sanction to the purchase of Instruments and appliances

Add Jt.DHS(Admn)
[Source: A/1471 dated 4.3.2009]

1. PC & PNDT
2. General Grievance and Public Grievance
3. Court cases of Cadre Section
4. Appointment & Transfer-posting cases of Nursing cadre
5. Establishment of Asstt. Superintendent
6. Telephone Bills of Swasthya Bhavan
7. Courts cases related to ADHS (Admn.)
8. Store purchase Committee
9. Establishment of Linen Keeper/ Dietician/ Librarian /S.W.O
10. Central Control Room
11. Attendance of Gr -‘A’ Officer with monthly working statement
**Duties & Responsibilities of Dy. Director of Health Services (Admn):**

[Source: No. HPT/4D-11.96/194209, Calcutta, the 19th June, 1996]

1) Licensing Authority for private clinical establishment
2) Chairman, Central Diet Committee
3) Maintenance of Service Book for Gr.A & B & C employees upto ADHS
4) Entitlement of Pay slip to all categories of Employees
5) Medical Coverage of VIP & VVIP
6) ACR of Directorate Officers upto the rank of ADHS & Maintenance of Service Book
7) Chairman, condemnation and disposal Board at Calcutta
8) Post-mortem affairs
9) Countersignature of Group Insurance of Employees
10) Financial Authority:- (HAV/3D-29-94/4307, dt. 2.1.95)
    a) Sanction of purchase of Stationery articles, Wooden furniture, Steel Almirahs, Steel Rack, Liveries of Gr.D Staff, Umbrella
    b) Controlling function over all employee of the Directorate regarding TA bills upto the rank of ADHS
    c) Cash equivalent of Leave Salary of Medical and erstwhile gazetted officers upto the rank of ADHS

**Add DDHS(Admn)**

[Source: A/1471 dated 4.3.2009]

1. Part of Pension Cell
2. Pay cell
3. D & V Cell
4. Right to Information
5. Human Rights Commission
6. Court Cases of Medical Officers
7. Medical Coverage of V.V.I.P.
8. Cooked Diet
9. Grade Promotion and Cadre Promotion
Duties & Responsibilities of Asstt. Director of Health Services (Admn):
[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Establishment and Court cases of NMTP Cadre (excluding appointment, transfer and posting of PH staff)
2) To assist DDHS (Admn)

Add ADHS(Admn)
[Source: A/1471 dated 4.3.2009]
1. Establishment of Medical Technologists & others
2. Establishment of Physiotherapist
3. Establishment of Ward Masters
4. Establishment of Store-Keeper
5. Establishment of Pharmacists
6. Admission in Pharmacy
7. Establishment of Ophthalmic Assistant

Duties & Responsibilities of ADHS (Cadre):
[Source: HPT/32M-14-2005A-1429 Dt. 19.05.2005]
Nature of work:

a) All matters relating to Gradation, Promotion, Confirmation, Pay-protection, Change of date of option, Examination of pay fixation, Court cases relating thereto etc. of NMTP (Cadre A,B, C & D) under WB Sub-ordinate Health Services & subsequently multi-separated cadres.

b) Sanction of Special Disability Leave of different staff attached to different institutions.

c) Any other matter whenever necessary.

d) He will work under the supervision of DDHS (Admn).
### Duties & Responsibilities of Asstt. Director of Health Services (P & E):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1. Initiation of transfer, posting and new appointment of Directorate Officers upto ADHS
2. Establishment of those Officers
3. Court cases of those Officers
4. Look after for WBHS Cadre fixation and grade promotion
5. To assist DDHS (Admn)

### Add ADHS (P&E)

[Source: No. A 774 dated Calcutta 1st February, 2002]

Reporting officer of ACR of medical officer of WBHS in TR & Supy Duty

### Duties & Responsibilities of Dy. Asstt. Director of Health Services (P&E):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1. Processing of leave of all categories of Group ‘A’ & ‘B’ excluding AO
2. Processing of ‘No Objection Certificate’ of Group ‘A’ and ‘B’
3. Processing for Cash equivalent to leave salary of Medical and other Gazetted Officers
4. Convenor of Ad-hoc appointment Committee
5. Summons to WBHS Officers
6. Preservation of Asset Statement of Officers
7. Processing for change of Surnames
8. To assist ADHS (P&E) and DDHS (Admn)
**Duties & Responsibilities of Dy. Director of Health Services (MERT):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Placement of WBHS Officers and others on Training Reserve
2) Training of Para-medical personnel
3) Arrangement for nomination for short training/ Seminar/ Workshop in consultation with Addl. DHS (Admn)/ Jt. DHS (PH & CD)
4) Medical Board
5) To deal with Transplantation of Human Organ Act

**Duties & Responsibilities of Asstt. Director of Health Services (MERT):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) To help DDHS (MERT)
2) To maintain establishment of Supy & TR Medical Officers attached to Headquarter under guidance of DDHS (Admn)
3) Processing for ‘No Objection Certificate’ for Passport
4) Processing for purchase of land and other movable and immovable properties of Gr ‘A’ and Gr ‘B’ employees
5) Processing for registration and permission to sit for examination
Duties & Responsibilities of Dy. Asstt. Director of Health Services (Admn):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Assist in Nursing Home Licensing
2) Assist in Medical re-imbursement
3) Secretary, Central Diet Committee
4) To assist Liveries distribution committee
5) To assist ADHS (Admn) and DDHS (Admn) & Jt. DHS (Admn)

Duties & Responsibilities of PA to Director of Health Services:

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Clerical establishment and establishment of AO
2) Group ‘D’ establishment
3) Law cell
4) Processing of transfer posting of those staff in consultation with DDHS (Admn)

Duties & Responsibilities of Asstt. Director of Health Services (Civil Defense):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Civil Defense
2) Medical emergencies in collaboration with P.H. Branch
3) Assist in court cases

Duties & Responsibilities of Asstt. Director of Health Services (Dental):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Establishment of Dental Services and Dental Education

Duties & Responsibilities of Administrative Officer (Administration):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Officer-in-charge of Administrative Branch for day to day work and responsible to Addl. DHS, Jt. DHS and DDHS (Admn)
2) He will sanction the leave etc. of Gr. ‘C’ and Gr. ‘D’ employees
3) Processing of all cases for purchase of Store-materials and furniture and their repairing matter.
4) Issue of Identity Cards to all categories of staff & others

Duties & Responsibilities of Special Officer (Pension):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Will look after the Pension/ Gratuity & Other connecting works relating to Pension
2) Processing of Group Insurance case of all categories of Staff under this directorate for sanction by DHS
3) Processing of Funeral expenses of all categories of staff for sanctioning by Jt. DHS (Admn)
Duties & Responsibilities of Jt. Director of Health Services (PH & CD):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of PH & CD Programmes of the State
2) Establishment of P.H. workers of N.M.T.P. Cadre
3) Establishment of HA/SI/THV/Ophthalmic Asstt/ CHO including transfer, posting and appointment and also appointment of HA (Leprosy)
4) CHSO Establishment monitoring
5) Arrangement for food-testing of VVIP whenever required, with the help of Public Analyst
6) Issuance of International vaccine Certificate

Duties & Responsibilities of Dy. Director of Health Services (Malaria):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Programme Officer for Malaria eradication programme including other Insect Borne Diseases
2) To be assisted by Asstt. Malariologist and Epidemiologist and Zonal Officers (Malaria)

Duties & Responsibilities of Asstt. Director of Health Services (IBD):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Asst. DDHS (Malaria)
2) DDO of DDHS (Malaria) Office

Duties & Responsibilities of Asstt. Director of Health Services (Filaria):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Programme Officer for Filaria Control & assist DDHS (Malaria)
2) DDO of Filaria establishment

Duties & Responsibilities of Jt. Director of Health Services (Leprosy):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Programme Officer for Leprosy Eradication Programme
2) Establishment of HA (Lep) including process of transfer and posting in consultation with jt. DHS (PH&CD)

Duties & Responsibilities of Director, Central Combined Laboratory:

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of the Laboratory works in connection with Public Health at various Offices

Duties & Responsibilities of Director, Pasteur Institute:

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of Vaccine Production and Supply
Duties & Responsibilities of Director, State Bureau of Health Intelligence:

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring and maintenance of Health Statistics
2) Programme Officer for Birth & Death registration in the State
3) To publish “Health on March” yearly

Duties & Responsibilities of ADHS (SBHI):

[Source: HPT/32M-14-2005A-1429 Dt. 19.05.2005]

a) Collection, Compilation and Analysis of HMIES data.
b) Computerisation, Monitoring and Supervision
c) To assist Director, SBHI in all day to day functioning of official works.
d) Will maintain close liaison with PH Branch & other state level officers of Important National Programme, such as: Leprosy, Tuberculosis, Malaria, Filaria; F.W, RCH etc.
e) To supervise the functioning of Medical Records Deptt. of Teaching Hospitals of State of West Bengal.
f) He will work under supervision of Director SBHI

Duties & Responsibilities of Chief Health Officer, C.M.U.H.O:

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of PH activities in greater Calcutta Areas with the help of Six Zonal Health Officers and other staff

Duties & Responsibilities of Asstt. Director of Health Services (EC, NC & ES):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) P.H. Crisis management including disaster management
2) Programme Officer for the P.H. Programme not covered by the designated Programme Officers

Duties & Responsibilities of Asstt. Director of Health Services (M.P.H.P):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of Multipurpose Health Programme including Training Programme of the P.H. Para-Medicals in consultation with Jt. DHS (PH & CD) and DDHS (MERT) and other concerned Programme Officers

Duties & Responsibilities of Asstt. Director of Health Services (Nutrition):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Acts as State Nutrition Officer
2) Monitoring of Tribal Health Programme in the State

Duties & Responsibilities of Asstt. Director of Health Services (PFA & Goitre):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]
1) Programme Officer for prevention of Food adulteration
2) Programme Officer for Goitre Control

**Duties & Responsibilities of Dy. Asstt. Director of Health Services (P.H.):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Assist in Public Health Programme to ADHS (EC, NC & ES) and ADHS (MPHS)

**Duties & Responsibilities of Epidemiologist:**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Assist in Public Health Crisis management and Malaria Eradication Programme as the case may be as directed by Jt. DHS (PH & CD), ADHS (EC, NC & ES) and DDHS (Malaria)

**Duties & Responsibilities of Asstt. Director of Health Services (Ophthalmology):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Programme Officer for N. P. C. B.

**Duties & Responsibilities of Asstt. Director of Health Services (Mental Health):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Programme Officer for Mental Health in the State
2) Monitoring of Drug De-addiction
3) Monitoring of Cancer Control

**Duties & Responsibilities of Epidemic Control Officer, Anti Plague Organization:**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

This is to be re-designated as ADHS (Zoonosis) to look-after the zoonotic disease. Till then Plague Prevention

**Duties & Responsibilities of Asstt. Director of Health Services (T.B.):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Programme Officer for T.B. Control in the State
2) In-charge for admission of T.B. Patient in Govt. Hospitals
3) Technical Supervision for all Govt. T.B. Hospitals

**Duties & Responsibilities of Dy. Asstt. Director of Health Services (T.B.):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) To assist ADHS (TB)

**Duties & Responsibilities of Administrative Officer (Public Health Branch):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Officer-in-charge of Public Health Branch for day to day work and responsible to Jt. DHS (PH & CD)
Duties & Responsibilities of ADHS (NCD):

[Source: HPT/32M-14-2005A-1429 Dt. 19.05.2005]

a) To collect regular information towards occurrence of Non Communicable Diseases (NCDs) from different reporting units of the state as required and maintained by Director SBHI & or required by the higher authority time to time.

b) To compile the reports of NCDs collected from reporting units under Health & Home infrastructure.

c) To prepare reports on occurrence of any accidental events with morbidity & mortality after its notification from police department & after verification from police department & after verification by local/District Health authority for its propagation to higher authority.

d) To analysis the trend of NCDs in different parts of the state & to prepare monthly reports to that effect in consultation with Director, SBHI.

e) To formulate plan of action towards reduction of the events under NCDs by different methods including IEC & will conduct health awareness campaign.

f) To monitor and supervise the data entry system of NCDs in different districts including their reporting units.

g) To conduct meeting on NCDs time to time with Public Health & Home officials for betterment of the programmes.

h) To assist Jt.DHS (PH & CD) towards collection, compilation & analysis of NCDs occurring in the state & towards preparation of annual budget and reports to that effect, or any other work as assigned by the higher authority time to time.

i) He will work under the direct supervision of the Jt.DHS (PH & CD).

Duties & Responsibilities of ADHS (Oncology & Radiation):

[Source: HPT/32M-14-2005A-1429 Dt. 19.05.2005]

a) will act as the State Programme Officer for National Cancer Control Programme

b) Will act as the State Programme Officer for Anti-Smoking Campaign Programme.

c) Will act in Joint Collaboration with ADHS (Clinical Establishment) to look after the functioning of Radiological Diagnostic & Therapeutic Deptts. Situated in state run Private institutions.

d) He will maintain Register of Radiological Diagnostic and therapeutic facilities available in the State of West Bengal.

e) Will assist DDHS (Admn) & DDHS (Mental) and work under their direct supervision.
Duties & Responsibilities of Dy. Director of Health Services (P & D):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of Planning & Development activities of the Health infrastructure in the State
2) Member-Secretary – Technical Advisory Committee
3) Financial Power – as mentioned in order No. HAV/3D-29-94/4307 dt. 2.1.95

Duties & Responsibilities of Asstt. Director of Health Services (P & D):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Assist DDHS (P & D) in respect of District, Sub-division % State General Hospitals

Duties & Responsibilities of Asstt. Director of Health Services (P & I):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Assist DDHS (P & D) in respect of all Health centres and Rural Hospitals

Duties & Responsibilities of Dy. Asstt. Director of Health Services (P & D):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Assist ADHS (P & D)
2) New establishment (Non-Govt)

Duties & Responsibilities of Dy. Asstt. Director of Health Services (P & I):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) To assist ADHS (P & I)
2) Any other duties assigned by DDHS (P & D)

Duties & Responsibilities of Dy. Director of Health Services (E&S):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring and supply of Medicines and Equipments in the State under the guidance of Addl. DHS (Admn)
2) Member-Secretary – Tender Selection Committee at State Level

Duties & Responsibilities of Asstt. Director of Health Services (E&S):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) To assist Dy. Director of Health Services (E&S)

Duties & Responsibilities of Asstt. Director of Health Services (Transport):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of State Health Transport Organization under the guidance of Jt. DHS (Admn)
**Duties & Responsibilities of Addl. Director of Health Services (FW):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

State Programme Officer for Family Welfare activities with the help of one DDHS (FW), one ADHS (IUD), One ADHS (EPI), one ADHS (MCH), one DADHS (MCH), one DADHS (SH)

Jt. DHS (MIES) and Jt. DHS (Mass Media) are also associated with the State Family Welfare Bureau

**Duties & Responsibilities of Dy. Director of Health Services (ICDS):**

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Programme Officer for ICDS in Health Sector under the control of State Family Welfare Bureau and also Social Welfare Department

**Duties & Responsibilities of Asstt. Director of Health Services (School Health)**

[Source: Administrative Instruction 2 of 1993 dated 26.07.1993]

1) Monitoring School Health activities with the help of one D.A.D.H.S.

2) Programme Officer for S.T.D. Control in the State.
Duties & Responsibilities of Addl. Director of Health Services (AIDS):
[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]
1) Monitoring of AIDS Programme in the State with the help of some subordinate Officer

Duties & Responsibilities of Jt. Director of Health Services (AIDS):
[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]
1) To assist Addl. DHS (AIDS) and improvement of Blood Banks

Duties & Responsibilities of Asstt. Director of Health Services (AIDS):
[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]
1) To assist Addl. DHS (AIDS) and Jt. DHS (AIDS)
2) One of them will look after STD Control Programme as directed

Duties & Responsibilities of State Mass Education & Information Officer:
[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]
1) In-charge of all Mass Media activities of the State as regards Health Education
2) Publish of Health Bulletin
3) Assisted by State Audi-visual Officer and State Health Education Officer

Duties & Responsibilities of Director, Central Blood Bank (I.B.T.M. & I.):
[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]
1) In-charge of IBTM&I, Calcutta
2) Technical Advisor to all Blood Bank of the State
3) He will work in liaison with Jt. Director of Health Services (Admn) and Addl. Director of Health Services (AIDS).
Duties & Responsibilities of Employees of West Bengal Audit & Accounts Services
Duties & Responsibilities of Account officer:

[Source: HF/O/MA/3052 Dt. 01.12.2005]

Hence, in supersession of all the previous Orders/Notifications issued in this respect, the Governor is pleased to order that the specific functions/duties & responsibilities of the Accounts Officers posted in the office of the Chief Medical Officer of Heath in 18 district of the state will be as detailed below:-

- He will act as the Drawing & Disbursing Officer for the establishment of CMOH in all cases.
- He will act as the Treasurer of the District health & Family Welfare Samity in respect of all districts.
- He will be authorized to monitor the fund flow system of the district as a whole. He will sub-allot the fund to the respective controlling units within the districts and collect the expenditure statement from their end for onward transmission to the directorate level under overall control of CMOH & District health & Family Welfare Samity.
- He will act as member of Tender Selection Committee in the case of any tender floated by the CMOH or sub-ordinate offices within the district.
- He will supervise audit system of the districts both for statutory and internal audit. He will be liable to submit audit query replies to the concerned audit teams as well as to the higher authority in the directorate level.
- He will advise the CMOH in all financial matters as and when necessary.
- He will send all statutory/Non Statutory reports/ returns relating to finance to the Government of India & Government of West Bengal.
- He will directly report for duties to the CMOH of the district and his controlling officer in the Directorate level will be Additional Director of Health Services (A,A & V) West Bengal.
- He is being empowered to verify physically the items lying in District Reserve Store in half yearly basis in addition to CMOH.
Duties & Responsibilities of Addl. Director of Health Services (AA&V):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) Monitoring of Audit, Accounts and Verification activities, including monitoring of Hospital Service charges
2) Establishment of Inspector of Accounts, sanctioning of H.B. Advance/ Marriage Advance/ Car & Cycle Advance, Provident Fund etc.
3) Allocation of fund to the Hospitals/ Institution & concerned Officers under the Directorate of Health Services directly
4) Monitoring of Accounts Section under the Dte. Of Health Services
5) Assisted by DDHS (AA&V) and ADHS (AA&V)

Duties & Responsibilities of Dy. Director of Health Services (Accounts):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1) DDO of Directorate Establishment other than FW/ Malaria/ Mass Media/ AA&V/ E&S/ Transport/ SBHI/ CCL Office
Duties & Responsibilities of Employees of WB Subordinate Health Services
**Duties & Responsibilities of Health Assistant (Male):**

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

Under the MPH scheme a Male Health Assistant will cover a population of 5000/3000 wherein he will carry out the responsibilities assigned to him. He will visit each family within his geographical area of operation duly fixed once in a month in a 16 days’ cycle i.e. 4 days in a week, each Saturday, the week-ending day being meant for weekly meeting/diary day and another day of week duly earmarked as sub-centre clinic day. The following are the job functions.

I. Record Keeping:

He will

(a) survey all the families in his area and collect information about each village/locality in his area

(b) prepare, maintain and utilize village registers containing family records with columns for recording particulars concerning NMEP, EPI, Vital Events, Family Welfare, Environmental Sanitation, NPCB, other local health programmes, educational activities, services rendered and achievements etc.

(c) record newcomers, marriage outcomes and deaths etc.

(d) maintain daily diary of his work to exhibit the same to any higher authority when desires.

II. Malaria

(a) Identify fever cases

(b) Make thick and thin blood smears.

(c) Send the blood-slides for laboratory examination

(d) Administer presumptive treatment.

(e) Record and relay the results of examinations of blood-slides on receipt of the same.

(f) Replenish stock of antimalarials etc. to the Drug Depots, Fever Treatment Centres etc.

(g) Spread the message of insecticidal spray operation to be organized, if any, to the beneficiaries and motivate the house-holders to accept the spray operation properly.

(h) Educate the community on the importance of blood smear examination of fever cases, Insecticidal spraying of houses and treatment of fever cases.

III. Other Communicable Diseases:

(a) Identify notifiable diseases like Cholera, Typhoid, Chickenpox, Tuberculosis, Poliomyelitis, Whooping cough, Tetanus, Measles, Diphtheria and any other abnormal episodes/departures from health which he comes across during his home visit and notify them to the respective Health Supervisor/PHC/CHC.

(b) Carry out control measures in the affected house during any outbreak of disease until arrival of the Health Supervisor.

(c) Educate the families of his area about the importance of control and preventive measures against such communicable diseases, as well as their early detection.

(d) Report to the Local Panchayet about any suspected rabid/stray dogs.
(e) Carry out all antiepidemic/containment measures during any outbreak, before any anticipated outbreak of any epidemic disease as well as any natural calamity. These also include arrangement of referral service of the Japanese Encephalitis and spray operation, oral rehydration therapy and disinfection of the drinking water sources in Gastro-enteritis etc.

IV. Immunization:
(a) Carry out immunization Programme as per immunization schedule.
(b) Educate people about the importance of immunization against various communicable diseases.
(c) Get himself trained in the technique of BCG vaccination from the concerned BCG technician meant for this and help the technician to cover his SC area with BCG vaccination service.

V. Family Welfare:
(a) Enlist eligible couples form family records, keep it update at all visits and utilize the information for Family Welfare Programme.
(b) Spread the message of small family norms and motivate the couples for acceptance of Family Welfare methods individually and in groups. Promote cases of sterilization and refer them to the nearest service delivery centre.
(c) Distribute conventional contraceptives to the willing couples.
(d) Provide follow up services to family welfare acceptors, identify side effects, give routine treatment on the spot and refer those case that need so to the nearest PHC/Hospital.
(e) Assist Health Supervisor in establishing depot holders, in training them and in maintenance of a continuous supply of conventional contraceptive to such depot holders through HS.
(f) Help social Welfare Officer in organizing orientation camps.
(g) Utilize satisfied customers, village teachers and the key persons having orientation camp exposure for promoting family welfare programme and establish with them.
(h) Actively participate in promoting cases of sterilization in any Family Welfare Camps like Mini Laparotomy or Laparoscopy.
(i) Refer cases requiring help in Medical Termination of pregnancy when ascertained in the field to the nearest approved institution.
(j) Educate couples on the availability of services of MTP.

VI. Nutrition:
(a) Identify cases of mal-nutrition among pre-school children and refer them to the nearest centre for nutrition supplement and treatment.
(b) Distribute Iron Folic Acid Tabs to the pregnant and lactating mothers and children of 0-6 years as well as Family Planning adopters.
(c) Administer Vit A in oil to children of 0-6 years of age.
(d) Educate families about locally available nutrition diet for mothers and children as well as utility of kitchen garden and use of fortified salt.

VII. Environmental Sanitation:
(a) Promote use of sanitary latrine and safe drinking water.

(b) Keep record of drinking water sources of his area of operation and report to the appropriate authority about any such when detected/reported unserviceable.

(c) Educate people on environmental sanitation, personal hygiene including protection from the insects and animal transmitting disease.

VIII. Recording of Vital Events:

(a) Report births and deaths occurring within his area.

(b) Assist the local Register of Births and Deaths in recording and registration of the events.

(c) Educate community on the importance of Birth and Death registration and method of registration.

IX. First-aid & Treatment of Common Ailments:

(a) Provide any injured person/victim of accident with first aid whenever encountered during his duty.

(b) Render preliminary treatment of common ailments with the help of the common medicines supplied to him, just to prevent worsening of the conditions and promote recovery.

(c) Refer the cases beyond his competence to the local health institution.

X. Miscellaneous:

(a) Get first hand information of the health of the village to be visited by making personal contact with the local CGH and plan priority action, take help of the CHG in the visit.

(b) Maintain regular contact with local Panchayet.

(c) Maintain constant co-ordination with his female counterpart i.e. HA(F) in home visit as well as in SC clinic.

(d) Take advice from the concerned HS(M) and allow him to monitor his supervise work.

(e) Assist HS(M) and other to pay visit to school in examination of the school Children, their immunization and Health education in school.

(f) Participate in the local Eye Operation Camps and comprehensive Eye Health Care Camps under NPCB.

(g) Detect the physically handicapped during his field visit and refer those to the Hospital

(h) Promote mothers and children to take part in the ICDS programme and rendering Primary Health Care and Immunization service to SCs under ICDS project.

(i) Attend weekly staff meeting on each Saturday and submit his report in co-ordination with the HA(F) concerned in the said meeting.

(j) Attend SC for holding clinic on the fixed day of the week along with the HA when local Trained Dai should also attend.

(k) Do any other duty as may be assigned to him from time to time by BMOH/ any other officer authorized by him (BMOH).
Duties & Responsibilities of Family Welfare Worker (Male) Health Assistant attached to Post Partum Unit:

[Source: No. FW/437/1P-8/86 dated 12.3.87]

1. He should select a population/ other than 10,000 already selected by LHV/ PHN or GNM/ ANM. (The total population which he should cover, should be 10,000). If the population of the town of the sub-district hospital is less than 20,000, he should also select some of the population of lower socio-economic group or some slum area, other than allotted to ANM or LHV.

2. He should carry out a target couple survey of this population maintain the relevant register and also classify his target couples in terms of number of living children, FP practices followed etc. The T.C.R. should be updated over in June/ July.

3. He will be responsible for promotion of Family Welfare Education in his area under the guidance and direction of Gynaecologist and the Paediatrician.

4. He should identify and establish useful working relationship with opinion leaders of his community and motivate them to assist in furtherance of the Family Welfare Programme.

5. He should carry out group, and face to face education regarding the motivation for MCH and Family Planning Services.

6. He should identify eligible couples and motivate them for accepting the various services offered by the hospital.

7. He should also similarly identify the ante-natal mothers, infants and children and motivate them to accept the services offered by the hospital.

8. He should attend the FP clinic and apart from maintaining various registers should also distribute Nirodh.

9. He should maintain the necessary records (register) and assist in compiling the monthly report.

10. He will be responsible to the Gynaecologist.
The Health Supervisor (M) will cover a population about 20,000/30,000 in which there will be 6 Health Asstts. (M) to be supervised by him. It has, therefore, been rationally contemplated that each such Health Supervisor (M)’s headquarter will be located at each SHC/PHC. The supervisor will perform field supervisory visit in his area of operation for 16 days’ cycle in a month and 4 days’ office work. The job-functions are as follows:

He will:-

1. supervise and guide the Health Assistant (M) in delivery of total health care to the community.
2. Strengthen the knowledge and skills of the Health Assistant (M) in different areas by training and re-training them during concurrent supervision and on weekly meeting day.
3. Help the Health Assistant (M) in improving the skill of maintaining optimum human relation and favourable rapport building as well as in breaking down the resistance against any programme.
4. Help and guide the Health Assistant (M) in planning and organizing their day-to-day programmes during the course of supervision.
5. Promote team work amongst the Health Assistants (M) and Health Assistant (F) and help establish proper co-ordination, among themselves as well as with the C.HGs, Dais, A.W.Ws and Computors as well as other voluntary organizations.
6. Visit each Health Assistant (M) once a week in the filed as per fixed programme of supervision.
7. Arrange group meetings with local leaders and involve them in spreading message of various health programmes.
8. Scrutinize the maintenance of records of the Health Assistants (M) to guide them in correct way.
9. Attend and organize weekly staff meetings at PHC/SHC as the case may be and assess the progress of work of his health Assistants (M) on receipt of the individual report and submit the compiled report with comments to MI/SI/MO/BMOH in the meeting.
10. Assist the BMOH/MO in organizing different health services in the area and in control of out breaks of epidemic diseases.
11. Assist in mass camps and campaigns held on Health programmes in the area from time to time like sterilization camps, immunization Campaign, IUD drive, Eye Camps etc.
12. Indent, procure and supply medicines, vaccines and other materials to the Health Assistants (M) of his jurisdiction.
13. Prepare, maintain and utilize prescribed record, reports and store-accounts.
14. Collect, consolidate and submit periodical reports to the MI/SI/BSI and analyze with proper monitoring for the improvement of the deficiencies in performance of any Health Assistant (M), coordinate with the concerned Female Health Supervisor in this.
15. Pay supervisory visit to the SCs on their clinic days and help in conducting the clinic.
(16) Attend to cases referred to Health Assistants (m) and refer cases beyond his competence to the nearest PHC/SHC.

(17) Conduct immunization programme and draw blood smears from fever cases during the course of his supervisory visit in consecutive turn.

(18) Supervise the depot holders of antimalarials and conventional contraceptives as well as FTDs.

(19) Assist the local registrar of Births and Deaths in record keeping and registration.

(20) Keep surveillance over outbreak of epidemics and arrange containment measures including that of treatment by hospitalization and at home.

(21) Help the community in construction of soakage pits, manure pits and safe drinking water sources including the disinfection thereof.

(22) Arrange and help SWO to arrange the health education programmes by involving the local people, leaders, Panchayats and the officials of general administration.

(23) Spread advance message of Insecticidal Spray Operation to the households in any area within his operation and promote those to accept such operation fully as well as lay proper supervision of such spray operation by way of guiding the spray team in right way.

(24) Perform any other duty as may be assigned to him from time to time by the higher authorities.
Duties & Responsibilities of T.B. HEALTH VISITOR:


Under the administrative control of BMOH, the Block Sanitary Inspector shall perform duties in respect of any matter related to Health & Family Welfare of the Block as assigned to him. The job functions of the BSI are summarized as follows:-

1) **Motivation of T. B. Patients**

It is meant to keep the patients on regular and uninterrupted treatment for the optimum treatment period. Motivation helps T. B. Patients to do things that they may not do otherwise on account of habit. Initial motivation done by the Medical Officer is to be sustained by T. H. V. through subsequent motivation. T. H. V. should be aware of the drug regimen, quantity of each drug to be taken, when, how, how often and for how long. They should motivate the T. B. patient to collect drug timely and regularly either by himself or by his representative by presenting identity cards.

2) **Issue of Identity Card to T. B. Patients**

The identity card is issued at the time of first drug collection. The purpose is to identify the T. B. patients at the time of subsequent drug collections and follow up examinations. This card also serves as a reminder to the T. B. patient to attend the Centre in due date.

3) **Issue of drugs**

Before issue T. H. V. should explain to the T. B. patient the drugs he/she has to take, their doses and the mode of administration, till the patient has clearly understood all the details is able to repeat them. He/She should maintain a Drug supply register.

4) **Filling and filing of Treatment Card**

Before the T. B. Patient leaves the Centre, entries should be made in his/her treatment card and the card to be kept properly filed.

5) **Preparation and submission of report**

T. H. V. should prepare monthly report on tuberculosis and submit it to the concerned authority after perusal of the medical officer-in-charge of the Centre.

6) **Drug indent**

Timely requisition of drugs to be made to ensure adequate supply of drugs.

7) **Ensuring adequate supply of Treatment Cards, Identity Cards and forms**

Timely arrangement to procure the above cards & forms should be done to maintain regularity of the records of the T. B. patients.

8) **Identification of treatment defaults and defaulter retrieval by direct defaulter action**

(a) Identification of default in treatment should be done on the basis of correct filling and filing of treatment cards. It is most essential that treatment defaults are identified and defaulter actions are taken promptly.

(b) Bringing defaulters back on treatment is called defaulter retrieval. Direct defaulter action is to be taken by personal contact with the T. B. patient either at his/her home or at his/her place of work if possible. During home visits he should find out the reasons for non attendance if it is due to side
effect of drugs, death or migration, to re-motivate the T. B. patient and to entrust some one in his/her household to ensure that the T. B. patient will take regular treatment.

T. H. V. should attend the Clinic/Centre on all working days till the work is finished. Home visits are usually to be performed within a radius of 5 K.M. of the concerned centre after the Clinic/Centre duty is over. Such visits should be designed in consultation with Medical Officer in accordance with the defaulter load. No T.A. is admissible for such visits. They are also required to accompany the Medical Officer-in-charge during his home visit/visit to the peripheral health institutions.

9) Any other duty entrusted by the Medical Officer-in-Charge

Any other altered duty which may be assigned to them from time to time by Medical Officer-in-Charge in the interest of the T. B. patients is to be performed.
Duties & Responsibilities of Block Sanitary Inspector:

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

Under the administrative control of BMOH, the Block Sanitary Inspector shall perform duties in respect of any matter related to Health & Family Welfare of the Block as assigned to him. The job functions of the BSI are summarized as follows:

(a) He will, on behalf of BMOH, supervise the functions of the entire male component under the scheme i.e. HS(M) and the Health Asstts (M)s within his block area, and will remain directly responsible to the BMOH for proper implementation of the scheme so far as it relates to the BSI.

(b) He will perform supervisory field visit in a 12 days’ cycle (outside 8 KMs) and in a 4 day’s cycle within 8 Kms a month as per advance programme chalked out & approved by the BMOH & will maintain daily diary in respect of his supervisory work for exhibition to the BMOH and other higher authorities as and when called for. In addition, there will be 4 days cycle office work in a month.

(c) He will, under the guidance and supervision of BMOH carry out the following: (1) epidemiological survey of outbreak of communicable diseases, analyze data and institute control & containment measures; (2) implement approved sanitation programme; (3) Carry out continuous health education in collaboration with SWOs and BPHN, PHN in all aspects of Health & Family Welfare.

(d) Verify vital events in the field, supervise proper recording on behalf of BMOH/MO, maintain working data from the male component at the Block level and register all such events with the assistance of the Health Supervisor(M) and the computer. He will take all steps to reduce/prevent under-registration.

(e) Develop Health intelligence service to detect any abnormal Health Condition/ departures from Health and take suitable remedial measures in consultation with BMOH.

(f) Arrange institution of the preventive measures against the apprehended outbreaks of epidemic disease as a result of seasonal trend, natural calamities, community ceremonies/ festivals and social upheavals.

(g) Lay constant monitoring over the achievements of the Health programmes e.g. malaria, Family planning, immunization, NPCB etc. so as to fulfill the targets laid down for each.

(h) Carry out, if specifically empowered, all statutory obligations in respect of PFA and in respect of B&D registration as per Act and rules there under.

(i) Assist BMOH/MO in the PHC level Trg. Programme for the health Assttss (M), HS(M) yet to be completed, CHGs, Dais and in orientation Trg programme in collaboration with SWO, BPHN and Malaria Inspector, when necessary.

(j) Actively participate in the supervision of spray operation when done and arrange proper operation both qualitatively and quantitatively.

(k) Arrange and participate in any special camps/ campaigns of health & Family Welfare e.g. FP-Sterilization camps, Health Education Campaign, Health Exhibitions, Baby shows etc.

(l) Educate people and spread message of the Health services to be accepted by the people and arrange motivational meetings for obtaining participation of the local Panchayats, Vol.
organizations, general executives and the local leaders & try to breakdown the resistance felt against implementation of any health component in the field.

(m) Co-ordinate with his female counterpart at the Block level and compile performance of the Block as a whole to institute corrective measures for any deficiency of any programme.

(n) Attend weekly meeting/monthly meetings at the Block level, SHC level collect & compile data, as well as help BMOH to report to the Dist. Level in collaboration with BPHN and Computor.

(o) Keep proper vigilance over the public water sources and take actions to remedy the situation, if called for, in keeping in touch/collaboration with the competent authorities.

(p) Arrange sanitation and public health activities in fairs/festivals and other events of peoples aggregation.

(q) Report to BMOH about noxious or offensive trade/business or manufacturing concern within his area and about the breach of observance of the provisions laid down in the related Act/regulation.

(r) Arrange with the help of BMOH suppression/removal of any trade or occupation that apprehend injurious to public health.

(s) Perform any other duty as may be assigned to him by the higher authorities from time to time for the interest of public service.

(t) Remove/prevent the causes/ sources of spread/ transmission of any epidemic disease in the event of its outbreak or threatened to do so in an area within its operational jurisdiction and guidance of the BMOH, and arrange hospitalization of cases of epidemic disease to the nearest health institution with all promptness.

(u) Visit SCs and AWWs from time to time and participate supervise SCs Clinics and Health and inputs under ICDS project. Co-ordinate with CDPO under the guidance of BMOH.
Duties & Responsibilities of the Social Welfare Officers:

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

There are at present two Social Welfare Officers at the PHC level. These Officers will function chiefly as Health & Family Welfare Educators and Public Relation Officers in their respective Blocks.

The SWO will work under the supervision and administrative control of the Block medical Officer of Health. He/She will be responsible for providing motivational support to all Health & F.W. programmes in the Block areas. His/Her activities will cover the areas of a) planning, organizing and conducting training programmes related to Health & FW, b) Mass Media, Extension and Health Education programmes, c) Follow-up programmes for the patients and d) rapport building with maintenance of public relation including welfare of the patients.

Each SWO will make tour in his/her area of operation for about 10 days in a month and the tour programmes of the two SWOs will be designed in such way as to enable one of them to remain present in the PHC Hd. Quarter when the other will remain in the field. This is to be made for the purpose of allowing one to act as PR O in the PHC when the other is on field duty and the vice versa. The Duties & Responsibilities of the SWO are as follows:

1. To keep all relevant information about development activities in the Block, particularly concerning Health and family Welfare for programme planning.
2. To develop the work plan in consultation with the BMOH and the Dy.District Extension & Media Officer.
3. To establish and maintain close working relationship with the Block Development Officer, Panchayet Organizations, Voluntary Organizations, Social organizations and other agencies and integrate Health Education programme in their programmes.
4. To participate and co-ordinate the training programmes under Multipurpose Health and Community Health Guide Schemes.
5. To plan and organize orientation training for Health and Family Welfare Workers, Opinion Leaders, local Medical Practitioners, School Teachers, HGs and Family Welfare Workers.
6. To arrange for procurement and supply of publicity materials for distribution among the field staff and people at large.
7. To supervise and co-ordinate the activities of Health Workers, specially in the field of education and motivation attached to PHC, SHC and Sub-centres under the block.
8. To undertake tours for 10 days in a month, check the tour Diaries of different Field Workers and organize educational, motivational and follow up programmes in their areas and to submit an advance tour programme to BMOH regularly.
9. To check entries in the eligible couple register for every village and make random checking of Family Welfare acceptors and check the available stock of conventional contraceptives with the Depot Holders, and medicines with the multipurpose workers, CHGs and trained Dias during field visits.
10. To participate in population education and health education sessions in schools, Adult Education Centres and other allied training programmes.
11. To help the field workers in winning over resistant cases and drop-outs of Family Planning acceptors and chronic outdoor patients like TB, VD, Leprosy etc.

12. To act as a Member/ Secretary/ Jt. Member-Secretary of the local Block level Health & Family Welfare Committee.

13. To organize celebration of health Days, Weeks, Fortnights, Baby Showa and Publicity programmes at local fairs, on market days etc.

14. To attend the special clinics like Family Welfare Clinics, MCH Clinics, VD Clinics, TB Clinics, Leprosy Clinics etc for providing Health Education to the clients, patients and their relatives attending such clinics.

15. To select cases from such clinics for the home visit required for providing health education to the families. To arrange and organize film shows, exhibits meetings, folk media programmes as per guidelines issued from time to time by the State Headquarter, with the help of DDEMO and Regional Health Educator.

16. To prepare a monthly report on the progress of educational activities in the Block with the help of the Computer and send it to the DEMO/ Dy. DEMO

17. To supervise the implementation of the HG scheme in the Block as its programme Officer.


19. To perform any other duties as may be assigned to him/her by the higher authorities from time to time.
Duties & Responsibilities of Computor:

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

The Computors so long performing the work related to family Welfare Programme in the PHC will perform, under the MPH Scheme all statistical work connected with all Health Programmes included in the scheme and the HS(M) will assist him at PHC. The job-functions of the computor are as follows: He will

a) remain responsible for collection, compilation and maintenance of records, reports and registers of all Health Programmes of the Block and submission to the proper authorities. He will maintain necessary check-list for the purpose.

b) identify the chronic defaulters and arrange to send reminders through BMOH

c) maintain registers for vital events and will arrange submission of necessary reports & returns to the authorities concerned at specific intervals.

d) maintain basic demographic data e.g. population with its analysis & classification, socio-economic condition etc.

e) prepare charts, graphs, diagrams etc. showing basic demographic features of the block & programmes of all health activities under Health & FW

f) prepare monthly and yearly reports on Birth and Death as well family welfare as and when required including collection and maintenance of report in respect of the Model Registration Scheme, and submission of return thereof.

g) maintain, on receipt of basic data, a master eligible couple register as per prescribed form of the entire Block.

h) perform any other duty as may be assigned to him by the higher authorities from time to time in connection with successful implementation of the MPH Scheme.

Add to Computor

[Annexure to G.O. No. Healh/FW/1515/3A-8/87  Dated, Calcutta, the 6th September, 1987]

The Computor posted at the block level will perform the Statistical works connected with all health programmes included in the Multipurpose Health programme. He will:

1) remain responsible for collection, compilation and maintenance of records, reports and registers at the block level and submission of returns to the proper authorities. He will also maintain necessary check-list for the purpose. If necessary, he will visit the defaulting units for collection of reports;

2) maintain basic demographic and health statistics like total population of the block with important socio-economic characteristics, list of villages with population sub centre wise, village wise number of eligible couples with acceptance of different methods etc. of the block;

3) prepare charts, graphs, diagrams etc. showing demographic characteristics and health activities of the block and also maintain notional map of the block with location of all medical institutions, sub centres and other important land marks;

4) remain primarily responsible for preparation of block to district monthly report showing all the Health and Family Welfare activities of the entire block. Respective section of the health centre will supply necessary data for the Computors for preparation of the report;
5) scrutinize and check the eligible couple and Children’s register (ECCR) and other reports maintained at the sub centre by visiting the sub centres/S.H.C and field areas regularly by rotation and help the sub centre workers and others in proper maintenance of the Scheme;

6) prepare (a) a comprehensive analytical report on all health programmes; (b) a report on the performance of individual workers, for discussion in the monthly monitoring meetings at the block level;

7) prepare analytical tables on the basis of ECCRs;

8) participates in evaluation studies undertaken by the authorities of the block, district and state level;

9) collect and maintain reports in respect of model Registration Scheme and submit returns thereof;

10) perform such other duties as may be entrusted to the computer from time to time by higher authorities on health programme.
Duties & Responsibilities of Malaria Inspector under MPHW Scheme:

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

i) In the block area allotted he will be under the Block Sanitary Inspector where he will be looking after Primary Health Centre areas.

ii) He will perform field supervision for 12 days, cycle outside 8 KMs of headquarters, 4 days, cycle for work within 8 KMs and 4 days, cycle for office work.

iii) He will be responsible for the maintenance of Stock Registers of insecticides and antimalarial drugs received from the Dy. CMOH-II and will also be responsible for issue of antimalarials and Blood slides to the supervisors and Assistants (Male) of PHCs and other passive agencies, fever treatment depots, drug distribution centers both at Panchayets and with teachers through the MP Health Assistants.

iv) He will be responsible for planning of surveillance programme of various workers in combination with the BSI and supervise the work of Malaria Surveillance.

v) He will be responsible for planning of the radical treatment programme in the block in consultation with Medical Officer through the health Supervisors.

vi) He will be responsible for planning of Spray Operations and will be in complete charge at all spraying work in the area allotted to him.

vii) He will be responsible for getting the slogans on malaria stenciled in different villages with the help of Male MP Health Assistants.

viii) He will be responsible to get the other publicity materials distributed and affixed as and when received by him. In the local cinemas he will ensure projections of slides on malaria as and when received.

ix) He will be responsible to undertake talks on malaria in different schools and Panchayats based on the talking points and get the films on malaria screened through Dist. Field Publicity Units of family planning.

x) He will develop liaison with other agencies both government and voluntary for their involvement both in passive surveillance, fever treatment depots, drug distribution, spray operations. He will also guide Health guides in taking blood slides.

xi) He will keep up-to-date the tour & work statement on the prescribed form submits the same along with TA bills to the competent authority.

xii) He will be responsible for undertaking competent remedial measures wherever required.

xiii) He will submit monthly report also indicating the balance stocks of insecticide and antimalarials.

xiv) He will be responsible for supply of prepared stains to the Laboratory Technicians and indent the same in time from the concerned authority.

xv) He will ensure sending of blood slides from each Primary health centers for cross checking at the Zonal level or at the RCO as laid down from time to time.

xvi) He will attend the monthly staff meeting at the Primary Health Centre and ensure preparation and submission of monthly report by the Laboratory technician in time to BMOH for onward transmission to higher authorities.
xvii) He will perform other functions of supervision of the male workers & supervisors as may be assigned to him from time to time by the BSI/BMOH.

xviii) He will organize spray operation in containing the outbreaks of any insect borne Diseases that need such operation.
Duties & Responsibilities of Sanitary Inspector at Block Level (2nd Tier):

Under the technical control of the BSI he shall perform the duties assigned to them from time to time in respect of any matter relating to health & FW.

He shall on behalf of the BSI supervise work of the entire male component (grass root to 3rd tier) within his block and will remain directly responsible to BSI for implementation of the MPH Scheme. He shall perform field visit in a monthly cycle of 15 days (4 days’ meeting & 4 days’ office work). He shall maintain diary of his work. He shall assist BSI in carrying out:

- **a)** epidemiological survey of outbreak of communicable diseases, analyse data and take containment measures;
- **b)** implement approved sanitation programme;
- **c)** carry on continuous health education (in collaboration with SWOs) of Health & Family Welfare;
- **d)** identify vital events in the field and maintain working data from male component at the Block Level.
- **e)** Develop Health intelligence to detect any abnormal Health situation and take remedial measures in consultation with MO;
- **f)** Collection and compilation of reports from the HA(M)/ HS(M) in the weekly meetings maintaining comprehensive records & registers at Block Level in respect of MPH Scheme.
- **g)** Assist Medical officer & BSI in the PHC level Training Programme of the HA(Male & Female) and Health Supervisor (Male & Female) in collaboration with BPHN and SWOs and the MI, if and when necessary.
- **h)** Supervise all components under the MPH Scheme & report to BSI regarding the performance statement of the male components.
- **i)** Any other duty as may be assigned to him by the higher authorities in the interest of successful implementation of MPH scheme.

**Outbreak:**

In the event of outbreak of any dangerous or epidemic diseases within his jurisdiction, he shall visit without delay the locality where the outbreak has occurred and enquire into the cause of outbreaks and take control measures. In case he is not satisfied that all due precautions are being taken, he shall report to the BSI as to the measures which appear to him to be required to prevent the spread of the disease and shall take such measures for the prevention of the disease as he may be authorized to do.

He shall when possible, remove or arrange removal of patients suffering from infectious diseases to infectious diseases hospital or ward and shall perform the work of disinfection after the occurrence of cases of infectious diseases.

He shall keep proper vigilance as to whether public water supply sources (potability) and mechanical condition) are in order and take actions to remedy in respect of non-functioning ones.

He shall personally attend with the subordinate public health staff all important fairs and religious festivals, agricultural and industrial exhibitions and arrange for the erection of temporary latrine, accommodation and protection of the water supply in order to guard against the occurrence of water-borne diseases.
He shall attend monthly meetings at block level and collect reports from the relevant male components.
Duties & Responsibilities of Pharmacist:

[Source: H/MA/1245 Dt. 14.05.2001]

1. To serve the prescriptions of Medical officers and to keep all relevant records as required by Law/ Govt. rules.
2. Counselling of patients for better compliance of prescribed medicine, promotion of Health and prevention of diseases.
3. To perform duties relating to maintenance of store of Drugs, reagents, equipments etc. for Family Planning, Immunization, Leprosy Control, TB Control, Malaria Control Programme as and when required.
4. To impart post academic Practical training to trainee pharmacists.
5. To take part in any Training programme related to health as and when asked for.
6. To take part in compounding of mixture, lotion, ointment etc. and to take part in manufacturing of drugs under expert supervision, if asked for.
7. To take part in assessment of quality of drugs, if needed.
8. To supervise the sterilization process in ward and OT if needed.

Specific duties in addition to general duties depending upon place of posting:-

1. In Health Centres to assist MO in management of patient in emergency including referral if needed.
2. In hospitals, the pharmacists will take part in CME programme as and when arranged for updating knowledge in different aspects of Pharmacy and will disseminate the same to health professionals and public.
3. In pharmacy Institutes:-
   a) To assist the teachers in conducting the practical classes.
   b) To prepare reagents/solutions etc.
   c) To procure reagents/ chemicals/ drugs etc. to maintain stock
   d) Any other duties assigned related to his job
4. In medicine and Medical equipments store and sub-store of CMS, DRS, Hospitals, Health Centres, Multipurpose Health Programmes etc.
   a) To undertake the formalities for procurement of store materials such as preparation of indent, receipt of store materials, recording in stock ledger, verification of stock etc.
   b) Issuance of store materials, maintaining its formalities and keeping all relevant records.
   c) Proper storage of drugs to preserve its efficiency.
   d) Maintenance of Inventory Control (the dated products to be controlled properly to prevent wastage due to expiration).
   e) Maintenance of records as per legal requirement in respect of poisonous, dangerous drugs etc.
f) Maintenance of proper labeling of drugs.
g) To check and store Medical gases.
h) Any other duties assigned to him by the competent authority related to store.
Duties & Responsibilities of Physiotherapist:

A. Duties and responsibilities of Physiotherapists (Clinical Physiotherapy):
   1. He/She will examine and do physiotherapeutic assessment of the patients referred by any M.O. of any discipline/ department and/or attend directly (if required). Head of the department of Physical Medicine (the Superintendent in Non-teaching Hospitals) will monitor, evaluate and supervise the entire job at a regular manner (if required for better coordination).
   2. He/She shall remain responsible for physiotherapeutic treatment of both the indoor and outdoor patients referred by the attending Medical Officer.
   3. He/She will make plans of physiotherapeutic treatment, advice and instructions, its applications etc. for the ailing patients, by maintaining an effective liaison with the Specialist M.O./ H.O.D. of Physical Medicine/ Orthopedic/ Neurology from time to time in the interest of patients’ treatment.
   4. He/She shall maintain records of all work done by him/her pertaining to the physiotherapeutic treatment.
   5. He/She shall be responsible for upkeep and maintenance of all apparatus and equipments of Physiotherapy unit of the Hospital and report the same to the Head of the Department of Physical Medicine (Superintendent in case of non-teaching Hospitals).
   6. He/She shall assist the in-charge of Deptt./Unit to maintain an inventory of the instruments and equipments under the guidance of the Head of the Department of Physical Medicine (Superintendent in case of non-teaching Hospitals).
   7. He/She should actively participate if any special medical team is constituted for rehabilitation/ evaluation/ review/ referral of a patient.
   8. He/She shall evaluate, review the patients of physiotherapy and if required shall take up the matter of referral of the patient with the Head of the Department of Physical Medicine/ Medical Officer or the Superintendent in case of non-teaching Hospitals to other Department/ Specialists.
   9. The senior most Physiotherapist with highest qualification in the filed of Physiotherapy shall be the in-charge of the Physiotherapy unit who will be responsible for efficient functioning & smooth running of the said unit and shall propose/ suggest the authority for betterment of the Unit.
   10. He/She shall sincerely and faithfully discharge his/ her professional duties which would be entrusted upon him/ her in the interest of public service.

B. Duties of Tutor-Physiotherapists:
   1. The duties and responsibilities of Tutor-Physiotherapists are the same as that of physiotherapist. In addition,
   2. He/She will take part in teaching programme of Physiotherapy students in both theoretical and practical.
3. He/She shall remain directly responsible for preparation and implementation of the routine of theoretical and practical classes under the direct guidance of the Head of the Deptt. of Physical medicine/ Physiotherapy of the respective institution.

4. He/She is to take part in programme to uptake the standard of Physiotherapeutic treatment through treatment through adation/ practice/ research as par guidance of the concerned department/ departments.

C. This modifies the Administrative Instruction No. 1 of 2004 under no. a 1801 dt. 9.6.2004 and cancels all other previous order/ Administrative Instruction, in connection with the duties and responsibilities of Physiotherapists/ Tutor-Physiotherapists.
Duties & Responsibilities of Lab Technician:

[Source: Administrative Instruct 4 of 1975]

The following are the list of duties specified for the Laboratory Asstts./ Technicians attached to Hospitals/ Health Centres and other Institutions. The duties of the Laboratory Asstts. attached to National Malaria Eradication Programme and Malaria Eradication Maintenance Organization have been laid down in this Directorate No. HPH/241(200) dt. 3rd February, 1975.

1. Supervision of general cleaning of the Laboratory furniture and instrument and working room.
2. Reception and labeling of the samples, record keeping, and dispatching the reports, keeping the sectional stores and making indents of sections or deptt. as necessary.
3. Preparation of stains and reagents for bacteriological, serological, haematological, cytological and clinical pathological work.
5. Processing of samples and inoculation for isolation of bacteria, like CSF, Sputum, pus, urine, stool, ascitic and pleural fluids etc.
7. Care and use of instruments like autoclave, hot air sterilizer, Inspissators, filter, anaerobic jar etc., Colorimeter, PH meter, electrophoresis, autotechnicon, freezing and rotary microtomes, chemical and electrical balance, sharpening of knives, Microscope and its accessories, centrifuge, water baths, haemoglobinometer.
8. Supervision of cleaning of glass wares; wrapping and plugging of the test tubes, preparation of swab sticks and Pasteur pipettes.
9. Preparation of culture media which are used in the Laboratory
11. Physical and Chemical examination of urine, and of stool, concentration methods of stool for cysts and ova; examination of CSF, peritoneal fluid etc. preparation of slides for malaria, filarial and LD bodies and their staining.
13. Preparation of anticoagulant vials for biochemical and haematological work, Drawing of blood, collection of skin smears and throat, eye and nasal swab from patients.
14. Determination of haemoglobin, Haematocrit, total count of leucocytes, RBC, Platelets and reticulocytes, ESR
15. Staining of blood and bone marrow smears,
16. Performance of BT & CT Kaolin Cepahl in clotting time, Red cell fragility, prothrombine time, test for sickling.
17. Performance of the following tests: - ABO blood, Rh grouping, Direct and indirect Coomb’s test, preparation of haemolystate for estimation of alkali resistant haemoglobin and paper electrophoresis of haemoglobin.

18. Tissue reception, labeling, tissue processing, paraffin embedding, sectioning and routine and special staining techniques. Decalcification of bones, preservation of tissues for museum mounting.

19. processing and staining of cytological material from gastric washing, pleural and peritoneal fluid, sputum and vaginal and cervical material.

20. Preparation of Antigens and antisera for microbiological and serological works.

21. Collection of guineapig and sheep blood agglutination test e.g. Widal, Brucella agglutination tests etc, precipitin test, haemotitration, complement titration, VDRL, Aldehyde test, Chopra test.

22. Care of animals, including rearing, feeding, breading and killing, performance of animal pathogenicity tests and supervise disposal of their carcasses.

23. In certain special laboratory they may be trained to perform some other special tests as necessary.

24. Any other duties of similar nature that may be assigned to them.

Special nature of duties in Pasteur Institute, Calcutta

1. Supervision of cleanliness of vaccine, bottles, Chisele, hammer, forceps, bonecutting forceps etc.

2. Handling and care of vacuum filling apparatus, bottle cleaning machine, Washing machine for vaccine bottle and others, automatic vial filling machine.

3. Assistance to Vr. Surgeon in selecting sheep, inoculation of sheep intracisternally with seed virus. Daily observation of inoculated sheep till they are paralysed and ready to be sacrificed and supervision of care of sheep and general cleanliness of the animal shed. Sacrifice of sheep by air embolism or a ether injection.

4. Maintenance of rabies seed virus in rabbits.


6. Performance of virus titration and Virus inactivation tests and toxicity test of prepared anthracic vaccine.

7. Performance of various tests – As per requirement of Indian Drug Act.

8. Checking of sterile bottles, ampoules, filling with A.R.V. and sealing of the same under sterile condition.

9. Maintenance of various registers in connection with above works.

10. Maintenance of register of white mice colony of weekly production of anthracic vaccine.

11. Arrangement for practical demonstration classes for Postgraduate (DPH) and under Graduate (MBBS) students.
12. Maintenance of stock and sub stock registers
13. Any other duties of similar nature that may be assigned to them by the head of the institution.

Special nature of duties in Cholera Vaccine-Laboratory

1. Preparation of media for production of vaccine e.g. meat broth agar in brandy bottle – per bottle 125 ml broth and agar mixed per day 120 such bottle of media are prepared.
2. Culture of Cholera seed vibrio on such media
3. Harvesting of the growth from the bottles under strict aseptic condition. Incubation of harvested material for inactivation by adding phenol at room temperature for 24 hours.
4. Safety test: Performance of the safety tests of the vaccine till the final results are obtained, the vaccine prepared are preserved aseptically.
5. Preparation of media for sterility tests: e.g. Peptone water, agar slants cooked meat broth etc.
6. Preparation of distilled water for manufacture of anti cholera vaccine.
7. Filling and sealing of the ampoules of different capacity.
8. Preparation of non specific high tetreserum in rabbits for laboratory use.
9. Sterilization of glass wares with the help of assistance if necessary.
10. Performance of the sterility test as per drug rules including animal tests.
11. Performance of the sterility test as per drug rules including animal tests.
12. Any other duties of the similar nature that may be assigned to them by the head of the institution.

Special nature of duties in Public Health Laboratory (Bacteriology)

1. Preparation of media e.g. Bile salt agar, peptone, Mc. Conkey broth, single and double strength, and sugars etc. for bacteriological examination of water, food such as milk, meat, vegetables, sweets (all tin products), Cholera stool and infectants.
2. Sterilization of the glass wares etc for laboratory use.
3. Receiving of samples from public and keeping of records.
4. Assistance to the bacteriologist in performing bacteriological tests of tinned milk, food, vegetables, sweets etc.
5. Keeping of records of the examinations and preparation of monthly reports for onward submission.
6. Preparation of stains, reagents and other as and when required.
7. Any other duties of similar nature that may be assigned to them by the head of the institution.

Special nature of duties in Public Health Laboratory (Food Section) Chemical

1. Receiving of samples for examination from the periphery.
2. Comparing of the seals fixed on the samples.
3. Labeling of samples and keeping of record of the samples in a register.
4. Maintenance of the records of the food reports and preparation of the monthly and annual statements.
5. Preparation of the approximately standard solutions for chemical analysis.
6. Preparation of stock reagents and giving assistance in the set up of equipment and apparatus for testing of large number of different types of samples.
7. Maintenance of sub stock register and breakage list register.
8. Any other duties of similar nature that may be assigned to them by the Head of Institution.

Special nature of duties in Blood Bank.

A. Blood Collection.

(1) registration of donor, blood samples with requisitions and collected blood samples. Making all types of requisitions for the laboratory.

(2) checking the identity of donor, and labels of blood collection bottles and pilot tubes, and also condition of the anticoagulation solution in the bottle.

(3) performance of Venepuncture, collection of blood and sealing of the sites.

(4) responsible for all instruments, like B.P. and other instruments, and also for preservation of the blood and pilot tubes after collection.

(5) responsible for intimation of any untoward reaction of the donor during or after the blood collection or any other difficulties.

(6) performance of blood grouping both ABO and Rh and put up cross matching on the proper samples and serological tests of each donor.

(7) issuing compatible blood bottle after checking up labels etc and also after proper recording in all types of cases.

B. In cases of Central Blood Bank only.

I. Special and Reference Laboratory.

(1) Performance of special tests for investigation of transfusion reaction.

(2) Foetomaternal incompatibility and such other tests.

(3) Preparation of different blood grouping and other antisera required by the Laboratory.

II. Mobile Blood Collection Team.

To take of charge and handle of equipments necessary for the thing like cots, blood collection, equipments, weighing machine, solutions, stationery, refreshment for donors etc.

III. Instrument Room.

Supervision of preparation of blood collection and transfusion sets, sharpening of the needle, packing and subsequent sterilization.

Media Room.

1. Preparation of sterilized bottle, vials and ampoules. etc. Different solutions required in connection with transfusion.

2. Preparation of pyrogen free distilled water etc.
Cool Room.
Checking of the temperature of the Cool Room and supervision of the arrangement of blood bottles in the Cool Room.

IV. Plasma Processing Department.
1. Preparation of liquid and dry plasma from blood.
2. Handling and care of special instruments and appliances for preparation of dry and liquid plasma.
3. Maintenance of these instruments in a sterilized manner.
4. Record keeping of blood used and plasma prepared and their issue from the Department.
5. Any other duties of similar nature that may be assigned to them.


**Duties & Responsibilities of Ward Masters:**

[Source: Administrative Instruct 6 of 1966]

The Wardmasters will be under the administrative control of the head of the Institution or the Head of a particular department if so ordered by the Head of the Institution. They will work in perfect understanding with other staff, such as Doctors, Nurses, Hospital Secretary, accounts Officer etc.

Any Medical Officer of the Institution, the Hospital Secretary, Accounts Officer can supervise their work under order of the Head of the Institution.

**Duties**

1. Supervision and control of class IV staff of the Hospital:

   Subject to the ultimate control and general supervision of all the Class IV staff such as G.D.As, Sweepers, Cooks, Gardeners, Durwans, Domes etc. by the Head of the Institution, the Wardmasters will directly be in charge of all categories of G.D.As in a hospital Administration in so far as the execution of their duties in their respective spheres. And for this they will-

   i) Maintain Muster Roll/Rolls for all the Class IV staff of the hospital. Arrange for substitutes for absentees, if necessary, in consultation with the Head of Institution or the Secretary.

   ii) Maintain the code of discipline required in hospital amongst the class IV staff.

   iii) Maintain a complaint book for the purpose of reporting about indiscipline, neglect or dereliction of duty etc. in writing to the Head of the Institution or to the Secretary.

   iv) Maintain a duty allotment Register, and post therein advance the allotment of duty of each category of Class IV staff and show them.

   v) See that the Class IV staff use required uniform during duty hours and those are neat and clean.

   vi) Supervise the duty of all categories of class IV staff by routine visits to the spot from time to time and by surprise checks.

   vii) See, in collaboration with the office, that their leave etc. are sanctioned, leave salary, arrear pay etc. are drawn and disbursed to the claimants, service books, pension papers, and other records pertaining to their service are prepared and maintained properly in due time.

   viii) Identify the Class IV staff during disbursement by the office, and countersign the Acquittance Roll, if required.

   ix) Arrange treatment of Class IV staff in the Hospital, whenever necessary.

   x) Promote maintaining good relationship amongst the class IV staff as well as with all other staff of the Hospital, the patients and the public.

   xi) Enquire promptly into all complaints made by the Class IV staff and report these to the Head of the Institution or the Secretary for remedy.

2. Maintenance of Ambulance service

   The Wardmasters will:

   i) Maintain Muster roll of Ambulance Drivers, Cleaners, and Stretcher Bearers and arrange for substitutes if any, during leave or absence.
ii) Arrange allotment of duty of Drivers and Stretcher bearers, Cleaners, and leave of such staff.
iii) See that Log Books, Requisition slips for petrol, Mobil etc. and other relevant records are regularly and properly maintained by the Drivers.
iv) See that Drivers of vehicles report about servicing, repairs, replacements of parts etc. in due time to keep them on the road.
v) See that vehicles are cleaned every day and disinfected after bringing infectious pts.

3. Maintenance of sanitation of Hospital Buildings, Kitchen, Morgue, hospital compound etc. disinfection and disinfestation

The wordmasters will:
   i) Maintain general sanitation of the hospital buildings and compound, the kitchen, Morgue etc. They will report, in writing about the insanitation and its cause to the Head of the Institution for taking action.
   ii) On receipt of any report from the sister-in-Charge of the ward of any unsanitary condition which is difficult to manage by herself, he will assist her to rectify the same.
   iii) See that soiled linens or infected materials are properly disinfected, disinfestated or disposed off.

4. Maintenance and repairs of Hospital buildings, electric installation, Gas connection, Plumbing and sanitary fittings etc

The Wardmasters will:
   i) See that all fittings and fixtures, taps, Gas stores, electric lights and fans are in proper working condition, and in case of any misuse, breakage, leakage, or any defects noticed should immediately report to the Head of the Institution for rectification and pursue till completion of the works.
   ii) Bring to the notice of the Head of the Institution about the structural repairs, white washing or painting of the building and their fittings.

5. Guarding of the Hospital and arranging Security Measures

The Wardmasters will:
   i) Make adequate arrangements for proper guarding of the hospital during day and night by posting Durwans in required places.
   ii) Keep necessary vigilance for prevention of intrusion of cattle, stray dogs etc. into the hospital by the Durwans.
   iii) Arrange and check adequate security measures in the hospital buildings against theft.

6. Supervision of hospital Garden
The Wardmasters will:

i) Supervise maintenance of the hospital gardens both flower and kitchen, if any, and requisition seeds, plants, manure, implements etc. as per requirements of the gardens.

7. Maintenance of Inventory of furniture of the Wards.

The Wardmasters will:

i) Be in-charge of all the furniture, including clocks, signboards etc. issued to different departments and outpatients’ department and will maintain proper inventory, which should be periodically checked and initialed by the head of the Institution or any responsible person authorized on his behalf.

ii) In case of any theft, loss or damage etc. of furniture issued to the wards and departments, they will report, in writing to the Head of the Institution such theft, loss or damage etc. and take action and according to the normal rules.

iii) They will conduct physical verification of such furniture twice a year, and append usual verification certificate on the body of the inventory, and get the same countersigned by the Head of the Institution or any responsible person authorized on his behalf.

8. Disposal of dead bodies and information to parties about dead patients

The Wardmasters will:

i) Will, in case of death of a patient in any ward arrange to send message to the relations of the patients.

ii) Will arrange for prevention of dead bodies from wards to the relatives after observance of all formalities.

iii) Will arrange for disposal of dead bodies from wards to the relatives after observance of all formalities.

iv) Will dispose off unclaimed dead bodies after observance of the provision of existing rules and orders, legal formalities, if any, and religious customs and commentions.

v) Will arrange careful preservation of dead bodies in the morgue for post-mortem examination is over and the dead body is handed over to the party concerned after observance of all formalities.

vi) Will, before disposal of the dead bodies from the Morgue, verify that viscera, if any to be sent for examination had been preserved with required identification label and seal in almirahs kept in for the purpose under his care to be dispatched by him later on.

9. Fire fighting arrangements

The Wardmaster will:
i) will maintain and check the fire-fighting arrangements in the hospitals such as fire-kings, sand and water buckets etc.

10. Emergency lighting arrangements

The Wardmaster will:

i) Will keep provision of emergency lighting arrangement, in the case of failure of electricity

11. Absconding or missing of a patient with or without hospital properties

The Wardmaster will:

i) Bring to the notice of the Head of the Institution if a patient absconds or found missing with or without hospital properties immediately for taking police action after making thorough search within and in the vicinity of the hospital. Arrangement should also be made as quickly as possible to intimated the relatives of the patient.

12. Collection of bed rent and different charges from patients & ambulance charges from Driver.

The Wardmaster will:

i) Collect bed rents and other charges from the patients where there is no separate post of Collecting Sarkers. Money so collected should be recorded in receipt books and deposited to the office within 24 hours of collection.

ii) See that ambulance drivers deposit all collection to the office every 24 hours and before proceeding on leave.

13. Supervision of duties of Carpenters, painters, tailors etc.

The Wardmaster will:

i) Maintain muster roll and supervise the works of the carpenters, painters and Tailors.

ii) Bring to the notice of the head of the Institution in writing, any neglect or dereliction of duty on their part, detected by him or reported by the Matron or Staff Nurse in-charge.


The Wardmaster will:
i) Check and keep relevant records of dietary articles supplied by contractors quantitatively and qualitatively in collaboration with the Head of the Institution or any person authorized on his behalf where there is no steward and/or dietitian.

ii) Supervise whether the daily diet is properly carried from the kitchen to the wards.

15. Emergency Duty

The Wardmaster will:

i) Besides their normal duty hours, attend Emergency call at any time if they are called upon to do so.

ii) Not leave the station without the permission of the head of the Institution.


The Wardmaster will:

i) Maintain a daily diary recording deposited by him and the ambulance drivers and get it signed by the Accountant.

ii) Record any abnormally, untoward incident, important event or message and show daily to the head of the Institution or Secretary or person authorized on his behalf.

iii) See that the standing rules and orders laid down for visitors are strictly adhered to.

iv) Help to maintain good public relations with visitors and patients. Irregularities, if any noticed, in respect of the patients, visitors etc. should be explained politely.

v) Maintain the patient’s valuable’s register, and keep cash and other valuables must be kept in safe custody, and existing procedures should be followed in this regard.

vi) Must deposit all collection to the office before leaving station.
Duties & Responsibilities of X-Ray Asstt./ X-Ray Technician/ Radiographers:

[Source: Administrative Instruct 7 of 1975]

1. Supervision of daily cleaning of the X-Ray Machines and Dark-Room.
2. Maintenance of Stock of stores and registers and making the indents (under the instruction from the Radiologist).
3. Reception of the patients, registration of the patients, distribution of suits, making new cases ready for opinion of medical officers.
4. Advice to patients (in consultation with Radiologists or Medical Officers), arrangement for therapy, recording the treatment in registers, and disposal of OPD patients (in consultation with medical Officer).
5. Taking the radiograph, processing of film, its washing, drying, labeling and placing it for reporting and subsequently dispatch of it after entering the cases in the registers.
6. Preparation of processing solution, keeping the dark Room accessories clean and keeping it in perfect working order.
7. In cases of Radiotherapy – to make radium tubes and needles ready for application by threading and cleaning as and when asked by the head of Deptt. to help in the use of radioactive isotopes.
8. To maintain a log book for each machine and indicate any defect noted in the log book, to be countersigned and also to note details in connection with the repairs of the instruments if any.
9. Any other duties of allied nature that may be assigned to them.
Duties & Responsibilities of Sub-Divisional Food Inspector:


A. The Food inspectors posted at Sub-divisional level will prefer the following duties so long Gazette Notification conferring them Food Sampling power and allotment of necessary Permanent advances are not made.

1) They will inspect as frequently as may be prescribed by the local (Health) Authority, all food establishments in the localities selected by the Local (Health) Authority to check licences and sanitation.

2) They will investigate any complaint made to him in writing or referred to him by the Local (Health) Authority in respect of any contravention of the provisions of the P.F.A. Act 1954 or rules framed there under.

3) They will maintain a diary to record tours made inspections and investigations under taken and get the diary countersigned by the Local (Health) Authority for at least once every month.

4) They will assist the Local (Health) Authority in compiling records reports and returns in connection with P.F.A. activities in the sub-division.

5) They will assist Local (Health) Authority in preservation of the sample phials received from the peripheral Food Inspectors.

6) They will assist the Local (Health) Authorities in the follow up of court cases and maintain records of all prosecutions and results of prosecutions.

7) They will submit a monthly report in the proforma appended to the Local (Health) Authority so as to reach him by the 10th of the following month. A copy of the said report need be endorsed to the District Health Officer as also to the Asstt. Director of Health Services (PFA) West Bengal, Mitra Buildings, S. Lyens, Range, Calcutta-1.

B. After publication of the Gazette Notification and receipt of permanent advance referred to under ‘A’ above, the Food Inspector will be required to perform the following duties in addition to these mentioned above.

8) They will meticulously follow duty list as laid down under Rule 9 of the P.F.A. Rules 1955 from (a) to (i)

9) They will countersign Registers maintained in Form III by Manufacturing Food establishments and Ghani operators in the area assigned to them, with dated signature.

10) They will collect a minimum of 20 samples per month and send them to the public Analyst concerned for analysis and to the Local (Health) Authority for preservation in the manner prescribed and, maintain relevant records and registers.
Duties & Responsibilities of Employees of WBNS Cadre
**Duties & Responsibilities of Block Public Health Nurse:**


The function of Block Public Health Nurse is to ensure proper coverage of MCH, FW and immunization services in the community within the Block area assigned to her. She shall supervise, on behalf of BMOH, the activities of the entire female component e.g. Health Asstts.(F)s, HS(F)s and the PHNs within the block and shall remain directly responsible to BMOH for proper implementation of the MPH Scheme, specially the health care for the mothers and children with which she is primarily concerned. She shall perform duties of field supervision in a monthly cycle of 12 days outside 8 KMs of the place of posting and in a monthly cycle of 4 days a month within 8 KMs of the place of posting as per advance programme duly chalked out and approved by the BMOH. She shall maintain daily diary of her work and exhibit the same to the BMOH or any other higher authority when asked for. In addition there will be 4 days cycle in a month for office work. The following are the details of job function of the BPHN:

She will

- (a) Supervise and arrange effective implementation of MCH, FP & EPI services.
- (b) Participate in and assist BSI in the control and prevention of communicable diseases.
- (c) Co-ordinate activities with male counterpart, compile the performances with those of male component and analyse the total performance of the Block.
- (d) Co-ordinate and obtain help of the vol. organization, Panchayats, Mahila Mandals etc. for proper implementation of the health programmes.
- (e) Arrange breaking down resistance felt by any health staff while implementing a particular health programme related to the Health of the mother and children.
- (f) Supervise the delivery services conducted by the HA(F) and Dais at home.
- (g) Arrange health education activities by way of group meetings, in collaboration with SWO/BSI.
- (h) Participate in any special health drives e.g. FP camps, IUD camps, immunization campaign, Eye operation camps, Eye health care camps. ICDS, sanitation programme, exhibitions, Baby show, fair and festivals, Nutrition programme etc.
- (i) Keep constant vigilance over the activities of the HA(F), HS(F) and PHN under her so as to achieve the targets laid down for the block so far as these relate to mother & children by way of proper monitoring and education to the staff concerned.
- (j) Supervise SC clinics within the Block area and arrange effective IUD campaign there at.
- (k) Supervise and participate in the training programmes organized by BMOH e.g. for AWWs, Sishukalyanies, MP training of HA & HS, CHG training, Training of Dies.
- (l) Visit AWWs and Sishukalyani Centres as well as the SCs to supervise the implementation of the feeding programme and immunization programme.
- (m) Visit SCs and SHCs to supervise feeding programme if any.
- (n) Attend ICDS monitoring meeting at Block level and submit MMR after compilation of those received from the HS(F) and co-ordinate with the CDPO and Supervisors under ICDS.
(o) Attend weekly/monthly meeting, assist BMOH/ MO in its conduction in collaboration with SWOs/BSI, collect performance report from the female component, compare and compile with those of the BSI and submit the same to BMOH with the help of BSI/ Computor. She will analyse the performance of the HA(F) and HS(F) and take steps necessary for improvement and correction of any such required.

(p) Perform any other duty as may be assigned to her from time to time by the higher authorities for the sake of public service.
Duties & Responsibilities of the Public Health Nurse at Block (2nd Tier):

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

Under the technical control of the Block Public Nurse she shall perform the duties assigned to her from time to time in respect of any matter relating to Health & FW in general and MCH in particular.

2. She shall on behalf of the BPHM supervise work of the entire female component (grass root to 3rd tier) within her block and will remain directly responsible to BPHN for implementation of the MPH Scheme. She shall perform field duties in a monthly cycle of 16 days (4 days’ meeting and 4 days’ office work). She shall maintain diary of her work. She shall assist BPHN in carrying out:

   a) MCH & Family Welfare Services.
   b) Prevention and control of communicable diseases.
   c) Training of Health Assistants & Health Supervisors.
   d) Implementation of National Health programmes at Block level especially in relation to mother and child.
   e) Environmental sanitation.
   f) Health Education in collaboration with SWOs.
   g) Supervision of the work of the Health Assistant (Females) and Health Supervisor (Females).
   h) Supervision of the Anganwadi Workers (ICDS) and trained Dais.
   i) Participation in the training programme of the Anganwadi workers (ICDS).
   j) Attendance in weekly/monthly staff meeting at PHC/SHC Levels.
   k) Checking and verification of the reports and records of the female component of staff under MPH Scheme.
   l) Visit to sub-centres.
   m) Any other duty as may be assigned to her from time to time by the higher authorities.
Duties & Responsibilities of Lady health Visitor/ PHN attached to Post Partum Unit:

[Source: No. FW/437/IP-8/86 dated 12.3.87]

1. She will assist the Gynaecologist and Paediatrician in conducting the various Family Welfare Clinics and organize such clinical services (FP & MCH) as are required (her services are not to be utilized in general out-doors).

2. She will select a population of 5000 near the hospital for her field work in connection with the delivery of family welfare services by home visits. She will carry out the target couple survey and maintain the relevant register giving the classified information about the couples surveyed.

3. During the home visits she will carry out:
   a) Education (group and inter-personal) and motivation for Family Welfare Services
   b) Education and delivery of MCH Services (Antenatal, Post-natal Immunization etc.).
   c) Education regarding nutrition.
   d) Follow up of cases of sterilization, IUD distribution of Nirodh & Oral Pills, a follow up of ante-natal, post-natal, infant cases registered by her in the clinic.

4. She will also supervise over the activities of the Auxiliary Nurse Midwife/ GNM.

5. She will also assist in the training programme conducted at the sub-district hospital.

6. She will maintain the necessary register and assist in preparing the monthly report of FP and MCH of the hospital.

7. She will not be allotted any word duties unless there is an emergency.

8. She will maintain close liaison with the Indigenous Dais in her area and improve their practices.

9. She will be responsible to the Gynaecologist.
Duties & Responsibilities of Ward Sister:

[Source: Administrative Instruct 8 of 1991]

The ward Sister is the team leader and chief administrator of the Unit. She is directly responsible to the nursing superintendent through the Matron if present, for the administration of the ward and the efficient patient care.

Duties and Responsibilities in relation to patient care:

1. She will be responsible for the overall planning of Nursing Care of the patients in her unit
2. Maintaining cleanliness and sanitation of the unit
3. Rendering direct care to seriously ill patients as and when situation arises
4. Taking over charges from the night nurse and make bed to bed rounds and assign nursing care, specially for the acutely ill, dangerously ill patients and post operative cases.
5. Supervising dietary arrangement and proper serving of diet to the patients feeding of the helpless patients
6. Seeing to the health teaching programme to the patients and their relatives is carried out

Administrative duties and Responsibilities of the Ward Sister:

She will be responsible for:

1. Making the duty roster of the staff nurses and! the student nurses
2. Checking the attendance of all nurses posted in her unit and report to Nursing Superintendent/ Matron absenteeism for replacement
3. Maintaining stock of equipments, medicines, linen and making regular inventory of the stock of her unit
4. Indenting for supplies required for the running her unit and maintaining records or Registers of non-serviceable articles and making arrangement for condemnation of all un-serviceable articles of the unit
5. Ensuring prevention of waste, Misuse and loss of and medicines etc. of her unit.
6. Reporting any case of indiscipline theft or loss to the nursing superintendent/ Matron
7. Overseeing the programme of orientation of the new staff students and making arrangement for continuous on the job training
8. Preparing performance report of the staff nurses, student nurses time to time and send it to the authority concerned
9. Giving relevant information to the patients’ relatives and friends regarding the patient's condition
10. Making arrangement for keeping patients' belonging in safe custody as per laid down policy of the hospital
11. Supervising, guiding and directing to carry out treatment of the patients as prescribed by the physician/ Surgeon of the unit
12. Maintaining daily census of the unit in relation to patients and report about the critically ill cases to the Nursing Superintendent/ Matron
13. Checking all the records, related to the patients' diagnosis condition, treatment and diet for making herself aware of needs of the patients and supervise the patients’ care by the staff nurse
14. Coordinating patients’ care with other department
Responsibilities in regard to Nursing Education:

1. She will be responsible for taking necessary step for proper implementation of practical part of the Nursing education programme.
2. She will assist to organize health teaching programme for the patients and their relatives.
3. She will organize ward teaching programme for the staff nurses and student nurses.
4. She will help in Medical and Nursing research as and when required.
Duties & Responsibilities of Staff Nurse:

[Source: Administrative Instruction 6 of 1991]

The Staff Nurse is a first level professional nurse in the hospital set up. Therefore, by her deed and appearance, she should prove as professional at all times.

She is the skilled nurse giving expert bed side care to patients or executing special technical duties in the areas like operation theatres, intensive care units, clinical specialties etc. She acts as “de facto” sister as and when situation arises in the ward or department.

Responsibilities in respect of patient care

1. She will give direct bedside care to patients as allotted to her by the ward sister.
2. She will be especially responsible for the care of acutely ill or dangerously ill patients in her ward.
3. She will render pre-operative, post-operative intensive care to patients in her ward.
4. She will prepare and assist for diagnostic procedures for the patients.
5. She will attend to the normal or special nutritional needs of the patients and give special types of feeds (gastrostomy feed, nasal feeds etc.) and supervise serving of meals to the patients.
6. She will give health teaching to patients under her care.

Responsibilities in relation to Ward Administration

1. She will draw up nursing care plan for all patients in the ward in consultation with the ward sister.
2. She will assign patients to students keeping in mind the level of experience, knowledge of students and needs of the particular patients concerned.
3. She will perform the nursing activities for admission, discharge and transfer (within the hospital or other hospital) of the patients.
4. She will checklist and keep patients belonging in safe custody, accordance with the laid-down policy of the hospital.
5. She will help the ward sister for supervising the work of the grade D staff allotted in the unit for maintenance of cleanliness and sanitation.
6. She will help the ward sister in indenting and checking of drugs and supplies and maintaining the inventory of each category of teams.
7. She should keep a sub-store of drugs, linen and supplies in her charge for use.
8. She will be responsible for maintaining nursing procedure training.
9. She will be responsible for sterilization of articles as arises.
10. She will make rounds with doctors and senior Nursing Officers.
11. She will write daily orders indents for patient’s daily diet and other supplies as necessary.
12. She will be responsible for keeping all the patients record up-to-date.
13. She will be responsible for observation of the patient’s conditions and take prompt action.
14. She will be responsible for taking reports and making detailed bed to bed round at the time and changing of “shifts” in the unit.

15. She will sign the night report after checking.

16. She will deputize for ward sister during her absence.

17. She will assist the ward sister in orientation of the new staff and students.

Responsibilities with regard to teaching of students

1. She will provide direct supervision over patient care carried out by the students in her ward.

2. She will teach, supervise and guide nursing procedures performed by student nurses.

3. She will assert and participate in clinical teaching programme of student nurses as and when required.

Duties in respect of Staff Education

1. She will initiate and plan for staff education programmes in consultation with the Nursing Superintendent.

2. She shall participate in the staff meetings convened in the Institution.

Duties towards the Profession

1. She shall maintain the professional ethics herself.

2. She shall encourage her colleagues to maintain professional ethics and participate in professional activities.

3. She shall try to keep her professional knowledge up-to-date and encourage her colleagues to do the same.

4. She shall help to prepare materials whenever necessary for organizing publicity for Nursing and stimulating interest of the Community in Nursing.

5. She shall perform any other duty allotted to by the Nursing Superintendent or Medical Superintendent as & when situation is called for.
Duties & Responsibilities of Auxiliary Nurse Midwife/ Nurse Midwife/ GNM attached to Post Partum Unit:

[Source: No. FW/437/1P-8/86 dated 12.3.87]

1. She will assist in all the family welfare clinics organized in the hospital and organize such clinical services (FW & MCH) as are required. Her services are not to be utilized in general outdoor.

2. She will assist the Gynaecologist and in conducting the various Family Welfare clinics and organize such clinical services (FP & MCH) as are required.

3. She will select a population of 5000 near to the hospital for her field work in connection with the delivery of family welfare services by home visits. She will carry out the target couple survey and maintain the relevant register giving the classified information about the couple surveyed.

4. During the home visits she will carry out:
   a) Education (group and inter-personal) and motivation for Family Welfare Services
   b) Education and delivery of MCH Services (Antenatal, Post-natal Immunization etc.).
   c) Education regarding nutrition.
   d) Follow up of cases of sterilization, IUD distribution of Nirodh & Oral Pills, a follow up of ante-natal, post-natal, infant cases registered by her in the clinic

5. She will also assist in the training programme conducted at the sub-district hospital.

6. She will maintain the necessary register and assist in preparing the monthly report of FP and MCH of the hospital.

7. She will not be allotted any word duties unless there is an emergency.

8. She will maintain close liaison with the Indigenous Dais in her area and improve their practices

9. She will be responsible to the Lady Health Visitor.
Duties and responsibilities of Matron

[Source: Administrative Instruction 7 of 1991 dt.22.7.1991]

She will be responsible for management and supervision of nursing services of a department, a unit or floor with two or more wards. The units may be outpatient department, special clinics, operation theatres, special therapy units etc, or of a small hospital.

Duties and responsibilities in relation to patient care and ward management

1) She will be responsible to organize and plan for nursing care activities and guide ward sister for its implementation.
2) Assist Nursing Superintendent/ Deputy Nursing Superintendent to ensure staffing in her unit.
3) To maintain safety and cleanliness of the unit/ institution.
4) To maintain equipment and supplies of her unit/ institution.
5) To maintain records and reports of the patient.
6) To supervise and guide the ward sister in patient care and ward management.
7) To act as Public Relation Officer and solve the problems faced by the ward sister, if any.
8) To make regular round with Nursing Superintendent/ Dy. Nursing Superintendent and with Medical team or Hospital Committee as and when required.
9) To keep Nursing Superintendent/ Dy. Nursing Superintendent informed of the needs/ ward problem of her unit.
10) To write open performance report/ACR of the ward sisters of her Unit/ deptt.

Responsibilities in relation to nursing education

She will be responsible:-

1) To conduct guidance and counseling of the staff and students.
2) To arrange and guide continuing education Programme for Staff Nurses and Ward Sister of her unit.

Miscellaneous

1) She will arrange, conduct and attend departmental and inter-departmental meeting and conferences.
2) She will act as Liaison Officer between Nursing Department and the higher authorities of the hospital.
3) She will carry out any duties delegated to her by Nursing Superintendent/ Dy. Nursing Superintendent from time to time.
Duties & Responsibilities of Nurse Teacher/ Sister Tutor/ Instructor/ P.H.N. Tutor:

[Source: Administrative Instruction 5 of 1991 dt.11.7.1991]

I. Duties & Responsibilities:

1. She shall work under direct guidance & supervision of the Sister Tutor-in-charge of the Training School.

2. She shall actively participate & help in Sister Tutor-in-charge to carry out all the duties & responsibilities formulated for the Sister Tutor-in-Charge with respect to:-
   - implementation of curriculum for the Student Nurses
   - health/sickness, recreation & professional activities of student nurses.
   - Administration of the School of Nursing
   - Staff education programme

II. Duties in respect to Clinical Supervision:-

1. She shall be directly responsible for supervision & evaluation of Student Nurses in all the shifts in the hospital wards and Community field.

2. She shall schedule her students’ clinical practice in consultation with the Ward Sister/ Staff Nurse-in-charge.

3. During her clinical supervision & evaluation in the wards, she shall take an account of the Nursing care rendered by individual student nurses in their day-to-day practice

III. Duties towards the Profession:

1. She shall maintain the professional ethics herself.

2. She shall encourage her colleagues to maintain professional ethics and participate in professional activities.

3. She shall try to keep her professional knowledge up-to-date and encourage her colleagues to do the same.

4. She shall help to prepare materials whenever necessary for organizing publicity for nursing and stimulating interest of the Community Nursing.

5. She shall perform any other duty allotted to her by the Nursing Superintendent or Sister Tutor-in-charge as and when situation is called for.
Duties & Responsibilities of Deputy Nursing Superintendent:

[Source: Administrative Instruction 11 of 1991]

Duties in relation to Nursing Administration:

The Deputy Nursing Superintendent is second in command in the Nursing administration of the hospital.

She assists the Nursing Superintendent in all areas of nursing activity and deputizes for her in her absence.

1. The Dy. Nursing Superintendent will assist the Nursing Superintendent in her office work and deal with any matter that may be allotted to her by the Nursing Superintendent.
2. Her hours of duty will be allotted in the roster prepared by the Nursing Superintendent.
3. She will be responsible while on duty for making relief arrangements in case of sudden absence on part of nurses.
4. She will be responsible for the preparation of the duty lists of nurses subject to the approval of the Nursing Superintendent.
5. She will make rounds in the hospital wards and departments as allotted to her every day while she is on duty.
6. She will deal with all problems met with during her rounds on the spot as far as possible. The matter she cannot settle herself, she will report to the Nursing Superintendent.
7. On the day she is on evening duty, she will visit emergency wards. The seriously ill and post-operative patients in various wards and the sick nurses.
8. She will report any case of breach of discipline or dereliction of duty on the part of any member of the nursing staff to the nursing Superintendent in writing.
9. She will convene and arrange for all staff meetings in consultations with the Nursing Superintendent.
10. She will perform any other duty allotted to her from time to time by the Nursing Superintendent accordingly to the need of the hospital.

Duties in respect of the Training School and Nurses’ Education:

1. She should be aware of the clinical experience Roster and the duty Roster of the students done by the Sister Tutor-in-charge of the training school.
2. She will attend sister tutor’ periodical meetings and take part in the committee proceedings.

Duties in relation to supervision of the Nurses’ Hostel and Mess:

1. She will be responsible for making rounds in the nurses’ Hostel everyday and ensure neatness, cleanliness and hygiene there.
2. She will supervise the work and cleanliness of the Nurses’ Kitchen and Dining Room and check the quality and quantity of food served to nurses.
3. She will supervise the serving of meals during her duty hours by being present in the Nurses’ Dining Room.
4. She will be responsible for the smooth running of the hostel, Kitchen and dining room and see that there is adequate crockery, cutlery, and cooking utensils and furniture in the hostel.

5. She will be responsible for keeping the inventory of all articles used in the hostel and make physical verification of stock at least once a year. She will arrange for repair and replacement of unserviceable articles and will be responsible of condemnation of Nurses’ Hostel Articles.
Duties & Responsibilities of Principal Nursing Officer/ Sister Tutor-in-charge of the Training School:

[Source: Administrative Instruction 10 of 1991]

I. Duties in respect of Student Nurses:
   1. She shall plan, implement and evaluate the curriculum.
   2. She shall assist and guide the student nurses through personal contact in developing right professional contact in developing right professional attitude.
   3. She shall prepare a total plan for the teaching programme, including orientation, at the beginning of each session.
   4. She shall plan for the students; clinical and community experiences in consultation with the other teachers.
   5. She shall plan and arrange for educational visits for the student nurses
   6. She shall arrange for the clinical rotation for the student nurses in consultation with the Dy. Nursing Superintendent or Nursing Superintendent.
   7. She shall ensure that the student nurses fulfill the minimum requirements before appearing for the Examination.
   8. She shall prepare definite plans for evaluation of the student nurses
   9. She shall be responsible for clinical supervision & evaluation of student nurses in the wards as well as in Community nursing Field. This will cover supervision of students in all the shifts in the hospital wards and community
   10. She shall assist and guide the student nurses to complete their records of practical experiences, case books etc.
   11. She shall assist and guide the student nurses in their methods of study, use of reference books and library.
   12. She shall ensure that daily roll call for student Nurses is carried out at least once a day.

II. Duties in respect of Health, Recreation and Professional activities of student nurses.
   1. She shall ensure that the student nurses have regular health check up.
   2. She shall be responsible for ensuring that prompt care & treatment are arranged for any sick student whenever necessary.
   3. She shall plan recreational and social functions for student nurses.
   4. She shall encourage and help the student nurses to participate in professional programmes.
   5. She shall make regular, periodical visits to the students’ living room and ensure that they develop and maintain healthy personal habits.

III. Duties in respect of Administration of the School of Nursing
   1. She shall be responsible for selection of student nurses.
   2. She shall be responsible for maintaining the Nurses’ Library.
   3. She shall be responsible for keeping the training school well equipped and taking inventories form time to time.
   4. She shall organize functions like prize distribution, sports, Annual socials etc. for Student Nurses.
   5. She shall be fully responsible for maintaining the records and registers in respect of the Training school.
6. She shall carry out any other duty that may be allotted to her by the Nursing or Medical Superintendent in connection with the Training School.
7. She shall ensure that the Nursing Administration of the Hospital are informed of the Students’ class time tables in advance.
8. She shall carry out correspondence with Nursing Council & Nursing Section in connection with Nursing training as & when required.

IV. Duties in respect of Staff Education
1. She will initiate and plan for staff education programme in consultation with the Nursing Superintendent.
2. She shall participate in the staff meeting convened in the Institution.

V. Duties towards the Profession
1. She shall maintain the professional ethics herself.
2. She shall encourage her colleagues to maintain professional ethics and participate in professional activities.
3. She shall try to keep her professional knowledge up-to-date and encourage her colleagues to do the same.
4. She shall help to prepare materials whenever necessary for organizing publicity for Nursing and stimulating interest of the Community in Nursing.
5. She shall perform any other duty allotted to by the Nursing Superintendent or Medical Superintendent as & when situation is called for.
Duties & Responsibilities of Nursing Superintendent:

[Source: Administrative Instruction 9 of 1991 dt. 17.7.91]

Administrative Responsibilities

The Nursing Superintendent is expected to work independently in connection with the administration of Nursing Services of her Institution, in most effective way. She will act as the Liaison officer between the Institution concerned and the Directorate of Health Services and other Nursing Officer of other Institutions.

1. She shall formulate policies for placement of staff in different units, their rotation, job responsibilities and maintain a satisfactory schedule of patient care.
2. She will maintain individual cumulative record of all nursing staff.
3. The Nursing Superintendent shall forward the Annual Confidential Report/ Open Performance Report of all Nursing Staff working under her to the Nursing Directorate and maintain a Gradation List of the Nurses of all categories in her Institution.
4. The Nursing Superintendent shall be member of various Hospital Committees and participate in all development planning for the hospital.
5. She shall be responsible to ensure issuance of Show Cause Notices to all nurses remaining on unauthorized absent.
6. She will hold periodical meeting with the Hospital Administrators and the Nursing Staff to make the Nursing Administration effective.
7. She will take initiative and participate actively in condemnation of articles of the Hospital.
8. She will keep herself apprised of the Hospital condition and will be aware of any special patients of significant diagnosis and needing special care.
9. She will attend of all disciplinary problems which her Dy. Nursing Superintendent or other subordinate staff find it difficult to handle.
10. She will enforce implementation of the hospital Rules, Regulation and Policies.

Patient Care:

1. She will make regular hospital rounds individually, with the hospital Superintendent, as well as with various hospital committee to ensure the quality of patient care.
2. She will ensure regular supply of articles and equipments for proper nursing care to the patients and be vigilant about proper utilization of hospital properties.
3. She will supervise the maintenance of various records and reports in the Wards.
4. She will hold periodical staff meetings with Deputy Nursing Superintendent, Matron, Ward Sister, Sister-Tutor.
5. She will review the hospital census and daily reports of the hospital wards and report to the higher authority if needed.

Welfare of the Nursing Staff:

1. She will take an interest in staff development through orientation programme for new staff, in-service Education Programme, guidance and counseling.
2. She should see to the comfort of the Nursing Staff and guide them as far as practicable.
3. She will ensure periodical health check up of all Nursing personnel working under her, maintain health records and take action for nurses.
4. She will supervise the running of Nurses’ Hostel and the Nurses’ Mess.
5. She should submit proposals for expansion and construction of Nurses’ hostel, class room etc. as and when necessary.
6. She will initiate new projects/ study/ research for professional growth and submit the proposal to Nursing Directorate.

Nursing Education:

1. She will participate in student selection and recruitment which will be done by the Principal Nursing Officer/ Sister Tutor-in-charge.
2. She will keep herself apprised of the Teaching Programme attached to her institute.
3. She will plan and organize continuing Education Programme for her Nursing Staff with the help of Deputy Nursing Superintendents & Teachers of her Institution.
Duties & Responsibilities of Nurse Teacher/ Sister Tutor/ Instructor/ P/H.N. Tutor:

[Source: Administrative Instruction 5 of 1991 Dt.4.7.1991]

I. Duties
   1. She shall work under direct guidance and supervision of the Sister Tutor-in-charge of the Training School.
   2. She shall actively participate and help the Sister Tutor-in-charge to carry out all the duties and responsibilities formulated for the Sister Tutor-in-charge with respect to:
      - implementation of curriculum for the Student Nurses
      - health/sickness, recreation and professional activities of student nurses
      - administration of the school of Nursing
      - Staff Education Programme

II. Duties in respect to Clinical Supervision:
   1. She shall be directly responsible for supervision and evaluation of student Nurses in all the shifts in the hospital wards and Community field.
   2. She shall schedule her students’ clinical practice in consultation with the Ward Sister/ Staff Nurse-in-Charge.
   3. During her clinical supervision and evaluation in the wards, she shall take an account of the Nursing care rendered by individual student nurses in their day-to-day practice.

III. Duties towards the Profession:
   1. She shall maintain the professional ethics herself.
   2. She shall encourage her colleagues to maintain professional ethics and participate in professional activities.
   3. She shall try to keep her professional knowledge up-to-date and encourage her colleagues to do the same.
   4. She shall help to prepare materials whenever necessary for organizing publicity for Nursing and stimulating interest of the Community Nursing.
   5. She shall perform any other duty allotted to her by the Nursing Superintendent or Sister Tutor-in-Charge as and when situation is called for.
Duties & Responsibilities of Employees of WBGS Cadre
Duties & Responsibilities of the District Public Health Nursing Officer

(a) Working Relationship
The District Public Health Nursing Officer will assist the Chief Medical Officer of Health and the District family Welfare Officer of the District in planning, implementing and evaluating the maternal Child health and Nutrition Programme undertaken in the district. She will receive technical guidance from the State Family Welfare officer, West Bengal and the Deputy Director of Health Services (Ng), West Bengal. At the District level she will be under the administrative control of the Chief Medical officer of Health and the District family Welfare Officer of the District. She will maintain close collaboration with other district functionaries as and when required.

(b) Duties & Functions
1) to help in organization of Maternal and Child health programme as a whole and in the implementation of the special plan schemes centrally sponsored and otherwise, in particular like the immunization (5 points programme), training of traditional birth attendant (Dais), and their active involvement in MCH/ FW work, prophylaxis against nutritional deficiency diseases;

2) to promote health and nutritional education activities through the PHNs/ LHVs/ Female Health Supervisors/ Auxiliary Nurse Midwives/ midwives/ Trained dais by providing them with taking points and printed materials produced by various agencies;

3) to ensure that the functionaries as mentioned in (2) above integrate MCH/ FW and health and nutrition education in their day to day activities;

4) to help in developing School Health programme in the district;

5) to ensure regular supply of equipment, record, registers, drugs, and other sundries necessary for MCH work in the PHCs and Sub-centres in consultation with the District Stores and the stores at the District Family Welfare Bureau, the store keepers attached to those stores should prepare the district requirement and arrange for supply of the same after consulting the District Public Health Nursing Officer;

6) to ensure the maintenance of prescribed records and submission of periodical return of MCH/. FW./ Nutrition etc. Statistical Investigator and the Asstt. Computer shall prepare the report on MCH in this regard.

7) to review the periodical progress report on MCH./ FW done by PHNs/ LHVs/ FHS/ ANM etc attached to the MPH. Scheme or in urban Centre and post-partum Centre and put up the same to the CMOH and DHWO to enable them to take further action. Copies of reports shall also be endorsed to the SFWO, West Bengal.
8) to render technical guidance, supervision and support to the PHNs/ LHV/s/ FHS/ ANMs working in MCH/FW Programme. All the performance reports and Annual Confidential reports in respect of the staff prepared by the respective officers in the Districts shall be sent to her and she will receive the same and arrange to send a copy of the same with a review report to the Deputy Director of the health Services (Ng), West Bengal. Copy of the review report to be endorsed to the SFWO, CMOH & DFWO.

9) to investigate into the complaints against female para medical personnel in the district & submit reports/ recommendations to the CMOH/ DFWO.

10) to arrange for continuing education of the female MCH/FW functionaries in he district through shot in-service training courses – the CMOH and DFWO shall provide the necessary assistance to enable the District Public Health Nursing Officer to hold such programme.
Duties & Responsibilities of Dy. Director of Health Services (Nursing):

[Source: No. HPT/4D-11-96/194209, Calcutta, the 19th June, 1996]

1. Monitoring of Nursing Establishment with the help of two ADHS and 12 Dy. ADHS under the guidance of Jt. DHS (Admn)
2. Nursing Training Programme
3. Liaison Officer for Nursing Monitoring System under the guidance of Jt. DHS (Admn)
Duties & Responsibilities of Gr-D Employees
Duties & Responsibilities of GDA:

[Source: Administrative Instruction No. I of 1978 dt. 18.02.1978]

1. Cleaning and dusting of furniture, doors, windows and ceilings of the respective wards, OPDs and Offices.
2. Dusting and cleaning of ward, office and OPD furniture.
3. Cleaning of ward utensils including those used by patients.
4. Fixing and removing mosquito-nets for the patients.
5. Assisting the nursing staff of the ward in preparing beds for the patients.
6. Carrying patients from one department to another.
7. Supplying drinking water in pitchers & drums for the use by the staff of the ward & also by the patients.
8. Fetching Tiffin and meals for the patients from the kitchen and helping in their distribution.
9. Boiling milk and baking bread for the patients.
10. Collecting stores from the Hospital stores.
11. Carrying call books from and to doctors, Nurses and offices etc.
12. Carrying oxygen cylinders from and to the stores and fixing them in the concerned ward for the patients.
13. Bringing ward linen from and carrying back dirty linens to linen room.
14. Removing and shifting of ward mattresses.
15. Collecting blood from the Blood Bank.
16. Helping Medical Officers and Nurses in plastering etc. in Orthopedic Cases.
17. Accompanying patients’ party for depositing bed rents and other hospital charges to the concerned office.
18. Announcing visiting hours by ringing bells.
19. Working in Kitchen, Nurses’ Mess, Stores, Laboratories, as Night-Guards, Peons, Messengers etc.
20. Any other duties of similar nature which is not covered by the above item and also not performed by the Sweepers & that may be assigned to them by the medical officers/ nurses in the interest of the patients as well as of public service during emergency.
Duties & Responsibilities of Sweepers:

[Source: Administrative Instruction No. 1 of 1978 dt. 18.02.1978]

1. Cleaning wash basins, sinks etc.
2. Sweeping, swabbing and cleaning of wards, OPDs, offices, kitchen, Nurses’ Hostel, staff quarters etc.
3. Sweeping and cleaning of sputum, bed-side bowls, urinals, bed pans, latrines etc.
4. Washing of soiled and blood-stained linens, gloves.
5. Cleaning the hospital compound and perimeter drains.
6. Serving bedpans, urinals & dishes etc. to the patients.
7. Carrying stool & urine etc. to the chemical room for examination.
8. Removing deceased patients outside the wards and washing their cots, linen etc.
9. Removing garbage from the wards, OPDs and Hospital compound.
10. Cleaning bath-rooms, bed pans, urinals, water closet etc.
11. Running the incinerator.
12. Carrying specimen from OT after operation of a patient.
13. Any other duties of similar nature which is not covered by the above item and also not performed by the G.D.A. & that may be assigned to them by the Medical officers/ Nurses in the interest of the patients as well as of public service during emergency.
Duties & Responsibilities of Contractual Employees
Duties & Responsibilities of Block Accounts Manager:

- Accounting and financial management of the Block Health & Family Welfare Samiti.
- To assist BMOH/ ANMs/ Block Health and Family Welfare Samiti staff in maintaining Cash Books, Ledgers, other registers etc.
- To facilitate disbursement of funds to the PRIs and Sub-Centres/ other organizations.
- To follow up with PRIs in maintaining Cash Book, Accounts and Ledgers relating to the funds related to Health Department, preparation of SOEs/ UCs, collection of SOEs and UCs from PRIs/ other health units for onward submission to the District Health and Family Welfare Samiti by the Block Health and Family Welfare Samiti.
- To arrange statutory audit of the accounts of the Block Health and Family Welfare Samiti/ Internal Audit of other health units.
- To assist Secretary, Block Health and Family Welfare Samity in meeting audit queries.
- To assist Block Medical Officer of Health in meeting audit queries of AG/ Internal auditor.
- To assist Secretary, Block Health and Family Welfare Samiti in holding meeting of the Executive Committee and Governing Body regularly.
- To assist Block Health and Family Welfare Samiti in budgeting and planning for programme implementation.
- To maintain records including receipt and expenditure of Block Health and Family Welfare Samiti A/c Rogi Kalyan Samiti.
- To monitor and supervise accounts work in all units through regular field visits.
- Any other job that will be assigned by the State/ district/ Block Health and Family Welfare Samiti from time to time.

[Source: NRHM/167/06 Dt. 09.10.2006]
**Duties & Responsibilities of District Programme Coordinator:**

[Source HFW/NRHM/31/06 Dt. 16.03.2006]

- Assist the Chief Medical officer of Health in planning and implementation of NRHM/ RCH-II/ Immunization/ HSDI and other Public Health programmes being implemented in the district.

- Coordinate all NRHM/ RCH-II/ Immunization/ HSDI and other public health programme activities at district level.

- Dissemination of all Guidelines in respect of all programmes among all functionaries upto Block/ Sub-centre level.

- Preparation of District Health Plan.

- Assess training load and needs in consultation with districts and blocks, assist in preparing training calendar and assist in organizing district level training.

- Monitoring and follow up of activities at District/ Block/ SC level.

- Interact regularly with the Block for getting first hand information regarding the progress of the different health programme activities and assist in preparing the necessary reports of the district in prescribed format of State and Govt. of India.

- To assist CMOH in the affairs of District Health and Family Welfare Samiti and in preparing Agenda, Agenda Notes, proceedings of the meeting and follow up action on the decision taken keeping state informed.

- Implementation of IEC activities in the districts.

- An advance monthly work plan including tentative travel plan will have to be prepared in consultation with CMOH. This work plan will have to be approved by the CMOH.

- Any other job that may be assigned by CMOH.
Duties & Responsibilities of District Account Manager:

[Source HFW/NRHM/31/06 Dt. 16.03.2006]

- Managing the accounts of NRHM/ RCH-II/ Immunization/ HSDI and other Public Health programme.
- Assist the CMOH in ensuring proper flow of funds and in all financial matters.
- Assist the CMOH in disbursement of funds under different programmes and for timely submission of SoE and Utilization Certificate (UCs).
- Monitor expenditure and assess the requirement of funds of different blocks/ sub-centre and facilitate follow up of submission of SoE and UCs from Blocks/ sub-centres.
- Proper maintenance of Accounts of the Samiti. Reporting monthly Cash Balance of DHFWS and BHFWS to State Samiti incorporating the position of Sub-centre level accounts also.
- To assist the CMOH in the implementation and thereafter in operation of e-banking initiative.
- To assist the CMOH and the District Programme Coordinator in planning & budgeting for different programmes for programme implementation.
- An advance monthly work plan including tentative travel plan if needed will have to be prepared in consultation with CMOH and other officers, if necessary. This work plan will have to be approved by the CMOH.
- Any other job that may be assigned by CMOH.
Duties & Responsibilities of District Statistical Manager:

[Source HFW/NRHM/31/06 Dt. 16.03.2006]

- Strengthening the MIS system in the district and dovetailing it with Financial MIS.
- Implementing computerized MIS and Reporting system.
- Prepare the final template of data available in the Districts/ Blocks/ SC and compile the same.
- Follow up with blocks for regular submission of necessary data.
- To analyze and prepare monthly reports of different health activities and identify the priority blocks and SCs for additional inputs.
- To prepare reports on all NRHM/ RCH-II/ Immunization/ HSDI and other Public Health programmes at District level as per guidelines.
- Monitoring at Blocks and SCs (if needed) to assess the quality and regularity of the data.
- An advance monthly work plan including tentative travel plan if needed will have to be prepared in consultation with CMOH and other officers, if necessary. This work plan will have to be approved by the CMOH.
- Any other job that may be assigned by CMOH

Add District Statistical Manager

[HF/O/MS/W-46/07/17 Dt: 15.01.2009]

1. Act as the Nodal Officer for IT & E-Governance matters being implemented in the health sector in the District.
2. Keep in constant touch with IT Cell of H&FW Department
3. Providing leadership for implementation of various ICT initiatives in the District
4. Supervision and monitoring the functioning of the IT related applications, softwares, hardwares, networking etc. and the vendors who are providing the maintenance of these.
5. Authenticate the performance certificate of various vendors for further processing at the IT Cell.
6. Any other work as may be assigned from time to time.
Duties & Responsibilities of Consultant (Finance) at SSU, IDSP
[Source: HF/O/PHP/402/3C-1/06 Dated 2.7.2006]

1. Periodic release of funds to District Societies.
2. Monitor expenditure incurred by Districts under IDSP.
3. Budgeting by components and Districts.
4. Obtain and review of audited accounts, SOEs & utilization certificates.
5. Submitting documents to the Centre for facilitating disbursement from the Bank.
7. Organizing training of District level accountants.

Duties & Responsibilities of Data Manager at SSU, IDSP
[Source: HF/O/PHP/402/3C-1/06 Dated 2.7.2006]

1. Supervise functioning of MIS unit of Integrated Disease Surveillance Project.
2. Supervise functioning of Data Entry operators.
3. Organize information received from District Surveillance Units.
4. Preparation of reports required under the project.
5. Organize maintenance of IT hardware, software and WAN.

Duties & Responsibilities of Data Entry Operators at SSU, IDSP
[Source: HF/O/PHP/402/3C-1/06 Dated 2.7.2006]

• To assist State Surveillance Officer and other officials in carrying out above mentioned activities.

Duties & Responsibilities of Administrative Assistant at SSU, IDSP
[Source: HF/O/PHP/402/3C-1/06 Dated 2.7.2006]

• To assist State Surveillance Officer and other officials in carrying out above mentioned activities.

Duties & Responsibilities of Consultant (Training) at SSU, IDSP
[Source: HF/O/PHP/402/3C-1/06 Dated 2.7.2006]

1. Identifying institutions for training of various categories of personnel, based on selection criteria.
2. Collate and review training plans for all districts in the state.
3. Organize dissemination of training manuals and materials for training courses.
4. Monitor training activities at the State level and in districts.
5. Monitor expenditure incurred on training and related activities.
6. Assist in organizing independent evaluation of training and its outcome.
Duties & Responsibilities of Other Employees
Duties & Responsibilities of the Ayurvedic /Homeopathic Medical Officer

Job-chart of the Ayurvedic Medical Officer/Homeopathic Medical Officer acting as the 3rd Medical Officer at the PHC

1. To held and to render utmost assistance and co-operation to the BMOH in the matter of implementation of the F.W. programmes and other health programmes having both curative and promotive aspects and to comply with various instructions that may be issued to him by the BMOH for the purpose from time to time.

2. To assist the BMOH in the matter of supervision of diet, maintenance of stores including medicines and other essential vaccines.

3. To assist the BMOH in the matter of implementation of various health programme, in general and F.W. programme in particular, in a pragmatic manner so that targets assigned under each such programme, especially those relating to F.W. programme are reached.

4. To visit peripheral Health Units under the command of the PHC as may be directed by the BMOH from time to time and to attend the staff meetings of various field level functionaries in order to held sorting out any problems that may be faced by them while executing such programmes in a manner consisting with the instructions of the BMOH.

5. To held maintain effective co-ordination between the Health Guides, Trained Dais and the S.W.O. with a view to promptly solving any problem in the matter of execution of any held programme in the block area.

6. To assist the BMOH in the matter of control of epidemic with the utmost effect

7. To attend and conduct the OPD of the particular discipline under the overall guidance of the BMOH

8. To attend any emergency duty in the PHC as per routine chalked out by the BMOH and

9. To assist the BMOH in the matter of monitoring such activities as they concerned various health programmes with the utmost care and attention in order that the periodical reports and returns reach the authorities concerned in time.
Add SAMO & HMO

In order to implement the National programme, the following actions should be undertaken by the Senior Ayurvedic Medical officers (SAMOs) and Homeopathic Medical Officers (HMOs) in addition to their normal duties:

I. (1) All the SAMOs and HMOs including those are posted in State Ayurvedic Dispensaries and state Homeopathic Dispensaries should work under the direct control in respect of implementation of National programme of the block medical Officers of health concerned (BMOHs).

(2) All the SAMOs and HMOs shall attend the monthly meetings of the BPHCs to ensure better coordination.

(3) As and when require, such SAMOs and/or HMOs may attend the meeting with the CMOH, if the BMOH/CMOH requests for such attendance.

(4) Monthly report on the RCH and other programmes shall be submitted by the SAMOs and HMOs to the BMOH/CMOH concerned, as the case may be.

(5) The SAMOs and/or HMOs working in the interior field should send information about any epidemic in their areas to BMOH immediately and extend full cooperation in controlling the epidemic.

II. Job Responsibilities of Ayurvedic medical officers and Homeopathic medical Officers:

A) Reproductive and Child Health programme (RCH)

(1) He will screen OPD cases suffering from Vaccine preventable disease i.e. Measles, tetanus etc.

(2) He will conduct school health check up of primary school children in the Schools allotted by BMOH as and when necessary.

(3) He will arrange Immunization camp in the institution as per session plan drawn by BMOH. Vaccines and other articles required for immunization shall be provided by BMOH.

(4) (i) He will distribute the following items to the beneficiaries as per the programme guidelines:

- Condoms to eligible couples
- Oral Pills to eligible women after screening
- Vitamin A to children suffering from diarrhoea
- Iron with folic acid to antenatal cases and children
- Chlorine to general population during rainy and summer season
- Printed IEC material for all programmes

(ii) Block medical Officer of health will provide the above mentioned articles/items. The SAMOs and HMOs will maintain proper record of the stock, beneficiaries and submit the report and returns to BMOH as required under the programmes. Health and family Welfare Department shall arrange to provide necessary sensitization of ISM&K personnel about the programmes. All Senior Ayurvedic Medical Officers and the Homeopathic Medical Officers shall be imparted training for the purpose in future.
iii) The SAMOs and HMOs shall provide treatment to the patients as per Programme protocols about which they have received the prescribed training.

B) Other National Programmes:

(1) Malaria (NAMP):

All SADs and SHDs will function as Fever Treatment Depot (FTD). Blood slides of all patients suffering from fever shall be collected and sent to BPHC for examination. Presumptive treatment with Chloroquine shall be provided to such cases.

(2) Leprosy (NLEP):

All cases with hypopigmented skin patches and nodules shall be referred to BPHC for detection and confirmation for Leprosy. Cases already on Multiple Drug Therapy (MDT) for Leprosy shall be supplied Medicines if asked to do so by BMOH.

(3) Tuberculosis (RNTCP):

SAMOs and HMOs will screen and refer all the suspected cases suffering from TB and provide Treatment.

(4) HIV/AIDS/STD:

SAMOs and HMOs will screen all the suspected cases with symptoms of STDs and provide Syndromic treatment for STDs. They will provide full cooperation in the implementation of Family Health Awareness campaign for STDs and HIV/AIDS.

(5) Programme for Control of Blindness (NPCB):

SAMOs and HMOs will screen all elderly persons for cataract and refer the detected cases to referral institutions of the area or accompany them to eye camps whenever organized in the area.

(6) Immunization Programme:

ISM&H personnel shall participate in all Family Welfare & routine immunization programme including the campaign launched by H&FW Department such as Pulse Polio Campaign etc. from time to time.
Duties & Responsibilities of Coordinating Officer Homeopathy:

[Source: HF/O/ISMH/343 Dt. 15.06.2006]

The Coordinating Officer Homeopathy (COH), so designated, will perform the following functions in addition to his normal duties relating to his existing unit.

(i) He will be responsible for coordinating the functions of all the HMOs and their units in the district.

(ii) He will be responsible to collect the monthly Performance Reports of all the Homeopathic units in the district and to send the reports after necessary compilation to CMOH of the district concerned and to the Directorate of Homeopathy as well by the 2nd week of the following month.

(iii) He will make liaison with the CMOH and the HMOs posted in the district in respect of supply of medicine from CMS at Kalyani to the District Headquarters and from there to the SHDs and other units.

(iv) He will sit in the office of the CMOH not more than two days a week.

(v) He will perform all other works assigned to him from time to time by the Department/ Directorate/ CMOH

(vi) He will continue to draw his pay from his present place of posting as usual.

(vii) His new designation is neither a case of promotion nor he will be entitled to any financial benefit in any form whatsoever.
Duties & Responsibilities of Coordinating Officer Ayurved:

The Coordinating Officer Ayurved, so designated, will perform the following functions in addition to his normal duties relating to his existing unit.

(i) He will be responsible for coordinating the functions of all the SAMOs and their units in the district.

(ii) He will be responsible to collect the monthly Performance Reports of all the Ayurvedic units in the district and to send the reports after necessary compilation to CMOH of the district concerned and to the Directorate of Ayurved as well by the 2nd week of the following month.

(iii) He will make liaison with the CMOH and the SAMOs posted in the district in respect of supply of medicine from CMS at Kalyani to the District Headquarters and from there to the SADs and other units.

(iv) He will sit in the office of the CMOH not more than two days a week.

(v) He will perform all other works assigned to him from time to time by the Department/ Directorate/ CMOH.

(vi) He will continue to draw his pay from his present place of posting as usual.

(vii) His new designation is neither a case of promotion nor he will be entitled to any financial benefit in any form whatsoever.
Duties & Responsibilities of the Community Health Service Officer:

[Source: HPH/10 ‘S’-3-90/1512 Dt. 21.11.1990]

The Community Health Service Officer will assist the Block Medical Officer of Health in organizing and implementing mainly the preventive and promotive aspects of all Health programmes, as also the curative services when required at the field-levels. He will regularly visit each Sub-centre on fixed day, not only to inspect the work of the Health staff, but also to provide technical support & guidance the M.P.H.Ss., Health guides & Trained Dais & to ensure that they are provided with the necessary tools to carry out their jobs effectively. The Community Health Officer will provide Technical support, supervision & guidance to all Health Staff so service as to promote a smooth working relationship between members of the Block Health Team headed by the BMOH & other staff of the Block health team. He will act as an intermediary level Officer of P.H. maintaining also & constant liaison between the B.M.O.H. & other health staff of the Block. He in tern will receive technical support & guidance from B.M.O.H. He/She is entitled to exercise the Curative Services also, so far as the preliminary treatment of common ailments, Communicable Diseases, Nutritional disorder & first aid to the injured, snake Bites and poisoning etc. are concerned in the field.

The detailed job responsibilities are given below. The job responsibilities be performed under the guidance & overall supervision of B.M.O.H. or any other M.O. of P.H.Cs as the case may be:-

1. Ensure that all necessary steps are taken for the control of Communicable diseases in the villages of the Block.
2. Assist B.M.O.H./ M.O. PHC/ M.O. SHC in taking necessary action in case of any outbreak of a disease in the Block area.
3. Supervise & guide the Health staff & actively involve them in effective implementation of the Health Programmes.
4. Visit schools in the Block area at regular intervals and arrange for medical check up, immunization, environmental sanitation & health education.
5. Make arrangements for treatment & follow up of those students found to have defects.
6. Visit Sub-Centres adhering to a routine so that two SCs be visited in each week & all SCs are covered in each quarter. While visiting the Sub-centres, he/she will monitor its performance in all respects.
7. Assist B.M.O.H./ M.O. SHC (when required) in conducting Medical care services in the Indoor & outdoor, as well as in Blood Smear Collection from fever cases & sputum Smear drawl from suspected T.B. cases.
8. Help to ensure that all steps are taken for provision of safe drinking water & for improvement of environmental sanitation in the villages.
9. Execute Curative functions under the guidance of the B.M.O.H. or any other M.O.s of P.H.Cs as the case may be, so far as the preliminary treatment of common ailments, Communicable diseases, Nutritional disorders & first aids to the injured, snake bites & poisoning etc., are concerned in the field & provide guidance to the field staff & supervisors as well as health guides in the treatment of minor ailments and ensure early referral to the PHC/SHC etc.
10. Participate in Panchayet meetings to assess the health needs of the Community, to discuss the health programme, with the community & to invite their cooperation & participation in those programmes.

11. Maintain close liaison with the B.D.O., C.D.P.O., & other Development programme officers of the Block so far as the Health related ones are concerned under the guidance of the BMOH, any other M.O.s of PHC or SHCs as the case may be.

12. Work closely with Panchayats & other Community Organisations e.g., Mahila Mandals, Voluntary Organisations, clubs etc.

13. Arrange health education camps, meetings, demonstration etc. with the help of Health staff including S.W.O./ Health Educators.

14. Assist BMOH in management & supervision e.g. health planning, vaccines, disinfectants, health education materials, kits & manuals to the Sub-Centres, supply of kits & replenishment of Medicine packets to Health Guides & Trained Dais, maintenance of records at sub-centre level, organizing monthly/ weekly meetings at PHCs/ SHCs.

15. In I.C.D.S. blocks, during his visit to sub-centres, he will visit the A.W.W. Centres & carry out the activities of the Health Component required for the purpose.

16. He will take part in the sector meetings/ Block meetings & a liaison with the P.H. staff & supervisors of the Block.

17. Further that these C.H.S.O. workers are not permitted to issue Death Certificate, sickness Certificate, Medical fitness Certificate & Certificate required for court cases. More they are debarred from private practice.
Duties & Responsibilities of Additional Medical Officer:

[Source: HF/O/MA/740/1M-05/2009 dt. 01.03.2011]

A) In PHC where there is no Medical Officer of WBHS:

1. The Additional Medical Officer when alone in the PHC will work as a part of the Block Health Machinery under the overall guidance/control of the BMOH.
2. To arrange & render curative services.
3. To organize & supervise field works in respect of all Health Programmes.
4. To attend referred cases from the Sub-centres * Co-ordinate activities of the Sub-centres.
5. To conduct weekly meetings & compile the reports to submit to the BMOH.
6. To attend Block level meetings.
7. To carry out different outbreak control activities as and when required.
8. To visit Sub-centres/ field time to time.
9. To look after the diet, store etc. for smooth running of the PHC.
10. To seek guidance and advice from BMOH for solving any Health Service related problem/Administrative problem.
11. To carry out the instructions of BMOH as and when given in the interest of Public Service.

B) In PHC where there is a Medical Officer of WBHS:

The Addl. Medical Officer will have:

1. To carry out the curative, preventive and promotive services and other works as detailed in (A) above in conjunction and consultation with the Medical Officer (who remains in charge) of that PHC.

C) In BPHC/RH – the functions of the Addl. Medical Officers:

1. To carry out the instructions and day to day advice of the BMOH to discharge the curative, preventive and promotive services in the Block.
2. To attend duty in the OPD or Indoor or OT as per direction of BMOH.
3. To attend the Emergency duty as allotted.
4. To assist BMOH in the supervision of diet, stores etc. and Block Health Administration taking active part in different developmental plans.
5. To assist BMOH in programmes and also for fulfilling the targets.
6. If advised by the BMOH, to visit PHCs, Sub-centres and field area for attending staff meeting and field supervision.
7. To assist BMOH in the Block level/sectoral level meting when required.
(8) To participate in the staff meeting or Block level planning / Development meeting or meeting related to co-ordination.

(9) To take active part to assist BMOH, to control outbreak, to organize Health camps, Health campaigns, Health related Exhibition, Health conferences etc.

(10) To participate in the training programme conducted at Block level or Sectoral level.

(11) To assist BMOH to build up co-ordination with people, peoples organization, voluntary agencies for upliftment of health services.

(12) To maintain liason with ACMOH/Dy, CMOH/CMOH on behalf of BMOH as and when required and if directed by BMOH.

(13) To perform any other duty assigned to him / her by the BMOH / ACMOH / Dy. CMOH from time to time in the exigencies of public services.
Duties & Responsibilities of Assistant Superintendents (Non-Medical):

[Source: H/MA/1455(2)/Z-15/2008 Dt. 23.4.2008]

(1) The Assistant Superintendents (Non-Medical) will be under the administrative control of the Superintendent or the head of the Institution where there is no Superintendent.

(2) The AS (NM) will inform his/her Superior Officers about the day to day developments of the hospital.

(3) The AS (NM) may take independent decision to a certain extent in urgent necessity but must inform the Superior Officers immediately.

(4) The AS (NM) will accompany the Principal/ MSVP/ Superintendent of the hospital in routine hospital rounds.

(5) The responsibility of the AS (NM) will be to look after the overall maintenance of the hospital buildings and to get the work done by the appropriate authority determined for the purpose.

(6) The security aspect of the Institution with arrangement for Guards will be controlled by the Assistant Superintendent (Non Medical).

(7) The Assistant Superintendent (Non Medical) will assist the MSVP/ Superintendent regarding “Personnel Management” of the hospital as necessary in respect of the Group ‘C’ & Group ‘D’ employees of the hospital, such as
   a) Coordinating the function of the personnel, maintenance of service records in electronic mode and paper mode, assessment and placement of manpower.
   b) To act as coordinator between different categories of the hospital employees.
   c) To help in appointment procedures, administration of all relevant act and rules regarding leave, appointment, disciplinary matters.

(8) To ensure proper functioning of Hospital Management Information System in the Institution right from planning, implementation, monitoring, evaluation and control of the system. Where there is no MOIC/ MO record Section, AS (NM) will also ensure proper function of Medical Record Section.

(9) The Assistant Superintendent (Non Medical) will coordinate and monitor all Material Management activities facilitating purchase, maintaining, repair in the Institution.

(10) The Assistant Superintendent (Non Medical) will look after implementation and supervision of services contracted out like diet, Security, Scavenging, Laundry, Ambulance Services and Comprehensive Maintenance Service for proper upkeep and maintenance of instruments.

(11) The AS(NM) will assist the appropriate authority for the Waste Management of the hospital as per Government Rules.

(12) The AS (NM) will look into complaints/ grievances of the patients or their relatives, counsel them, address the situation and will assist the MSVP/ Superintendent for resolving the issue depending on the gravity of the situation.

(13) The AS (NM) will assist in verification of the Stores (Medical and other articles) yearly and in any other interval under the direction of the Superintendent and in consultation with him.
(14) The Assistant Superintendent (Non Medical) will assist the Superintendent to monitor the performances of different P.P.P. initiatives of the Government.

(15) The AS (NM) will assist in patient admission procedure including admission of free bed patients as per extent rules and procedures.

(16) The AS (NM) will assist the MSVP/ Principal in allotment of seats and maintenance of Hostel Building.

(17) Any other duties as assigned by Principal/ MSVP/ Superintendent as the case may be.
Duties & Responsibilities of the Secretaries of medical Colleges, Medical College Hospitals and other Institutions of this state:

[Source: No. HF/O/MA/733/MA/Z-35/02 dt. 7-03-2002]

In supersession of all previous orders in this respect, the Governor is pleased to order that the following will be the job specification of the Secretaries of medical Colleges, Medical College Hospitals and other Institutions of this state.

2. The Director/Principal/ Superintendent, as the case may be, is the controlling officer of the Secretary of respective Medical College and/or Medical College Hospital/ other institution. In case of teaching institution-cum-hospital where there is only one Secretary for looking after the work of teaching institution and hospital both, the Principal will be the Controlling Officer of the Secretary.

Job Specification for the Secretary

Subject to overall supervision of the Director/Principal/ superintendent/ Surgeon-Superintendent the Secretary will discharge the following functions:-

(1) The Secretary will look after all the matters of establishment relating to all the employee under the control of the Director/Principal/ Superintendent, as the case may be.

(2) He will process all sorts of Leave for sanctioning by the Director/Principal/ Superintendent, as the case may be. Such Leave relating to the Accounts Officer may be initiated by the Director/Principal/ Superintendent and sent to the Finance Deptt. for sanction.

(3) The Secretary will dispose of all the applications of Casual Leave made by Group=B, C and D employees. He will make temporary arrangements to place substitute when they are on Casual Leave/ any other leave. Those of Group ‘A’ employees will be processed by the Secretary for sanction by Director/ Principal/ Superintendent.

(4) The Secretary will initiate and process proposals of inter-departmental and intra-departmental transfers of Group ‘B’, ‘C’ and ‘D’ employees of the Institution for obtaining approval of the Director/ Principal/ Superintendent as the case may be.

(5) The Secretary will initiate and process pay fixations, periodical increments of all the employees of which the sanctioning authority is the Director/ Principal/ Superintendent as the case may be for sanction and issue of necessary orders.

(6) The Secretary will examine all Service Books and arrange to keep those in safe custody. He should see that the Service Books are maintained and updated duly.

(7) The Secretary with the help of Accounts Officer will deal with all cases of pensions and gratuities.

(8) The Secretary will initiate actions for appointments. Departmental proceeding and disciplinary action in respect of all the employees whose appointing authority is the Director/ Principal/ Superintendent.

(9) Service matters involving financial implications will be jointly examined by the Accounts Officer and the Secretary for obtaining final approval of the Director/ Principal/ Superintendent as the case may be.
10. The secretary will be entrusted with the management of all types of vehicles including ambulances and will act on the instructions of Director/ Principal/ Superintendent as the case may be.

11. The Secretary will have the exclusive powers of the management of office equipments like typewriters machine, cyclostyle machine, Xerox machine, telephone and E.P.A.B.X. system etc.

12. The management of stores except medicine and equipments will be entrusted with the Secretary of the institution including the half-yearly verifications of stores, completion of store ledgers and certifying the verification under his signature.

13. As a member of the Purchase Committee he will initiate the Tender/ Quotation procedures and other formalities in collaboration with the Accounts Officer of the institution.

14. He will take sanction of the Director/ Principal/ Superintendent as the case may be, to make purchase of all stores and supervise the payments of the bills.

15. He will see that in hospitals a sufficient stock of bedding and clothing and dressings is always maintained for all emergencies so far as funds permit.

16. The Secretary will see that the furniture, equipment, linen etc. of the hospitals are kept up and maintained in serviceable condition.

17. He will see that waste stock books and indent books for stores, holding, clothing, equipment and furniture are properly kept and written up and that those are signed by the Senior Nursing Sisters-in-charge of the respective wards and that all losses are brought to the notice and that nothing is written off without proper sanction.

18. The Secretary on receipt of requisitions for replacement or repair of articles, furniture and equipment of an institution, shall satisfy himself by enquiry that such replacements and/or repairs have not been necessitated by an act of negligence on anybody’s part. If he is not so satisfied, he will make a special report to that effect to the Director/ Principal/ Superintendent, as the case may be, for departmental actions for such negligence.

19. The Secretary will supervise the work of Steward and the Ward Master.

20. The Secretary will see that the contractors maintain the terms and conditions specified in the respective contracts.

21. The Secretary will visit periodically the hospital kitchen, stores and laundry for its proper maintenance etc.

22. The Secretary will see that no sanction has been accorded for an expenditure unless he has satisfied that the expenditure is admissible under the rule.

23. The Secretary will deal with all the legal matters of the institution and advice the Director/ Principal/ Superintendent, as the case may be.

24. The Secretary will see that all articles including gifts or presents to the hospitals are entered in the stock book.

25. The cases of permission towards purchase of land, flat, house, car, computer or acquisition of any other assets not exceeding Rs. 10 lakh in worth will be dealt by the
Secretary for according such permission by the Director/ Principal/ Superintendent, as the case may be.

(26) The Secretary will make inquests as and when he is entrusted with such powers by Appointing Authority.

(27) The Secretary will be the immediate in-charge of the office of the Director/ Principal/ Superintendent, as the case may be.

The Director/ Principal/ Superintendent as the case may be, may delegate such other power(s) to the Secretary in addition to the job specified above as may be necessary for smooth running of the institution.
Duties & Responsibilities of Health Assistant (Female):

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

The Female Health Assistant will cover a population of 5000/3000. She should reside in the sub-centre area, location of the sub-centre itself being her headquarter. She will perform 16 days’ field visit in a month i.e. 4 days per week, the Saturday being the weekly meeting/diary day and another day duly earmarked being the sub-centre clinic day. The following are the job functions:

I. Registration:

She will:

(a) Register pregnant women from 3 months onwards, married woman in the reproductive period and children through systematic home-visits and at clinics.

(b) Maintain basic information regarding villages, house and population etc. with the help of her male counterpart.

(c) Maintain maternity record, register of antenatal cases, eligible couple register and children register up to date.

(d) Categories the eligible couples according to the number of children and age of mothers.

II. Care at Home:

(a) Provide care to pregnant mothers especially the registered ones throughout the entire period of pregnancy.

(b) Give advice on nutrition to expectant and lactating mothers.

(c) Distribute Iron-Folic Acid Tabs to pregnant and lactating mothers and children as well as to the family planning adopters, and Vit A in oil to the children upto 6 years of age.

(d) Immunize pregnant mother with Tetanus Toxoid and with others to the children as per immunization schedule.

(e) Conduct home deliveries whenever required in normal labour cases.

(f) Prefer cases of abnormal pregnancy, difficult labour, at risk babies’ cases with medical and Gynaecological problems and help them get institutional care properly.

(g) Provide post delivery visits for each delivery case and follow up care to the patients recovered and discharged from hospital.

(h) Maintain close liaison with local trained Dais and extend help when called for, supervise the deliveries conducted by the Dais and forward the list of deliveries thus conducted recommending claims of payment thereafter to the concerned PHC as per rules.

(i) Promote cases of sterilization and IUD through spread of small family norms to the eligible couples and arrange facilities of service to the willing acceptors.

(j) Distribute conventional contraceptive to the couples during home visit as well as through the Dais and Anganwadi Workers.

(k) Take active part in the special sterilization camps when held in PHC/other areas.

(l) Get herself trained in BCG Technique by the local BCG Technician meant for the purpose and cover the area with BCG Vaccination with the help of the technician and male Health Assistant.
(m) Provide follow up services to FP adopters, identify side-effects and minor compliant, if any, and refer those cases to the nearest PHC/Hospital when required.

(n) Detect cases of 8 target diseases under EPI and any abnormal episode within her area and arrange containment measures promptly.

(o) Provide first aid and preliminary treatments of common ailments and refer cases beyond her competence to the nearest PHC/Hospital.

(p) Arrange testing of urine for albumin and sugar, and blood for haemoglobin of pregnant women.

(q) Collect blood smears from at least suspected malaria cases and administer presumptive treatment.

(r) Identify cases that require help for Medical Termination of Pregnancy, provide information on the availability of services and refer them to the nearest approved institution.

(s) Educate the female folks regarding maintenance of health and nutrition of pregnant and lactating mothers and children, importance of immunization, births and deaths registration, prompt reporting of any disease, use of safe drinking water and maintenance of personal hygiene and environmental sanitation and use of ORS in Gastro-intestinal diseases. She will also motivate mother to accept the health facilities including the nutrition programmes provided by the SC and PHC/SHC.

(t) Enquire and record Births and Deaths occurring in her area and report them to the local Registrar.

III Care at Clinic:

(a) Arrange and perform MCH clinics at sub-centre once a week with the help of the concerned male health Assistant.

(b) Conduct Urine examinations and estimate haemoglobin of the pregnant mothers.

(c) Conduct IUD insertion of the willing mothers at SC

(d) Conduct feeding programme at SC, if it is there.

(e) Take help of the Vol. Female attendant attached to her SC.

(f) Conduct other activities of the SC including immunization, prophylaxis, MCH, Health & Nutrition education, and preliminary treatment of common ailments.

(g) Impart continuing education to the Anganwadi workers under ICDS project and help and supervise the activities of the said workers.

(h) Assess growth and development of the infants and take suitable action as called for.

IV Care in the Community:

(a) Identify women leaders and help the HS(F) and SWO in conducting training of those leaders.

(b) Set up depot holders for Nirodh distribution and help HS(F) in training them in this.

(c) Participate in Mahila Mandal Meetings and educate women in family welfare.
(d) Utilize satisfied customers, village leaders, CHGs, Trained Dais, AWWs for promoting family welfare programme.

(e) Attend Anganwadi and MCC (Sishukalyani Centre) Centres, arrange immunization of the mothers and children, health care of the mothers and children and help AWWs in the implementation of the Supplementary Nutrition Programme under ICDS.

(f) Collect monthly monitoring report from the AWWs and submit those after compilation to PHN/LHV or HS(F).

V. Miscellaneous:

(a) Remain in charge of the SC and maintain cleanliness of the same.

(b) Attend weekly meeting and submit performance report in conjoin with that of the HA(M).

(c) Involve local Dais in FW programme and IUD Campaign.

(d) Help HS(F) in training the Indigenous Dais.

(e) Take help of her HS(F) and allow her supervision and monitoring, when required.

(f) Help HS(F) in conducting School Health Programme.

(g) Participate in the organization of Eye Operation Camps, Eye Health Care Camps, Sterilization and Laparoscopy Camps and discharge nursing skill to the patients admitted/operated in the institutions.

(h) Detect the physically handicapped from the field and refer those to the nearest health institution.

(i) Prepare and maintain all registers, records, maps and charts in her sub-centre and submit the prescribed periodical reports to the HS(F) in time.

(j) Maintain field diary for her own performance and exhibit the same for inspection to the HS(F) when called for.

(k) Perform any other job as may be assigned to her from time to time by the BMOH or any other Officer authorized by him.
Duties & Responsibilities of First ANM:

A) Administrative responsibilities:
She will be overall in charge of the sub centre in respect of
a) All the manpower posted at the sub centre level including the community health guides working within the geographical area of the sub centre.
b) She will be responsible for all the general administrative duties at the sub centre level
c) She will be responsible for submission of all the reports and returns to the higher level. She will directly report to the Health Supervisor posted at the Gram Panchayat level under whose jurisdiction the sub centre falls.
d) She will be responsible for financial management at the sub centre.
e) She will be responsible for maintenance of Stock ledger of different family welfare materials and other articles.

B) Programme responsibility:
I. Family Welfare
a) She will be responsible for pregnancy registration, 1st, 2nd & 3rd antenatal check up at the clinic and 4th natal check up at home.
b) She will be responsible for routine immunization of infant and children and immunization of pregnant woman.
c) She will be responsible for providing Vit A in oil to the children up to 5 years of age.
d) She will counsel the pregnant woman regarding birth preparedness.
e) She will be responsible for counseling & service regarding temporary methods family planning and counseling for permanent method.
f) She will be responsible for implementation of JSY Scheme viz Registration of eligible pregnant woman, Disbursement of cash assistance to pregnant woman after completion of 3rd ANC, maintenance of cash and submission of reports etc.
g) She will be responsible for counseling pregnant woman in respect of eligibility criteria for cash assistance for JSY, Referral transport etc.
h) She will be responsible for counseling mothers regarding benefit of exclusive breast feeding.
i) She will responsible for reporting of AFP and AEFI cases & out break of measles.
j) She will look after the duties of 2nd ANM of that sub centre in case no second ANM is posted or/and during the period of non availability of second ANM or any particular day.
k) She will actively involved in IPPI activity.
l) She will attend the activities connected with the Village Health & Nutrition Day (VHND).

II Public Health
a) She will look after the responsibilities of Health Assistant (Male) in case no Health Assistant (Male) is posted and/or when Health Assistant (Male) though posted is not physically available on any particular day.

C) Other responsibilities:

a) She would be coordinate the activities of 2nd ANM, HA (M), ASHA, Link worker, CHG and trained birth attendant.

b) She will report to the higher level in case of any disease outbreak.

c) Will perform any other duties as and when asked for by the higher authority.
**Duties & Responsibilities of Second ANM:**


**A) Administrative responsibilities:**

a) Second ANM will look after the administrative responsibility of first ANM in case the first ANM is not posted or the first ANM is not physically available in any particular day.

b) She will assist first ANM in discharging her duty.

**B) Programme responsibility:**

**I. Family Welfare**

a) She would be responsible for all maternal and child health related issues starting with the period around 4th Antenatal check up.

b) She will actively be involved in all the deliveries taking place at the sub centre with the help of trained birth attendant.

c) She will maintain close liaison with ASHA, AWW, Link Person, Trained birth attendant and CHG and first ANM.

d) She will counsel regarding prevention of diarrhea and ARI and will treat the cases as per guidelines.

e) She will also report AFP ad AEFI and measles outbreak.

f) She will assist first ANM in routine immunization on Wednesday & in out reach.

g) She would attend the activities connected with the Village Health & Nutrition day (VHND).

h) She would counsel all pregnant women and their family members regarding family planning methods, birth preparedness, JSY, Referral Transport, Ayushmati etc.

i) She would be responsible for Post Natal Care of mother and neonate including community based neonatal care.

j) She would counsel about immunization and other health aspect of infant.

k) She would entry & update ECR

l) She will be responsible for implementation of IYCF.(Infant and young child feeding)

m) She will perform the 4th Antenatal check up during her field visit.

n) She will be responsible for counseling the community regarding RTI/STI and will provide available drugs.

**II Public Health**

She will look after the public health programme in case the HA (Male)/First ANM is not posted and / or they are not physically available on any particular day.

**C) Other responsibility:**
1. She will treat the minor ailment at clinic.
2. Will perform any other duties as and when asked for by the higher authority.

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<tr>
<th>Sl No</th>
<th>Day</th>
<th>First ANM</th>
<th>Second ANM</th>
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<tr>
<td>1</td>
<td>Monday</td>
<td>Sub centre clinic</td>
<td>Field</td>
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<td>2</td>
<td>Tuesday</td>
<td>Field</td>
<td>Sub centre clinic</td>
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<tr>
<td>6</td>
<td>Saturday</td>
<td>Meeting</td>
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</tbody>
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Thus from Monday to Friday the Sub centre will remain open
Duties & Responsibilities of Health Supervisor (Female):

[Source: Annexure ‘I’ to GO No. H/FW/1563/3S-22/85 Dated 26.7.85]

The Female Health Supervisor will cover a population of about 20,000/30,000 to which there will be 6 Health Assistants (F) to be supervised by her. It has, therefore, been rationally contemplated that each such Health Supervisor (F)’s Headquarter will be well located at each SHC. The Supervisor will perform field supervisory visit in her area of operation in a monthly cycle of 16 days and 4 days office work. The job-functions are as follows:

She will:

(1) Supervise and guide the Health Assistants (F) in the delivery of the total health care to the community.

(2) Strengthen the knowledge and skill of the health Assistants (F) in different areas by training and re-training them during concurrent supervision and on weekly meeting day.

(3) Help the Health Assistants (F) in improving the skill of maintaining optimum public relation and favourable rapport building as well as in breaking down the resistance against any health programme.

(4) Help and guide the Health Assistants (F) in planning and organizing their day-to-day activities during the course of supervision.

(5) Promote team work amongst the Health Assistants (F) and Health Assistants (M) and help establish proper co-ordination amongst themselves as well as with CHGs, Dais, AWWs, Computors and other Voluntary organizations.

(6) Visit each Health Assistants (F) once a week in the field as per fixed programme of supervision.

(7) Arrange group meetings with local leaders and involve them in spreading message of various health programmes.

(8) Scrutinize maintenance of records of Health Assistants (F) to guide them in proper way.

(9) Attend and organize weekly staff meetings at PHC/SHC as the case may be and assess the progress of work of his Health Assistants (F) on receipt of individual reports and submit the compiled report with comments to the BPHN/PHN/BMOH/ MO in the meeting.

(10) Assist BMOH/MO in organizing different health programmes in the area and in control of outbreaks of epidemic diseases.

(11) Assist in mass camps and campaigns held on Health programmes in the area from time to time e.g., sterilization camps, immunization camps, IUD Drive, Eye camps.

(12) Supervise the AWWs/ Sishukalyanies in these Centres as well as in the SCs and coordinate with the Supervisors of the ICDS and MCC programmes at her level.

(13) Indent, procure and supply medicines, vaccines and other materials to Health Assistants (F) of her jurisdiction.

(14) Prepare, maintain and utilize prescribed records, reports and store-accounts.

(15) Collect, consolidate and submit periodical reports to PHN/BPHN and analyze with proper monitoring for improvement of the deficiencies in performance of any Health Assistant (F) and co-ordinate with the concerned Male Health Supervisor in this.
(16) Pay supervisory visit to the SCs on their clinic days and help in conducting clinic and feeding programme.

(17) Attend to cases referred by the Health Assistants (F) and refer such to those beyond her competence to the PHC/Hospital.

(18) Conduct and supervise immunization programme and help Health Assistants (F) and local Dais in conducting deliveries along with their supervision.

(19) Guide Health Assistants (F) in establishing women depot holders for CCs.

(20) Organize and conduct training for dais and women leaders with the help of Health Assistant (F) and BPHN/PHN.

(21) Utilise and organize Mahila Mandals, Lady teachers, voluntary organizations, Panchayats in FW programme.

(22) Motivate resistant cases against FP/MCH/EPI programme.

(23) Provide information on the availability of services for MTP and refer suitable cases to the approved institutions.

(24) Keep surveillance over outbreak of epidemic and arrange containment measures including Health education on Environmental Sanitation, safe drinking water sources, disinfection of water sources, oral rehydration therapy, comprehensive Eye Health care camps, ICDS, Nutrition programme etc.

(25) Follow up of FP acceptors particularly the tubectomy and IUD adaptors.

(26) Educate female folks in accepting spray operation and importance of its full coverage of the house, when needed.

(27) Perform other duties as may be assigned to her from time to time by the higher authorities.

Add to HS:
[Source: Memo No. 104(18)/CFW/2006 Dated Kolkata 18th April, 2006]

Sub: Organisational change of the Sub-centres and its mode of functioning with active collaboration & guidance of Gram Panchayet.

1. Health Supervisor is expected to play a key role in effective coordinating health relating activities in the Gram Panchayet area. His function towards monitoring and review has already been specified in Para ‘C’ of the order.

2. Health Supervisor will sit and function from the Gram Panchayet head quarters, i.e. from Gram Panchayet building. However, he will keep close liaison with all the Sub-Centres of the Panchayet area concerned for better monitoring and supervision.

3. It is however, emphasized that he will be the nodal person in carrying out all health related activities in the said G.P. area in close cooperation with the Parham.

4. Additionally, he will report every death of pregnant woman at child birth as well as death of a New born Child (0 to 1 year) of the area along with cause of such death to the Gram Panchayet, with a copy to BMOH.
5. Stipulation at Para D & E as to the role of Dy. CMOH, BPHN and MO including MO ISMH posted at Block level in monitoring/ supervision at the Standing Committee at Zilla Parisad, Block and Gram Panchayet level respectively will remain the same.

Add to HS:
[Source: 104(18)/CFW/2006 dt. 18.4.2006]

Role of Health Supervisor in promotive & preventive health care in the Panchayat areas

1. Health Supervisor is expected to play a key role in effective coordinating health relating activities in the Gram Panchayet area. His function towards monitoring and review has already been specified in Para ‘C’ of the order.

2. Health Supervisor will sit and function from the Gram Panchayet head quarters, i.e. from Gram Panchayet building. However, he will keep close liaison with all the Sub-Centres of the Panchayet area concerned for better monitoring and supervision.

3. It is however, emphasized that he will be the nodal person in carrying out all health related activities in the said G.P. area in close cooperation with the Pradhan.

4. Additionally, he will report every death of pregnant woman at child birth as well as death of a New born Child (0 to 1 year) of the area along with cause of such death to the Gram Panchayet, with a copy to BMOH.

5. Stipulation at Para D & E as to the role of Dy. CMOH, BPHN and MO including MO ISMH posted at Block level in monitoring/ supervision at the Standing Committee at Zilla Parisad, Block and Gram Panchayet level respectively will remain the same.
Duties & Responsibilities of Housekeeper:

[Source: Administrative Instruction No.1 of 1982]

Introduction: - Housekeeper is an employee of the West Bengal Sub-ordinate Health Service under Non-Medical Technical Cadre.

2. She is usually posted in Nurses’ Hostel, where inmates count over 50. She is expected to look after the management of Nurses Mess, Nurses Quarter including management of Class IV staff attached to Nurses quarter and Nurses Kitchen. A sister or a staff should be deputed to work in opposite shift of a Housekeeper as mess management need supervision regarding cooking, serving of diet from morning to night.

3. She is responsible for her work directly to the Nursing Superintendent/ Matron/ Principal Nursing Officer. Her post must be residential to facilitate the work of the nurses mess as her duty demands her presence at 5-30 a.m. daily in nurses mess to see that the breakfast for nurses are ready by 6-30 a.m. A family quarter should be considered for her preferably in the hospital compound.

   I. 5-30 A.M. to 1-30 P.M. On alternate days
      or 6.00 A.M. to 2.00 P.M.

   II. 1-30 P.M. to 9.00 P.M.
      or 2.00 P.M. to 9.30 P.M.

A. Duties in Nurses Mess:

   I. Stock of Nurses Mess:
      She is responsible to hold the stock including Utensils, Crockery, Cutleries, Furniture, Linen and maintain a stock register. She is also responsible for any loss, breakage, condemnation of all such articles. She must make physical verification of crockery and cutleries, linens periodically.

   II. Diet of Nurses Mess:
      (a) House keeper is
      (b) She has to plan the menu as per recommendation of the mess committee.
      (c) She has to place indent of the dietary articles through Nursing Superintendent/ Matron/ P.N.O.
      (d) She has to maintain a roll call book of the mess members.
      (e) She has to receive complain from mess members and has to receive application from members regarding vegetarian and non-vegetarian diet.
      (f) She has to supervise the cooking and serving of meals for all mess members.
      (g) She has to maintain the discipline of the dining room.
      (h) She has to take special care of night nurses mess
      (i) Sick nurses diet and are responsible for distribution of supper for night nurses.
      (j) Before going off duty she has to see that all nurses receive their food; dining room, kitchen left clean and tidy. She should hand over to the next housekeeper/ Sister/ any reliever regarding any work left undone including serving of food and message.
B. Management of Nurses Quarter:

Housekeeper is responsible for:

1. Cleanliness of Nurses Quarter
2. Report of any case of indiscipline mess members regarding
   - Diet
   - Visiting hrs. and visitor
   - Outliving permission
   - Late pass book
3. Water supply, electricity, Sanitation. In case of failure of supply, report to proper place to be done.

C. Management of Class-IV Staff:

Housekeeper is responsible to look after:

1. Daily attendance and daily roll call of class IV staff.
2. Weekly duty roster of Class IV staff.
3. Allotment of duties and supervision of duties.
4. Submission of working statement through Nursing Superintendent
5. Recommendation for leave and arrangement for substitute in consultation with Wardmaster.