

To

Hon'ble Sh. S.K.Tuteja,
Chairman,
Vth Pay Commission, Punjab.
CHANDIGARH.

Subject: Improvement in pay scales allowances and other benefits of nursing professionals.

Esteemed Sir,

We are hereby submitting our demand charter on behalf of all categories of Nurses of Punjab for improvement in pay Scales, Allowances, other benefits and working conditions. We have always been discriminated by previous pay commission. We feel that injustice has been done to us because we are women. We request that provisions of article 15 and 39 of Bare act of Indian Constitution should be implemented to the Nursing Professional also (a, Prohibition of discrimination on grounds of religion, race, casts sex or place of birth.b) The state shall in particular direct its policy towards securing that there is equal pay for equal work for both men and women).

We demand that pay commission report of Punjab should not be Less than pay Commission of centre because percapita income of Punjab is 73% more than other State.

It is further submitted that before finalising pay scales, allowances and other benefits to Nurses of Punjab, we should be given a personal hearing to present our case. The report of the Commission may Kindly be made time bond.

Sincerely,

(GURCHARAN KAUR)
SECRETARY GENERAL

(JIWANPREET KAUR)
PRESIDENT

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Memorandum submitted to the IVth Punjab Pay Commission by Punjab Nurses Association regarding - Pay Scales, Allowances and other benefits demanded for Nursing Professionals of Punjab. *

Punjab Nurses Association (Regd.No.II) representative body of all categories of nurses in Punjab want to put forth the following points for the judicious, sympathetic and careful consideration. it is requested that before giving your recommendations our suggestions/demand/logic may kindly be carefully examined and be given due weightage. It is further submitted that we should given a personal hearing to represent our case before the commission.

1. INTRODUCTION

Women in Indian Society have been suffering from discrimination on the grounds of sex which is similar to discrimination on grounds of race, caste, religion or apartheid. Infact women in India have been treated as a lower form of life subjected to brutal traditions and inhuman treatment. But the preaching of Bhagti movement, Sikh Gurus of Punjab, Dr.B.R. Ambedkar, Florence Nightingale and Mother Teresa have emboldened us to seek your attention to our plight. The nursing profession is a total women oriented profession and thus has suffered from all the injustice enforced upon Indian women. Our pay scale and allowances are also looked down in the Indian Society as the women is also being looked down. Today's nurses are the mirror of sex discrimination in the Indian Society keeping" asides our qualifications, hazardous nature of duty and 'otal duty hours. The plight of nurses is an ominous example of violation of article 15 and 39 of Constitution of India. All this discrimination continues to be inflicted on nursing profession despite of the fact that man is handed down to the nurse from the moment he enters the cradle to the moment he leaves his death bed. The responsibilities performed by nurses ensures physical, mental and social well being of individual, society and the nation as such and thereby promoting the productivity of the nation.

The nursing profession is noblest amongst all. The nurses perform their duties even in nights leaving behind their breast fed babies unattended. A nurse remains cut off from the family during celebrations of festival and family functions, even in the event of a death of a nearest relative she has to make pre-arrangement for her duties first and then join a funeral. Nurses care with utmost devotion patients suffering from dreadful communicable diseases in situations when even the immediate relatives of the patient are afraid to come near the patient due to risk of infection. The nurses are exposed to contaminated infectious materials (sputum, blood, pus, secretions, urine, stools, infected needles, instruments, dressings and radiation hazards) and invariably carry infections to their homes by contamination. The shift duties, odd working hours, duty on holidays and festivals, on call availability in emergency disrupts normal life pattern and adversely effects personal family and social life. Nursing profession is vital to patients care and requires high professional skills, responsibility and dedication.

The nursing profession continuous to get unjust treatment on account of wages, allowances and working conditions because they are women and women in Indian Society has little or no say at all. The basic lacunae in the organisational structure of nursing services in the country and state of Punjab is that nurses themselves are not

allowed to be assessors and implements of performances, policies and administrative decisions concerning their own work areas. It is so because the policy planners and beurocrats who are non-nurses doctors are not attuned to the sensitive aspect of nurses typical predicament and the special orientation that is need for an excellent service network. The situation has come to such disgusting position where even the provisions of article 15 and 39 of the Constitution of India being violated 'n case of nursing profession. The nurses are being discriminated on ground of sex in fixing pay i.e. male categories even with less or similar qualification interms of total number of years spent on study are getting higher scales than nurses. The total time- spent on education and training is 13 years (10+3) in case of Junior Engineers, Architect Assistant and is 12 years (10 + 2) in case of Draftsman, whereas the time spent on education and training is 15 years (12+3) in case of Diploma Nurse. The violation of article 30 is to such extent that despite of the fact that nurses annual duty hours are 28'L more than other Punjab Govt, employees and they are not being paid for this extra work and to add insult to injury are being given lower scales. It will not be incorrect to submit that a portion of our duty hours is unpaid and getting work without payment is violation of Constition of India and principles of natural justice and human rights.

We therefore humbly seek your intervention to get us justice by recommending high pay scales, allowances and other facilities keeping in view our qualifications, experience and working conditions and in the process undo the discriminations done to nursing profession on the ground of sex.

COMPARISON WITH EMPLOYEES OF OTHER DEPARTMENT OF
PUNJAB

GOVERNMENT.

Table -1

Designation	Basic Qualifications	Period of Training	Existing Pay Scales
Draftsman	Matric	2 Years ITI (Certificate)	5800-9200
Junior Engineer	Matric	3 Years Diploma	5800-9200
Architect	Matric	3 Years Diploma	5800-9200
Assistant Ophthalmic	10+2	2 Years Diploma	6400-10640
Assistant			getting guzzted Status
Staff Nurse	10+2 (Medical)	3 and half Years 'A' Grade (Nursing Diploma)	5000-8100

The above details show injustice done to the post of nurse by the 4th Pay Commission. A nurse has to undergo 10+2 with medical group before entering in the 'A' Grade Diploma Course for Three and Half years. Moreover the nursing profession is a highly skilled job and involves use of high technology in addition to the being more stressful and full of professional hazards. She has to do her duty and fulfill professional responsibility. Every under more stressful

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environments than any other profession. Every month the nurses do seven night duty shifts and each night duties has thirteen long tiresome hours of working. In this way do 523 hours (28%) extra duty hours every years in comparison to any other ordinary Punjab Govt, employee.

The nurse should get higher scale than Junior Engineer, Draftsman, Architect

Assistant as the duration of professional training Including basic qualification for nursing course is more than above mentioned categories, further the duties of a nurse require fine skills, use of high technology and has attendant professional hazards.

3. CERTIFICATE OF FARE-WAGE, DEGREE OF SKILLS AND REPORT OF HIGH

POWER COMMITTEE ON NURSING PROFESSION.

While determining the pay scale and allowances of nursing profession the criteria of fare-wage, risks and hazards of profession of high power committee on nursing profession should be considered.

Table -2

CRITERIA OF FARE-WAGE	APPLICATION TO NURSING
Degree of Skills	Highly skilled job with accuracy precision
Strain of work	Strain due to shift duty, on call availability in emergency, and need of constant monitoring of patients conditions.
Experience involved	Need of vest practical experience
Training required	12+3 and half years for Diploma Nursing
Responsibility Undertaken	Vital services, fighting diseases and death.
Mental and Physical requirement	High degree of mental and physical stress,
Disagreeableness of the task	Secretions, sputum, pus, blood, urine, faces and vomits, psychiatric patients etc.
Hazards attendant on the work.	Jaundice/hepatitis, aids, tuber-closes, cuts/pricks with infected, instrument, handing dangerous drugs and exposure to radiation, dealing with psychiatric patients.
Fatigue Involved	Long, Odd, Shift (Night) duty.

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It is obvious that the duty of nursing professionals involve high degree of skill, physical mental stress, strain of work, performance of disagreeable task, hazards attendant on the work, fatigue, high professional training and experience to perform vital responsibility of fighting disease and death. Table 3 shows elaborates professional risks and hazards involved in the duties as a nurse.

Table-3

CONSIDERATION

Exposure to infection and

nature of duty ||

Contact with Communicable

diseases

Direct handling of sputum

urine, stool, vomits etc.

Duty timing

APPLICABLE TO NURSING

Direct exposure, highly skilled continuous monitoring involved.

High risk during nursing care.

While rendering nursing care, only nurse handle the patients

Shift duties, night duties, emergency call, without Saturday/ Sunday/national festival/ holidays. Thirteen hours night duty.

DEGREE OF SKILLS:

Following is the degree of skills required in

performing duties of a Staff Nurse.

- a) To develop skills in giving comprehensive nursing care to the patient suffering from medical and surgical diseases.
- b) To develop skills in giving first aid, treatment to the patient and the public.
- c) To develop skills in preparing of solutions, calculation of dosages and diseases.

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- d) To develop skills in preparation in food in common use in health and diseases.
- e) To develop skills planning and implementing of nursing care.
- f) To develop skills in interviewing and in planning and implementation of health, teaching programme for small groups hospitals and community.
- g) To develop skills in care of sick child.
- h) To acquire the knowledge and develop the skills and attitudes necessary for planning in carrying out comprehension nursing care for sick persons of all ages in hospital or community including that portion of medical treatment which is responsibility of nursing personal.
- i) To develop skills in planning and implementation of Antenatal, Natal and Post-natal care of mother and child.
- j) To develop skills in planning and implementation of patient care in Intensive Care Unit (I.C.U.), Intensive Coronary Care Unit. (I.C.C.U.) Cardiothoracic Surgery, Cardiology, Neurology, Gastroenterology, Endocrinology, Plastic Surgery, Pediatric Surgery and Radiotherapy subspecialties etc.

QUALIFICATION AND EXPERIENCE

Following is the qualification and experience required for different post of Nursing Professional in Punjab.

1. Staff Nurse: 10+2 with medical subject is minimum qualification for admission + three and half years general nursing course total fifteen and half years.
2. Nursing Sister: Promotion post requiring 5 years experience as Staff Nurse (But due to stagnation) actually the promotion is after 32 years.
3. Matron/Assistant Matron: Promotion post requiring 5 years experience as Nursing Sister (But due to stagnation such promotions are actually not their even after 20-25 years services.)
4. Public Health Nurse: General Nursing Course (A grade 2 years course in public health nursing 30+ years.
5. Sister Tutor: A grade nursing + 2 years course of post basic B.Sc Nursing or fast.
6. Principal Tutor: Promotion post, qualification as in case of Sister Tutor + 5 years experience as a Sister Tutor. (But actually due to stagnation such promotions are not there even after 20 years of service retired even without firm)
7. Nursing Supdt.: Promotion post, qualification A grade general nursing + Nursing Administration Diploma of 2 year and minimum 5 years experience as Matron. (In actual practice due to stagnation there are no such promotions even after decades of services.)
8. Deputy Director Nursing: Promotion post qualification as nursing Supdt. + 10 years experience as Nursing Supdt. Of Principal Tutor.
9. 75% from Sonority promotion and 25% from Higher Education Cum-Sonority.

The points of discrimination regarding pay scales and working conditions of Nursing Staff have been highlighted in the report submitted by High Power Committee appointed by the Central Government (Copy attached). It is submitted that fare wage criteria

professional risks and hazards, degrees of skills, qualifications & experience and the report of High Power Committee by kept in consideration while recommending new pay scales and allowances to the Nursing Profession.

BRAIN DRAIN. NEW ECONOMIC SITUATION AND SALARY TO GOVT. NURSES.

Privatization and liberalization in the country has an impact on nurses too.

Private Sector attracts nurses due to better economic status as the market value of nursing personnel has increased. It is very important for the government to attract and retain nurses with better economic and working conditions.

Nurses leaving the country for better pay deprive our country of highly experienced & professionally perfectly skilled nurses. Hence, It is obvious nurses should be suitably paid as per current economic needs.

4. Issue and demands for consideration:

4.1a Fixation of Pay: The association wishes to stress that 'Point to Point' system may be followed and pay be fixed in the new pay scale corresponding to the stage one would have reached if he had rendered entire service in the new Scale i.e. all the employed should be placed at the stages in the new scale equal to years of services to their credit on that day.

4.1b. Date of Increment: They should be no change in the date of increment due to promotions etc.

4.1c. Time Bond Promotion Scale: To keep the enthusiasm alive among employees, time bond promotion scale for each category of nurses should be introduced. We demand that at least three promotion scales after 4, 9 & 14 years of services, ensuring jump of 4 increments be introduced.

4.2 Salary Structures And Scales Demanded

Category	Present Scales	Demanded Scales
Staff Nurse	5000-8000	9750-14700
Nursing Sister/PHN	5800-9200	12000-16350

(Teaching & non-teaching/Sister tutor)

Matron/Asstt. Matron 6400-10640 14300-18600

Nursing Supdt/Principal 7880-13500 16350-20100

Tutor/DHNO/Supdt.

Supdt. Punjab Health 9200-13900 18600-22100

Dy.Dir.Nursing School 10025- At per with other class-I, Dy, Director
in Health Deptt.

Registrar P.N.R.C. 15100 At per with Joint Director Research
10025- Medical & Education.

15100 Centre patron of B.Sc Nursing
Stipend of B.Sc Nursing Internship Internship at per.

4.3 Allowances and other Benefits demanded

a) Uniform Allowance: Nursing staff is in direct contact with the patient therefore she has to wear the uniform. Besides giving professional identity the uniform also prevents carrying infection to the community where she lives. A detail of uniforms is as under.

Summer Uniforms	Per.Yr	Price	Total Cost
Suits (per suit length 5 Mts.	3 no.	100/- P.mtr	1500
Total 15 Mts.		100X15	
Stitching	3 no.	140 p.suit 140X3	420
Duptta	3 no.	250p.p 250X3	750
Coat (Per coat)	2 no.	250 Per. Mtr.	1000
2 Mtr.= 4 Mtr.		250X4	
Stitching of Coat	2 no.	300 per. coat 300X2	600
Shoes	2 no.	750 per pair 750X2	1500

Total 5770

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Winter Uniform:

Wollen Coat	1 no.	1000/-p.Mtr 1000X2 Mtr.	2000
Stitching	1 no.	2000	2000
Cardigan	2 no.	750/-per. piece	1500
		750X2	
Bellies	2 pairs	900 p. Pair 900X2	1800
Socks	2 Pairs	100 per. p 100X2	200
Suit (3X5 =15mtr)	3 pairs	120 P.Mr. 120X15	1800
Stitching	3 no	150 per.suit 150X3	450
Dupatta/Stoll	3 no	750 p.p 750X3	Total 2250
			9910
Grand Total			5770
			9910
			<hr/> 15,680 Therefore

the uniform allowance should be as per above given projections

which comes to Rs. 650/-per month.

4.3b. Nursing Allowance: 1600 per month centre pattern letter no.

228015/40/98N/PMS/Date 98 and letter No. 228015/40/97-N/PMS Indian

Govt. Dated 28-09-98 (Copy attached). So we demand 5000 per month.

Uniform and Washing allowance: 400 per month centre pattern

implemented from 98. So we demand 1000 per month.

Higher Education Increment:

Higher Education Increment 6 months

diploma less than two year two increment and more then two years Post Basic degree four increment, and M.Sc 6 higher qualification increment.

Diet allowance: The body's capacity to resist infections depends on nutritional status. Nurses are exposed to infections, the diet allowance been given at present is only Rs. 5 per day keeping in view the increase in prices it should be raised to Rs. 150/- per dime.

4.3.D. Risk and Nursing Allowances: Nursing are exposed to risks while discharging their duties like dealing with infections diseases patients (Tuberculosis, A.I.D.S., Hepatitis , Jaundice, Plague, Skin diseases) exposure to X-Ray/Radiation (Risk of damage to self and fetus), Psychiatric patients (Risk of exposure to and assault) Operation theater (Infections martial, Injuries /Cuts/ Pricks, Mental stress) intensive and coronary care units, (mental and physical stress) keeping all this in view the Central Govt. and. P.G.I, are paying special nursing/Risk allowance (No. Z-28016/4/87-MPS Govtof India Dated 11-02-1987 w.e.f. 10-01-^986. We should be paid Rs. 5000/- P.m as risk a nursing allowance.

4.3.e. Conveyance Allowance: Nursing care is vital to patients life and requires punctuality duty hours, on call availability and dealing emergencies. Availability of prompt transport is a must for all these and hence all nursing professionals should be given conveyance allowance Rs. 1,000/-. Availability of personal scooters/conveyance will be time efficient and hence all nurses should be given Rs.1,00,000/- as interest free loan for purchase of scooter/ conveyance, because from her own salary it is not possible for a nurse to purchase a scooter.

4.3.f. House Rent Loan: We demand 30% uniform house rent allowance to all the nursing professional irrespective of their place of posting. 4.3 g. Academic allowance Medical science is rapidly progressing and it is essential to be well versed with new

medical advances for proper nursing care or the patient. Thus all categories of nursing should be paid Rs. 200/-p.m. Academic Allowance to purchase books, journals and attending conferences. 4.3.h. Advance increments for higher education: The doctors are given extra increments on getting higher educations. On the same pattern all categories of nursing should be given four advance increments for B.Sc Nursing, Six increments for M.Sc Nursing and eight increments for Ph.D nursing.

4.3.i. Non-practicing allowances (N.P): AH categories or nurses should be paid N.P.A. @ 33% of basic pay on the pattern of Pb. Govt. Doctors.

4.3.j. Pay for 28% Extra hours of duty: Nursing profession is an essential services without any festival/gazetted holidays, further there are neither Saturday/Sunday holidays nor summer or winter vacations, even off days suffer from uncertainties . Himachal Govt, vide no. 3-190/74/med:-I(Vol.3) dated 29.11.85 has given one months extra pay which is also less as shown below. Our duty hours are 28 % more than other Pb. Govt, employees.

Annual work hours of Staff Nurse

Night duties per years=13 weeks (91 days)

Working hours of night duty= 13 hours, per night.

Total hours of night duties per year= 13X91=1183 hrs.

Day time duty hours:

Number of offs per months = 8 days

Total of per year = 96 days

Total night duties = 91 days per year

Balance day time duties = 365-91-96=178 days

Day time duty hours = Taken over and the handed over day

time duty hours.

Total duty hours in a year = Night duty hours (1183)
Day duty hours (1068)
Total = 2251
Hours

Duty hours of Other Punjab Govt. Employees

Holidays (Saturday + Sunday)= 52+52=104 days

Gazetted holidays=27 days

Total Holidays =104+27=131 days

Balance working day=365-131=234 days

Working hours per years 244X8=1872 hours.

Extra Duty hours performed by Nurses: 2251-1872=7379 hours/years

or $379/1872 \times 100 = 28\%$ or $\frac{(12\text{month} \times 28)}{10} = 3$ months or 90 days extra required.

OTHER DEMANDS

1. Classification:-

Class-2 - Staff Nurse, Nursing Sister, Matron, Tutors, P.H.N.

Class-1 - Nursing superintendent, Principal Tutor, Principal School health, D.D.N, D.N.O.

2. Re-Structring on central Patten.

3. Creation of Post:- As per I.N.C Norms

4. Recutment on Regular Basis

5. Seprate directorate for nursing

6. Implementation of recommendation of High Power Committee

7. Free Vaccination for infectious diseases
8. Seat reserve for post basic Nursing or higher education for Govt. Nurses.
9. Representation in J.C.M.
10. Representation in Woman Commission
11. Cader review on Central Pattern
12. Creation of post of DD Nursing at D.R.M.E office.
13. Sending committee for pending issues.
14. Creation of post in new districts.

From the data given above it is clear that a nurse performs

28% extra working hours than other Pb.Govt. Employees for which she is not paid for. This is violation of article 15 and 39 of the BARE act of Indian Constitution. We demand payment for this unpaid labour in the form of 100 days extra pay.

4.3k Over time : Because of essential nature of nursing profession, we have to do extra duties on many occasions like natural calamities, curfew, accident, spread of epidemics when extra nurses are called on duty to meet the work load. We have to do extra duty which qualifies for over time. We should thus be paid over time at rates of to.100/- per hour for day and Es^ d qQ)1.200/- per hour for night as given by post, telegraph, fraTlwaVs and banking services.

4.31 Allowance for duty on National Holidays & Festivals :

All people celebrate national holidays festivals with their families. But the nursing profession on these days also is serving the patients by ignoring their families* We should be paid double pay on these days on the pattern followed by post telegraph and railways.

4.3m Compensation for inconvenient shiftsj : The nurses working in Punjab Govt. Hospitals need to be compensated for working on odd shifts like evening and night duties. We demand that nurses working on inconvenient shifts be given 25% -of their basic salary as an extra incentive.

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4.3n Administration allowance : should be paid/Nurses Supdt.
Principal Tutor and public health nurse on the pattern of principal of Govt.
Medical College and Director Research & Medical Education.

4.4 HIGHER EDUCATION WITH PAY/ON DEPUTATION

a) In the interest of better patient care the new technology can be used only if new medical discoveries and knowHcuis imparted to the nursing professional. In similar situations doctors are sent on deputation to obtain higher qualification and training with pay. But when nursing staff goes for higher education her pay is stopped. This is discrimination on grounds of sex and violation of constitution. We were given th >

facility of higher education for a small period, but now it has been withdrawn. While the Central Government is running large number of project to encourage womens literacy, we in Punjab are being discouraged by stopping our salary when we go for higher studies. We should thus be permitted higher education with pay as in cases of Doctors and in compliance of High Power Committees report.

Accommodation : should be provided near place of work to all nursing professionals Till such arrangements is made transport should be provided for every shift duty.

Separate toilets/duty rooms/retiring rooms : In view of day/ night/shift duties separate duty rooms and toilet should be provided for the nursing staff.

Creche and child care homes : Arrangement should be made to open and Creche and Child care homes near place of work.

Ban on Smoking & Drinking : should be strictly implemented in letter and spirit in all hospitals.

4.8

LEAVES

Keeping in view our working condition odd duty hours, emergency duties, on call availability etc. we should be given 15 days extra earned leaves.

4.9

NORMS AND LEAVE RESERVE

Due to increase in patients admission in wards, opening new Operation Theatre, I.C.U., I.C.C.U., Cardiology, and Emergency wards. There has been great increase in hospital work load. While new post of Doctors have been created, more units being opened with promotion of Doctors, but such post of nursing staff have not been created. There is gross shortage of nurses in the hospital. In a ward at a time there is only one staff nurse to carry orders of 40-60 doctors. This adversely effects patients care and is not in public interest. Thus when so ever a new deptt. is opened/ new unit created, the post of nursing staff should also be created and filled in accordance with norms of Nursing Council and High Power Committees recommendations.- These recommendations which are attached with should be implemented. Leave reserve should be provided as per recommendatioi.s.

Place of duty	Recommended Norms
Staff nurse in wards	1:3 (for every shift is 1:9) + 30% leave reserve.
Emergency & Other OPD	1:5 patients + 30% leave reserve 1:100 + 30% leave reserved
I.C.U.operation theatre & labour room etc	1:1(1:3 for every shift} 1:25 + 30% leave reserve
Ward sister/Ward supervisor	1:25 + 30% leave reserve
Asstt.Nursing Supdt.	1:50(for more than 50bed) 7:1000
Dy.Nursing Supdt.	1:30(where beds > 200)
Nursing Supdt.	1:200

4.10 SEPARATE DIRECTORATE AND ADMINISTRATIVE STRUCTURE

There is great stagnation in nursing profession, even at state level there is only one post of Dy. Director Nursing and hence most policies about nursing profession are framed by Doctors who cannot properly evaluate our problems. To improve and encourage the nursing services following administrative structure should be established in compliance with High Power Committees reports.

DIRECTOR OF NURSING JOINT DIRECTOR OF NURSING

Dy. Director Nursing Service	Dy. Director Nursing Training	Dy. Director, Community Nursing
Assistant Director	Assistant Director	Assistant Director
Chief Nursing Officer (590 beds or more)		Chief Nursing Officer (Distt. level)
Nursing Supdt.	Principal Tutor	Distt. Public Health Nursing Officer Public Health Nurse
Matron/ Asstt. Matron	Sister Tutor	
Nursing sister Staff Nurse		Staff Nurse

The following posts should be created in the college of nursing in accordance with Indian Nursing Council and report of High Power Committee.

COLLEGE OF NURSING

Scales

Principal/Professor	As per UGC scales
Vice-principal	- do -
Professor	- do -
Sr. Lecturer/Asstt. Professor	- do -
Lecturer/Tutor	- do -
Clinical Demonstrator	- do -

CLASSIFICATION OF POSTS AND GAZETTED STATUS : be given as : follows for existing post.

Class-I : Dy. Director Nursing, Registrar/PNRC, Nursing Supdt. Principal Tutor, Supdt./Pb. Health School, Distt. Public Health Nursing Offices.

Class-II Matron/A&sjtt. Matron, Nursing Tutor, P.H.N./Nursing Sister and staff nurse.

CHANGE IN DESIGNATION

Suggested that the present designation be changed as follows

Present Designation	Demanded Designation -
Nursing Supdt. Matron/Asstt. Matron Principal Tutor Nursing sister	Sr. Nursing Officer Nursing Officer Principal Nursing Officer^ Nursing Supervisor or Nursing Sister Grade-I
Sister Tutor/PHN teaching ^ stiff nurse » I G.P.FUND	Lecturer/Community lecturer Nursing Sister Grade-II

The G P Fund account should be transferred to DDO level and be maintained as bank account and pass books and pay slips should be given to nurses. The refundable or non-refundable upto 90% be allowed for purchase - of plot, building, house, vehicle, education, marriage of children, and other functions. The non-rofunable advance should be allow after 2 year of service. The case of final withdrawl on retirement be initiated 6 months before the date of retirement and D.D.O. should be maintained answerable for any delays.

BONUS

8.33% Bonus be paid to all nursing professionals.

EDUCATIONAL ASSISTANCE

Children of employees be exempted for tuition fee, from school to college level including professional technical and medical Institutions .N In addition Rs. 150_-/-p-ni. per children be granted for upto 3 children.

DRUG POLICY AND HEALTH BUDGET

It is painful and professionally frustrating to attend patients without medicine. To improve the functioning and patients welfare adequate supply of medicine should be ensured.

Health budget should be increased to IQ-i- of total budget to fulfill the slogan of 'HEALTH FOR ALL BY 2000 A.D. '

JOB DESCRIPTION

Duties and Responsibilities of Staff Nurses

The staff nurse is responsible to the Nursing Sister Incharge of the ward or if there is no sister to the Senior Nursing Administrator, or where none is to the Medical Officer Incharge, of the Hospital.

General Care of the Patient

The care and attention given to the patients in the interests of his comfort and general well-being and maintenance of his physical health. The activities classified under this function heading are, generally speaking common to all patients irrespective of the patients* sympt ;ns or the illness from which he is suffered.

1. Admission and discharge of the patients.
2. Assistance and instructions to* the patients and their relations.
3. Washing patients including daily care of mouth, hair, nails, pressure points.
4. Four-hourly, or more frequent attention to ^pressure points.
5. Giving and removing of hot water bottles.
6. Bed making
7. Feeding of patients.
8. Distribution of diets milk etc.
9. Preparation of special foods e.g. milk preparations.

Technical Care of Patients

Comprising these tasks and activities concerned with the treatment of the particular illness from which the patient is suffering.

1. Administration of medicines
2. Administration of injections
3. Assistance at administration of injections.
4. Preparing for injections and clearing up.
5. Recording of medicines and injections given.
6. Taking and charting of TPR.
7. Rounds with doctors.
8. Technical procedures, e.g. enemas, catheterisation, dressing, irrigations, oxygen therapy, preparing for and clearing up after procedures.
9. Preparation for and assistance in clinical tests and Medical Procedures.
10. Pre and post operative care.
11. Urine testing
12. Collecting labelling and despatching of specimens.
13. Escorting patients to and from departments.
14. Reports written and verbal.

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Ward Management

All those activities which are subsidiary to, but cannot be diverged from, the general and technical nursing care of the patients.

1. Handing over and taking charge on change of duties.
2. Keeping the ward clean and tidy.
3. Preparation of surgical supplies, bandages, splints, cupboards, apparatus, machines.
4. Routine care and cleaning of dressing trolleys, cupboard, apparatus machines.
5. Care of clean and soiled linen.
6. Disinfection of equipment /
7. Control of visitors
8. Cleaning lockers and beds after discharge of patients.

General

1. Demonstration and guidance to student nurses and domestic staff.
2. Supervision of domestic staff.
3. Assistance in taking inventories
4. Participation in staff education and staff meetings
5. Any other duties related to nursing service.

IT. Duties and Responsibilities of Nursing Sister

The Nursing Sister is responsible to the Senior Nursing administrator in the hospital, whether Nuismy, or Matrons. Where there is no Senior nursing administrator, the Nursing Sister is responsible to the Medical Officer, I/c., of the hospital. She is assisted in carrying out her duties by the staff nurses.

Nursing Care of Patients

1. Setting the standard of professional conduct in the wards of which she has charge.
2. Admission and discharge of patients.
3. efficient nursing care, personal comfort and toilet, administration of drugs and treatment, observation and - recording health teaching.
4. Maintenance of patients records, including X Ray.
5. Patient's diet
6. Rounds with Medical Staff.
7. Assistance at, supervision of clinical investigations, Pre-operative and post-operative care.
8. Giving and receiving reports.
9. Care of patients' personal effects in accordance with hospital rules. v
10. Following the prescribed rules regarding death of a patient.
11. Information to relatives and friends.
12. Notification to /Senior Nursing, Administrator or Medical Officer in charge of any special emergencies in the ward.

Responsibilities in Connected with Ward Staff

1. Assignment of work and arrangement of duties of nursing and domestic staff allocated to the ward or wards of which she has charge.
2. Maintaining good relationships among all categories of staff and with Patients and their relatives.
3. Discipline of nursing and domestic staff.
4. Reporting absence of staff.
5. Orientation of New Staff. //
6. Assisting in any programmes of in service, training arranged by the administrative or teaching staff.
7. Writing confidential report of staff nurses as required by Senior Nursing Administrator or Medical Superintendent.

ward Management

1. Cleanliness of the ward, its annexes and environment
2. Ward linen and equipment, upkeep and repairs

3. Custody of dangerous drugs, and record of their administration.
4. Indents for drugs surgical supplies, stores diets.
5. Maintenance of stock registers, inventors
6. Issue of stores.
7. Investigation of complaints.
8. Control of visitors.

General Responsibilities

1. Rounds with Medical and Nursing Superintendents
2. Taking round with special visitors.
3. Participation in staff meetings
4. Participation in T.N.A.I. activities.
5. Any other duties related to nursing service.

In teaching institutions-Responsibilities in connection with students.

1. Planned and incidental teaching"
 2. Supervision of students' work.
 3. Collaboration' with sister tutor and encpuraging clinical teaching by tutor and ward staff.
 4. Giving facilities for health teaching practice for student nurses.
 5. Discussion with students to promote good interpersonal relations.
- G. Completing students' record of practical work and writing reports.

Special Responsibilities of Sisters on Night Duty

The sister on night duty is responsible for the nursing service throughout the hospital during their hours of duty .

Duties and Responsibilities

1. Receiving the day report.
2. Rounds of ward to see seriously ill patients.
3. Ensuring proper nursing care.
4. General supervision of use of dangerous drugs.
5. Incidental teaching of students nurses as for as practicable.
6. Quite and good order hospital premises.
7. Discipline of nursing and domestic staff on night duty
8. Ensuring for meals.

9. Giving the night report to Nursing Superintendent or Duty Staff and student nurses.
10. Reports of Nursing Staff and Student Nurses as required by Nursing Superintendent.

III. Duties and Responsibilities of Nursing Superintendent or Matron

In hospitals with general nursing training schools attached, the senior Nursing administrator is designated Nursing Superintendent. In Hospitals without training programme there the Senior Administrator is designated Matron, the following responsibilities refer to here also. Where a Matron is appointed as well as Nursing Superintendent her responsibilities will be to assist in all the following duties, 'and to act for the Nursing Superintendent in her absence.

General Functions

The Nursing Superintendent is responsible to the Medical Superintendent for the efficiency of the Nursing Services. She should consult him and report to him whenever necessary. She is assisted in carrying out her duties by Matrons and assistant Superintendents where these are included in the establishment, and by sister tutors, ward sisters and house keeper.

Responsibilities for the Nursing Services

1. Setting the highest standard of professional -conduct and maintaining high moral among the staff.
2. Planning and administering regulation to maintain an efficient nursing service. Implementing recommendations and regulations that are issued from time to time by the Director, Health services, Punjab or Director, Research and Medical Education.,Punjab through the Assistant Director {Nursing).

Interpreting such regulations to the nursing staff.

Regular visits to a kitchen and maintenance of proper service of diet.

Regular rounds of all the hospital wards and Deptt. including special visits to dangerously ill patients.

Rounds with Hospital Superintendent.

Securing of equipment and obtaining conditions necessary to ensure good nursing.

Civiiuj ,iik1 i <◀◀!• i v i mij of rc^urLiJ to and from the jiitiLt-r on night duty.

Arrangement of duty roster Assignment and rotation of staff.

Consultation with Medical Staff and nursing staff at all levels, both informal and in staff meetings.

Promotion of good interpersonal relationships between all categories of staff.

Orientation of new members of -nursing staff, with clear definition of spheres of responsibilities.

Organisation of service for high course for nursing staff, collaboration with sister tutor and medical staff.

Discipline of nursing staff.

Investigation of complaints, and refer where necessary to the Medical Superintendent.

Cleanliness of the Hospital and environment.

Arrangement of the duties of 4th class servants if no special officer appointed for this.

Ensuring adequate supply of cleaning materials.

Maintenance and ordering of nursing equipment, except medicines Advice on Selection of supplies.

l. Maintenance and ordering of the hospital linen.

■ Responsibility for the Nursing Staff

Management and supervision of Nurses home, including regular rounds.

- I. Attention to comfort and welfare of nurses e.g. appetising balanced diet, facilities for recreation.
3. Proper care of nurses during illness.
4. Delegation of responsibility to suitable Senior Staff for all matters concerning health, supervision of staff.
5. Implementation and interpretation of regulations for discipline in Nurses Hostel.
6. Consulting and guidance of individual staff members.
7. Encouraging nursing staff to undertake in service and post-graduate study.

Responsibility for the Nurses Training School

1. Assisting on committee for selection of students
2. Maintenance of list of applications.
3. In collaboration with sister tutor, arrangement of teaching programme, practical experience and examinations.
4. Delegation of responsibility to Tutor or Senior staff for students health, diet, recreation, physical examinations, correction of defects.

5. Proper care of students in the hostel and in the Hospital, Discipline during illness.
6. Discipline of students in the Hostel and in Hospital.
7. Arrangements for supply of uniform for students.
8. Encouraging formation of and supporting students Nurses association unit.

Administrative Duties in Nursing Supdt. Office

1. Maintenance of record : Attendance
 - Assistant of duties
 - Confidential reports on nursing staff finally countersigned by the Medical Superintendent.
2. Correspondance
3. Payment of salaries
 - Arrangements of holidays
 - Recommendation to Medical Supdt. in case of special leave.
4. Issue of hospital certificates, testimonials required
5. Maintenance or stock register.
6. Maintenance of special funds e.g. social club.
7. Preparation of budget in collaboration with office staff.
8. Interviews.

Other General Responsibilities

1. -Participate in professional activities
2. Participate in community activity
3. Maintenance cordial relation with the public.
4. Arrange for visitors to be shown round the hospital.
5. Help to promote interest in the hospital and nursing school.
6. Organise as assistance given by voluntary workers.
7. Any other duties related to Nursing Administration.

IV. Responsibilities and duties of Nursing Tutors

The Nursing tutor is tutor for the organisation programme in Nursing School, appointed the following duties

responsible to the Principal and conduct of the teaching where two or more tutors are are shared between them.

Teaching duties

1 . In consultation with principal tutor and medical and nursing teachers to teaching programme including orientation Programme for new staff members.

2. Planning students practical experience and ward assignment in consultation with Principal tutor.

1. Planning wards teaching Programme in cooperation with ward sister.

Preparation for classes and demonstration. Display of educational material on notice boards.

Teaching all nursing subjects with assistance from members of staff.

6- Organisation of seminars panel discussion, debates and other learning activities.

7 . Regular visits to the Hospital wards and department and practice fields.

8 . Organisation of health teaching programmes in out patients departments and wards.

9 . Conducts of periodic and terminal tests.

10 . As sureing that students are due to enter for examination with all requirements.

11 . In consultation with Principal tutor full period of vacation for all students.

12 . Guidance of students in methods of study and use of reference books and Library.

13 . Individual attention to students when necessary including individual assignments.

Records

1 . Register of students attendance .at classes demonstration visits .

2 . Records of practicals experience.

3. Guidance to students in maintaining their own record of practical experience.

4 . Marks of terminal tests and examination.

5 . Individual reports of students

6 . Records of classes given by Medical,Nursing and other staff.

Students health (where no Public Health tutors appointed)

1 . To arrange for initial and periodical health examination, including immunisation's.

2 . Maintenance of individual health records.

3. Periodical visits to students rooms to ensure that they are practising the rules of health.
4. Counselling and interviewing individual students^.
5. Organising a recreational programme and encurring participation by all students.

Administrative duties

- 1- Assisting on committee or selection of students.
2. Supply of time table of classes to ward sisters.
3. Maintenance of library requisitioning new books and journals.
4. Indents for class room supplies and equipment.
5. Arrangement for function,prize distribution,capping etc.

General duties

Participation in staff education programme and staff meeting activities.

1. An assisting in organising of nursing exhibition, recruitment drive and other publicity.
2. Any other duties, related to nursing education.

V. Special Duties of Public Health Nurse Teacher

The Public Health Nurse teacher is responsible to the principal tutor for the Public Health teaching programmes arrangement of practicals experience given in the public health field - she should work in close colleboration with sister.

Teaching

Planning the Public Health content of the students course inconsultation with other tutors.

Teaching of health subjects, and preventive expects of nursing, including nutrition and cookery.

Consultation with tutors and ward sisters to find base of integrating public health through out the curriculum.

Organisation of programme of health tasks, for out patient's departments and wards.

Encouragement of students and nurses to give health teaching individually and in groups personal guidance and supervision of the same.

Practical demonstration and teaching and adaptation of technique for domiciliary nursing.

Conducting students on visits of observation in Public Health field.
8.

Personal supervision of students, practical work in Public Health field.

9. Organisation of Public Health Orientation for staff teaching without integrate of public health.

Special Responsibilities for student Health

1. Initial and periodical health examination including immunisation.
2. Encouraging positive Health Mindness in students.
3. Supervision of students own family health study.
4. Maintenance of individual health records.
5. Encouraging students individually for developing good health habits.

Administrative

1. Development of field experience for studying in Public Health Nursing.
2. Maintenance of records and registers of Public Health nursing services.
3. Reports of students as required by Nursing Supdt.
4. Requisition for supply.
5. Maintenance of Public Health teaching equipment for home visiting demonstration exhibition.

General

1. Help to promote health environment in hospital.
2. Any other duties to the public health nursing.

VI. Duties and responsibilities of the Principal Tutor

The Principal tutor shall be directly responsible to the Medical Supdt., for the organisation and conduct of the teaching programme in school of nursing. Planning of the educational programme both in the school of Nursing and in the Clinical field shall be under taking through the education committee.

I. (Education Committee will be one tutor from each specially Principal tutor).

1. Supervision : a) discipline of the teaching staff and students (b) Regular supervisory visits to the practice field in the Hospital and the Public Health field, (c) Interpretation of school policies and regulations to the teaching staff and student nurses, (d) Periodic visits to the students hostels, (e) Maintenance of clean and satisfactory environment in the school of nursing (f) Participation in the students Mess committee meetings, (g) Regular checkup in the uses and maintenance of vehicle attached to the school.
2. Nursing Personal : a) Maintenance of organised publicity related to nursing recruitment. (b) Screening of applications and participating in the election committee for the selection of the students.(c) Receiving new students and completing formalities on admission.(d) Orientation of new students.(e) arrange

- for initial and periodic health examination and maintenance of health records, (f) Supervisions of daily diet of students, (g) Organising study tour for students (h) Counselling of students (i) ensuring that students due to go up for examination fulfill all requirement and their application form are completed correctly, (j) Arranging leave for^ the students in consultation with the nursing sister/Matron/Nursing Supdt. (k) Issuing School Certificates for the completion of their training.(L) Character certificates to the students.
3. Teaching Staff : a) Participation in the selection of tutors (b) Orientation of newly appointed teaching staff, (c) counselling in relation to taking opportunities for post certificates study, (d) Participating in service education for all categories of nursing staff. (e) Recommending leave for the teaching staff attached to the school.(f) Arranging regular staff meeting in the school of nursing.
 4. Organisation of Teaching Programme : a) Conforming with tutors on all matter pertaining to nursing education and delegation of specific areas of responsibility to each, (b) Making a time table for the students every six months according to the admission of the students (c) Planning in detailed for the students wards assignment and wards teaching with co-operation and collaboration of the matron; Departmental Sister and nursing sister. (d) Teaching of all subjects as required by the I.N.C. Syllabus (e) ensuring that various method of teaching such as audiovisual side seminar debates, individual assignments and library are used, (f) ensuring that adequate time is given to the tutors for the preparation of educational activities (g) Conduct of periodic and terminal tests (h) Distribution of time table to the nursing sister.
 5. Records of Students : a) Maintenance of registers of •students attendances at educational activities. (b) Guidance of students in maintaining their own records of practical work and case books, (c) Maintenance of mark lists of terminal tests and other examination. (d) Completion of students permanent records.

ਪੰਜਾਬ ਨਰਸਿੰਗ ਐਸੋਸੀਏਸ਼ਨ (ਰਜਿ:)

ਸੌਤਿਆ ਜੈਨ

ਪ੍ਰਧਾਨ

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ਪਰਮਜੀਤ ਹੁੰਦਲ

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ਮੁੱਖ ਸਲਾਹਕਾਰ

ਫਰੀਦਕੋਟ

ਨ: 3/08

ਮਿਤੀ: 8-07-08

ਸੇਵਾ ਵਿਖੇ,

ਸ਼ੋਭਾ ਸ਼ਰੋਤਾ
ਪ੍ਰੋ. ਸਕੱਤਰ (ਪੰਜਾਬ)
ਏਡੀਕੇਟ

ਵਿਸ਼ਾ:- ਤਨਖਾਹ ਸਕੇਲ ਅਤੇ ਭੌਤਿਆਂ ਸਬੰਧੀ ਨਰਸਿੰਗ ਕੇਡਰ ਦਾ ਮੈਮੋਰੈਂਡਮ।

ਸ਼੍ਰੀਮਾਨ ਜੀ,

ਨਰਸਿੰਗ ਕੇਡਰ ਇੱਕ ਨੋਬਲ ਕੇਡਰ ਹੈ, ਜਿਸਦਾ ਸਿੱਧਾ ਸਬੰਧ ਮਨੁੱਖਤਾ ਦੀ ਜ਼ਿੰਦਗੀ ਅਤੇ ਮਨੁੱਖਤਾ ਦੀਆਂ ਖਤਰਨਾਕ ਬਿਮਾਰੀਆਂ ਨਾਲ ਹੈ, ਜਿਵੇਂ ਕਿ ਐਚ.ਆਈ.ਵੀ., ਹੈਪੇਟਾਈਟਸ, ਟੀ.ਬੀ., ਕੈਂਸਰ ਆਦਿ। ਨਰਸਿੰਗ ਆਪਣੀ 24 ਘੰਟੇ ਦੀ ਡਿਊਟੀ ਤਿੰਨ ਸ਼ਿਫਟਾਂ ਵਿੱਚ, ਇਮਾਨਦਾਰੀ ਨਾਲ, ਜਾਨ ਦਾ ਖਤਰਾ ਉਠਾਕੇ ਮਰੀਜ਼ਾਂ ਦੀ ਦੇਖਭਾਲ ਕਰਦੀਆਂ ਹਨ। ਰਾਤ ਦੀ ਡਿਊਟੀ, ਆਪਣੇ ਛੋਟੇ-ਛੋਟੇ ਬੱਚੇ ਛੱਡਕੇ ਅਤੇ ਘਰ ਦੀਆਂ ਜ਼ਿੰਮੇਵਾਰੀਆਂ ਛੱਡਕੇ ਨਿਭਾਉਂਦੀਆਂ ਹਨ, ਜਦੋਂ ਕਿ ਬਾਕੀ ਕੇਡਰਾਂ/ਮਹਿਕਮਿਆਂ ਵਿੱਚ ਔਰਤਾਂ ਦੀ ਰਾਤ ਦੀ ਡਿਊਟੀ ਘੱਟ ਹੀ ਹੁੰਦੀ ਹੈ। ਉਪਰੋਕਤ ਬੀਏਟਰ ਵਿੱਚ ਡਾਕਟਰਾਂ ਦੇ ਬਰਾਬਰ ਕੰਮ ਕਰਦੀਆਂ ਹਨ। ਜਦੋਂ ਇੱਕ ਡਾਕਟਰ 6-7 ਘੰਟੇ ਲਗਾਤਾਰ ਇੱਕ ਉਪਰੋਕਤ ਕਰਦਾ ਹੈ ਤਾਂ ਸਟਾਫ਼ ਨਰਸ ਡਾਕਟਰ ਦੇ ਬਰਾਬਰ ਹੀ 6-

7 ਘੰਟੇ ਉਪਰੇਸ਼ਨ ਅਸਿਸਟ ਕਰਵਾਉਂਦੀ ਹੈ। ਫਿਰ ਡਾਕਟਰ ਅਤੇ ਸਟਾਫ ਨਰਸ ਦੀ ਤਨਖਾਹ ਵਿਚ ਇਨ੍ਹਾਂ ਅੰਤਰ ਕਿਉਂ?

ਜਦੋਂ ਵੀ ਪੇ-ਕਮਿਸ਼ਨ ਦੁਆਰਾ ਨਵੇਂ ਸਕੇਲ ਦਿੱਤੇ ਗਏ, ਨਰਸਿੰਗ ਕੋਡਰ ਨੂੰ ਕਦੇ ਵੀ ਯੋਗਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਆਧਾਰ 'ਤੇ ਪੇ-ਸਕੇਲ ਅਤੇ ਭੱਤੇ ਨਹੀਂ ਦਿੱਤੇ ਗਏ। ਸਾਡੀ ਆਪ ਜੀ ਅੱਗੇ ਅਰਜ਼ ਹੈ ਕਿ ਅੱਜ ਦੀ ਮਹਿੰਗਾਈ ਦੇ ਸਮੇਂ ਨੂੰ, ਯੋਗਤਾ, ਸੇਵਾਵਾਂ ਅਤੇ 24 ਘੰਟੇ ਦੀ ਡਿਊਟੀ ਨੂੰ ਮੁੱਖ ਰੱਖਦੇ ਹੋਏ ਸਾਨੂੰ ਮੰਗੇ ਗਏ ਪੇ ਸਕੇਲ ਅਤੇ ਭੱਤੇ ਕਿਰਪਾ ਕਰਕੇ ਜ਼ਰੂਰ ਦਿੱਤੇ ਜਾਣ ਜੀ।

ਮੰਗ ਨੰਬਰ-1

ਲੜੀ ਨੰਬਰ	ਅਹੁਦਾ	ਮੌਜੂਦਾ ਸਕੇਲ	ਮੌਜੂਦਾ ਮਾਸਟਰ ਸਕੇਲ ਜੋ ਮੰਗੇ ਗਏ ਸੀ	ਪੰਜਵੇਂ ਪੇ-ਕਮਿਸ਼ਨ ਤੋਂ ਮੰਗੇ ਗਏ ਨਵੇਂ ਸਕੇਲ (ਨਵੇਂ ਮਾਸਟਰ ਸਕੇਲ)	ਜਸਟੀਫਿਕੇਸ਼ਨ
1.	ਸਟਾਫ ਨਰਸ	5000-8100	6400-10640	24800-51400	ਸਟਾਫ ਨਰਸ ਦਾ ਮਰੀਜ਼ਾਂ ਦੀ ਜ਼ਿੰਦਗੀ-ਮੌਤ ਅਤੇ ਖਤਰਨਾਕ ਬਿਮਾਰੀਆਂ ਨਾਲ ਸੰਬੰਧ ਹੁੰਦਾ ਹੈ। ਜਿਵੇਂ ਕਿ ਐਚ.ਆਈ.ਵੀ., ਰੈਪਟਾਈਟਸ, ਟੀ.ਬੀ., ਕੈਂਲਰ ਆਦਿ। ਆਪਥੈਲਮਿਕ ਅਫਸਰ 10+2, ਦੋ ਸਾਲ ਦਾ ਡਿਪਲੋਮਾ, ਪੇ ਸਕੇਲ 6400-10640, ਡਿਊਟੀ Only Eye Refraction, Sitting Job - One Shift with all RH and Gazetted Holidays ਸਟਾਫ ਨਰਸ 10+2, 3½ ਸਾਲ ਦਾ ਡਿਪਲੋਮਾ, ਪੇ ਸਕੇਲ 5000-8100, ਡਿਊਟੀ 24 hours mentally, physically hardwork and standing job, no gazetted holiday ਦਿਵਾਲੀ ਦੁਸ਼ਹਿਰੇ ਤੇ ਜਦੋਂ ਮੁਲਾਜਮ ਆਪਣੇ ਪਰਿਵਾਰ ਨਾਲ ਤਿਉਹਾਰ ਮਨਾਉਂਦੇ ਹਨ ਪਰ ਨਰਸਿਸ ਦਿਵਾਲੀ ਦੁਸ਼ਹਿਰੇ ਆਦਿ ਤਿਉਹਾਰਾਂ ਤੇ ਵੀ ਦਿਨ ਰਾਤ ਡਿਊਟੀ ਕਰਦੇ ਹਨ।
2.	ਨਰਸਿੰਗ ਸਿਸਟਰ	5800-9200	7880-11666	31150-56000	ਨਰਸਿੰਗ ਸਿਸਟਰ ਸੁਪਰਵਾਇਜਰ ਦੀ ਧੋਸਟ ਦੀ ਅਤੇ ਵਾਰਡ ਦੀ ਪ੍ਰਬੰਧਕੀ ਜ਼ਿੰਮੇਵਾਰੀ ਅਤੇ ਹੇਠਲੇ ਕਰਮਚਾਰੀ (ਕਲਾਸ-3 ਅਤੇ 4) ਦੀ ਡਿਊਟੀ ਸਬੰਧੀ, ਵਾਰਡ ਦੀ ਪੂਰੀ ਜ਼ਿੰਮੇਵਾਰੀ ਵੀ ਨਰਸਿੰਗ ਸਿਸਟਰ ਦੀ ਹੁੰਦੀ ਹੈ।

ਲੜੀ ਨੰਬਰ	ਅਹੁਦਾ	ਮੌਜੂਦਾ ਸਕੋਲ	ਮੌਜੂਦਾ ਮਾਸਟਰ ਸਕੋਲ ਜੋ ਮੰਗੇ ਗਏ ਸੀ	ਪੰਜਵੇਂ ਪੜ ਕਮਿਸ਼ਨ ਤੋਂ ਮੰਗੇ ਗਏ ਨਵੇਂ ਸਕੋਲ (ਨਵੇਂ ਮਾਸਟਰ ਸਕੋਲ)	ਜਮਾਤੀ ਵਿਕਸ਼ਣ
3.	ਮੇਟਰਨ (ਅਸਿਸਟੈਂਟ ਨਰਸਿੰਗ ਸੁਪਰਡੈਂਟ)	6400-10640	9200-13900	35500-63500	ਮੇਟਰਨ ਦੀ ਪੋਸਟ ਨਰਸਿੰਗ ਸਿਸਟਰ ਦੇ ਉਪਰ ਦੀ ਪੋਸਟ ਹੈ। ਸਾਰੇ ਨਰਸਿੰਗ ਸਟਾਫ਼, ਵਾਰਡਾਂ ਅਤੇ ਨਰਸਿੰਗ ਸੁਪਰਡੈਂਟ ਦੇ ਕੰਮਾਂ ਵਿੱਚ ਹੱਥ ਵਟਾਉਣ ਦੀ ਜ਼ਿੰਮੇਵਾਰੀ ਮੇਟਰਨ ਦੀ ਹੁੰਦੀ ਹੈ।
4.	ਨਰਸਿੰਗ ਸੁਪਰਡੈਂਟ	7880-13500	40425-15100	39100-69000	ਇਹ ਕਲੀਨੀਕਲ ਨਰਸਿੰਗ ਕੇਡਰ ਦੀ ਹਾਇਰ ਪੋਸਟ ਹੈ। ਇਹ ਪੂਰੇ ਕਲੀਨੀਕਲ ਏਰੀਏ ਦੀ ਨਿਗਰਾਨੀ ਅਤੇ ਜ਼ਿੰਮੇਵਾਰੀ ਰੱਖਦੀ ਹੈ।
5.	ਨਰਸਿੰਗ ਟਿਊਟਰ	5800-9200	12000-15500	44500-72000	ਇਸਦਾ ਸੰਬੰਧ ਕਾਲਜ ਜਾਂ ਸਕੂਲ ਦੇ ਵਿਦਿਆਰਥੀਆਂ ਨਾਲ ਹੁੰਦਾ ਹੈ। ਉਨ੍ਹਾਂ ਨੂੰ ਚੰਗੀ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਕਲੀਨੀਕਲ ਤਜਰਬਾ ਦੇਣਾ ਇਸਦੀ ਡਿਊਟੀ ਹੁੰਦੀ ਹੈ। ਯੋਗਤਾ : ਯੋਗਤਾ - ਬੀ.ਐਸ.ਸੀ. (ਨਰਸਿੰਗ)
6.	ਪ੍ਰਿੰਸੀਪਲ ਨਰਸਿੰਗ ਟਿਊਟਰ	7880-13500	13125-16325	51400-75000	ਪ੍ਰਿੰਸੀਪਲ ਨਰਸਿੰਗ ਟਿਊਟਰ ਪੂਰੇ ਕਾਲਜ ਜਾਂ ਸਕੂਲ ਦੀ ਜ਼ਿੰਮੇਵਾਰ ਹੁੰਦਾ ਹੈ ਅਤੇ ਪੜ੍ਹਾਈ ਵਿੱਚ ਇਸਦੀ ਨਿਗਰਾਨੀ ਹੋਣ ਹੁੰਦੀ ਹੈ। ਯੋਗਤਾ - ਬੀ.ਐਸ.ਸੀ. (ਨਰਸਿੰਗ) ਅਤੇ ਐਮ.ਐਸ.ਸੀ. (ਨਰਸਿੰਗ)
7.	ਪਬਲਿਕ ਹੈਲਥ ਨਰਸ	5800-9200	7880-11640	44500-72000	ਪਬਲਿਕ ਹੈਲਥ ਨਰਸ, ਕਾਲਜ ਸਕੂਲ ਅਤੇ ਕਲੀਨੀਕਲ ਏਰੀਏ ਦੀ ਵਿਚਿੱਤਰ ਪੋਸਟ ਹੈ।
8.	ਡਿਪਟੀ ਡਾਇਰੈਕਟਰ ਨਰਸਿੰਗ	10025-15100	39100-69000	55800-80000	ਡਿਪਟੀ ਡਾਇਰੈਕਟਰ ਪੂਰੇ ਨਰਸਿੰਗ ਟਰੇਡਰ ਦੀ ਹਾਇਰ ਪੋਸਟ ਹੈ।
9.	ਜਿਲ੍ਹਾ ਪਬਲਿਕ ਹੈਲਥ ਨਰਸ	6400-10640	24800-51400	39000-75500	ਜਿਲ੍ਹਾ ਪੱਖਰ ਦੀ ਹਾਇਰ ਪੋਸਟ ਹੈ।

ਸੀ. ਨੰ:

ਮੰਗਾਂ

ਜਸਟੀਫਿਕੇਸ਼ਨ

2.	ਯੂਨੀਫਾਰਮ ਅਤੇ ਡਾਈਟ ਅਲਾਊਂਸ	ਕੇਂਦਰੀ ਪੈਟਰਨ 'ਤੇ 8000/- ਰੁਪਏ ਪ੍ਰਤੀ ਮਹੀਨਾ ਦਿੱਤਾ ਜਾਵੇ। ਨਰਸਿੰਗ ਖਤਰਨਾਕ ਬਿਮਾਰੀਆਂ ਵਾਲੇ ਮਰੀਜ਼ਾਂ ਦੀ ਦੇਖਭਾਲ ਕਰਦੀਆਂ ਹਨ। ਇਸ ਲਈ ਇਨ੍ਹਾਂ ਨੂੰ ਸੰਤੁਲਿਤ ਭੋਜਨ ਦੀ ਜ਼ਿਆਦਾ ਜ਼ਰੂਰਤ ਹੁੰਦੀ ਹੈ। ਯੂਨੀਫਾਰਮ ਅਲਾਊਂਸ - ਕਈ ਵਾਰ ਭਿਆਨਕ ਬਿਮਾਰੀ ਦੇ ਮਰੀਜ਼ ਜਿਵੇਂ ਕਿ ਰੇਬੀਜ਼ (ਹਲਕਾਅ) ਵਾਲੇ ਮਰੀਜ਼ਾਂ ਨੂੰ ਦੇਖਭਾਲ ਕਰਨ ਤੇ ਕਪੜੇ ਨਸ਼ਟ ਕਰਨ ਪੈਂਦੇ ਹਨ। ਅਜਿਹੀ ਮਹਿੰਗਾਈ ਦੇ ਮੁਤਾਬਿਕ ਇੱਕ ਵਰਦੀ ਘੱਟੋ-ਘੱਟ 2000 ਰੁਪਏ ਵਿੱਚ ਬਣਦੀ ਹੈ।
3.	ਮੈਡੀਕਲ ਅਲਾਊਂਸ (ਆਊਟਡੋਰ ਟਰੀਟਮੈਂਟ ਰੀ-ਇੰਬਰਸਮੈਂਟ ਵੀ ਦਿੱਤੀ ਜਾਵੇ)	5000/- ਰੁਪਏ ਪ੍ਰਤੀ ਮਹੀਨਾ ਭਿਆਨਕ ਬਿਮਾਰੀਆਂ ਵਾਲੇ ਮਰੀਜ਼ਾਂ ਦੀ ਦੇਖਭਾਲ ਕਰਦੇ ਸਮੇਂ ਕਈ ਵਾਰ ਨਰਸਿੰਗ ਵੀ ਖਤਰਨਾਕ ਬਿਮਾਰੀਆਂ ਦਾ ਸ਼ਿਕਾਰ ਹੋ ਜਾਂਦੀਆਂ ਹਨ ਅਤੇ ਉਨ੍ਹਾਂ ਦਾ ਇਲਾਜ ਕਰਵਾਉਣਾ ਅੱਜ ਦੇ ਵਕਤ ਬਹੁਤ ਮਹਿੰਗਾ ਪੈਂਦਾ ਹੈ, ਜਿਵੇਂ ਕਿ ਕਈ ਵਾਰ ਸਰਕਾਰੀ ਹਸਪਤਾਲ ਵਿੱਚ ਇਲਾਜ ਨਹੀਂ ਹੁੰਦਾ ਤਾਂ ਬਾਹਰ ਪ੍ਰਾਈਵੇਟ ਹਸਪਤਾਲ ਤੋਂ ਇਲਾਜ ਕਰਵਾਉਣਾ ਪੈਂਦਾ ਹੈ ਅਤੇ
4.	ਸਪੈਸ਼ਲ ਅਲਾਊਂਸ 120/- ਰੁਪਏ (OT/ICU/ICCU/Dialysis etc.)	500/- ਰੁਪਏ ਪ੍ਰਤੀ ਮਹੀਨਾ ਮਹਿੰਗਾਈ ਨੂੰ ਦੇਖਦੇ ਹੋਏ ਅਲਾਊਂਸ ਵਧਾਇਆ ਜਾਵੇ।
5.	Patient Care Allowance Central and Railway Pattern	2000/- ਰੁਪਏ ਪ੍ਰਤੀ ਮਹੀਨਾ ਨਰਸਿੰਗ ਦਾ ਭਿਆਨਕ ਬਿਮਾਰੀਆਂ ਵਾਲੇ ਮਰੀਜ਼ਾਂ ਦੀ ਦੇਖਭਾਲ ਅਤੇ ਸਿੱਧਾ ਬਿਮਾਰੀਆਂ ਨਾਲ ਸੰਬੰਧ ਹੁੰਦਾ ਹੈ, ਜਿਵੇਂ ਏਡਜ਼, ਟਿਊਬਰਕੁਲੋਸਿਸ, ਹੈਪੇਟਾਈਟਿਸ ਏ ਅਤੇ ਬੀ ਆਦਿ।
6.	ਉਚ ਯੋਗਤਾ ਇੰਕਰੀਮੈਂਟ ਦਿੱਤਾ ਜਾਵੇ।	ਬੀ.ਐਸ.ਸੀ./ਐਮ.ਐਸ.ਸੀ./ਪੀ.ਐਚ.ਡੀ. ਆਦਿ
7.	ਪੋਸਟ ਬੀ.ਐਸ.ਸੀ. ਨਰਸਿੰਗ ਵਿੱਚ ਪੰਜਾਬ ਵਿੱਚ ਕੰਮ ਕਰ ਰਹੇ ਨਰਸਿੰਗ ਸਟਾਫ਼ ਦੀਆਂ ਕਾਲਜ ਆਫ ਨਰਸਿੰਗ ਪਟਿਆਲਾ ਅਤੇ ਅੰਮ੍ਰਿਤਸਰ ਵਿੱਚ ਵਿਦ ਪੇ 60% ਸੀਟਾਂ ਰਾਖਵੀਆਂ ਕੀਤੀਆਂ ਜਾਣ ਅਤੇ ਸੀਨੀਅਰਤਾ ਦੇ ਆਧਾਰ ਤੇ ਸੀਟਾਂ ਦਿੱਤੀਆਂ ਜਾਣ।	ਨਰਸਿੰਗ ਦੀ ਉਚ ਯੋਗਤਾ ਅਤੇ ਤਜਰਬੇ ਦੀ ਜਾਣਕਾਰੀ ਲਈ। ਜਿਵੇਂ ਕਿ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਵਿੱਚ ਸੀਟਾਂ ਰਾਖਵੀਆਂ ਹਨ।
8.	ਨਰਸਿੰਗ ਸਟਾਫ਼ ਦੀ ਪੱਕੀ ਭਰਤੀ ਕੀਤੀ ਜਾਵੇ।	ਅਤਿ ਜ਼ਰੂਰੀ ਸਰਵਿਸ ਹੈ।
9.	ਕਾਲਜ ਆਫ ਨਰਸਿੰਗ ਦੀ ਨੋਟੀਫਿਕੇਸ਼ਨ ਕੀਤੀ ਜਾਵੇ। ਅਤੇ ਅਡਜਸਟ ਟੀਚਿੰਗ ਸਟਾਫ ਨੂੰ ਕਾਲਜ ਵਿੱਚ ਪੱਕਾ ਕੀਤਾ ਜਾਵੇ।	ਆਈ.ਐਨ.ਸੀ. ਦੀ ਤਰ੍ਹਾਂ ਨੂੰ ਪੂਰਾ ਕਰਨ ਲਈ ਅਤਿ ਜ਼ਰੂਰੀ ਹੈ।

ਸੀ. ਨੰ:

ਮੰਗਾਂ

ਜਸਟੀਫਿਕੇਸ਼ਨ

10.	ਬੀ.ਐਸ.ਸੀ. ਵਿਦਿਆਰਥੀਆਂ ਨੂੰ ਇੰਟਰਨਸ਼ਿਪ ਦੇ ਸਮੇਂ ਸਟਾਈਪੈਂਡ ਦਿੱਤਾ ਜਾਵੇ।	ਜਿਵੇਂ ਐਮ.ਬੀ.ਬੀ.ਐਸ. ਵਿਦਿਆਰਥੀਆਂ ਨੂੰ ਇੰਟਰਨਸ਼ਿਪ ਦੇ ਸਮੇਂ ਵਿੱਚ ਸਟਾਈਪੈਂਡ ਮਿਲਦਾ ਹੈ।
11.	ਨਰਸਿੰਗ ਸਟਾਫ਼ ਦੇ ਬੱਚਿਆਂ ਲਈ ਮੈਡੀਕਲ ਕੋਰਸਾਂ ਵਿੱਚ ਰਿਜ਼ਰਵ ਕੋਟਾ 10% ਕੀਤਾ ਜਾਵੇ।	ਜਿਵੇਂ ਬਾਕੀ ਕੈਟਾਗਰੀਆਂ ਦੀਆਂ ਰਿਜ਼ਰਵ ਸੀਟਾਂ ਹਨ।
12.	ਨਰਸਿੰਗ ਨੂੰ ਨਾਨ-ਪੈਕਟਿਸ ਅਲਾਊਂਸ ਦਿੱਤਾ ਜਾਵੇ।	ਜਿਵੇਂ ਕਿ ਡਾਕਟਰ ਲੈ ਰਹੇ ਹਨ।
13.	ਪੇ ਕਮਿਸ਼ਨ ਦੀ ਰਿਪੋਰਟ ਮਿਤੀ 01.01.2006 ਤੋਂ ਲਾਗੂ ਕੀਤੀ ਜਾਵੇ।	
14.	04-09-14 ਪ੍ਰੋਮੋਸ਼ਨਲ ਸਕੇਲ ਦਿੱਤੇ ਜਾਣ।	ਜਿਵੇਂ ਕਿ ਡਾਕਟਰਾਂ ਨੂੰ ਦਿੱਤੇ ਜਾਂਦੇ ਹਨ।
15.	ਹਾਊਸ ਰੈਂਟ ਅਕੋਮੋਡੇਸ਼ਨ (ਫਰੀ ਅਕੋਮੋਡੇਸ਼ਨ) 5% ਦੀ ਬਜਾਏ 10% ਕੀਤੀ ਜਾਵੇ।	ਮੁਲਾਜਮਾ ਨੂੰ ਐਸਰਜੰਮੀ ਅਕੋਮੋਡੇ ਕਰਨ ਕਰਕੇ ਗੋਰਮਿੰਟ ਨੂੰ 5% ਫਰੀ ਮਕਾਨ ਭੱਤਾ ਦਿੱਤਾ ਜੀ। ਮਹਿੰਗਾਈ ਨੂੰ ਦੱਖਦੇ ਹੋਏ ਫਰੀ ਮਕਾਨ ਭੱਤਾ 10% ਕੀਤਾ ਜਾਵੇ।

ਸਾਨੂੰ ਉਮੀਦ ਹੈ ਕਿ ਨਰਸਿੰਗ ਦੇ ਇਮਾਨਦਾਰ ਕਿੱਤੇ ਨੂੰ ਉਤਸ਼ਾਹਿਤ ਕਰਨ ਲਈ ਸਾਰੀਆਂ ਉਪਰੋਕਤ ਜਾਇਜ਼ ਮੰਗਾਂ ਨੂੰ ਜਲਦੀ ਲਾਗੂ ਕਰਨ ਦੀ ਕ੍ਰਿਪਾਲਤਾ ਕਰੋਗੇ ਜੀ। ਸਾਨੂੰ ਮੰਗਾਂ ਤੇ ਵਿਸਥਾਰ-ਸਹਿਤ ਚਰਚਾ ਲਈ ਸਮਾਂ ਜ਼ਰੂਰ ਦਿਓ ਜੀ।

ਪੰਨਵਾਦ ਸਹਿਤ,

ਆਪ ਜੀ ਦੇ ਵਿਸ਼ਵਾਸਪਾਤਰ,

Satguru Jassi

(ਸੱਤਿਆ ਜੈਨ)

ਪ੍ਰਧਾਨ

ਉਤਾਰਾ :

1. ਸਿਹਤ ਸਕੱਤਰ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।
2. ਡਾਇਰੈਕਟਰ, ਮੈਡੀਕਲ ਖੋਜ ਅਤੇ ਸਿੱਖਿਆ ਵਿਭਾਗ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।
3. ਡਾਇਰੈਕਟਰ, ਪਰਿਵਾਰ ਅਤੇ ਸਿਹਤ ਭਲਾਈ ਵਿਭਾਗ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।