

# CHAPTER 1

## **Duties and Responsibilities of Public Health Inspectors**

### **Introduction**

The Public Health Inspector is a vital member of the community health system. With the inauguration of the Sanitary Branch of the Medical Department in 1913, six Sanitary Inspectors were appointed after a short period of training for six months at the Ceylon Medical College. Since then recruitment of Sanitary Inspectors was a regular feature. Following the devastation caused by the massive malaria epidemic in the country in 1934/35, the Malaria Control and Health Scheme commenced in 1937. Under this scheme the designation was changed as Sanitary Assistants, at first, but was changed back again as Sanitary Inspectors. The present designation as Public Health inspectors took effect from 1<sup>st</sup> of July 1954, following the recommendations contained in the report by Dr. Cumpston.

A landmark in the development of public health in Sri Lanka was the establishment of the Health Unit system in 1926. During the formative years of the Health Unit system, attention was mainly on the control of communicable diseases, and Environmental Sanitation and the Public Health Inspector played a key role in the delivery of the necessary services.

The importance of the duties of the Public Health Inspector, who is a crucially important member of the Health Team in the Health Unit, has increased even more, with the introduction of the Primary Health Care system which forms the basis of the delivery of community health care in Sri Lanka. In keeping with the different components of the PHC system, and also in keeping with the advances the public health delivery system has undergone in the past decades, there have been very significant changes in the duties and responsibilities of a Public Health Inspector.

### **1.1 Duties of Public Health Inspectors (Range)**

#### **1. General:**

- I. Shall gain the confidence and co-operation of the people of his assigned area
- II. Shall carry out a survey of the area and write a report according to departmental instructions, and prepare a programme of work for approval of the supervising officer, within three months of assuming duties in the area
- III. Shall take prompt action regarding public complaints
- IV. Shall maintain the office in a neat and tidy manner, within the geographical area of the range, according to the departmental instructions

- V. Shall attend to the monthly conference at the M.O.H Office and other official meetings convened by the supervising officers
- VI. All Public Health Inspectors, when on duty, should appear in the uniform provided. They should be attired in a clean and neat manner: The badge and the buttons should be well polished

## **2. Control of Communicable Diseases**

- I. Shall investigate cases of communicable disease, keep contacts under surveillance and take appropriate action to prevent the further spread of disease
- II. Shall carry out immunization programmes in schools according to departmental instructions and assist in immunization at clinics when instructed by the supervising officer
- III. Shall assist Specialized Campaigns in their disease control activities when called upon to do so
- IV. Shall assist in tracing contacts of leprosy, tuberculosis and sexually transmitted diseases and in tracing of treatment defaulters
- V. Shall visit medical institutions in his area and ascertain the communicable diseases treated at these institutions and take appropriate action
- VI. Shall study the mortality and morbidity statistics of the area and submit proposals to the supervising officer regarding control programmes
- VII. Shall regularly inspect houses and advise on the requirements of sanitary latrines, water supply, refuse disposal, light and ventilation, maintenance of a home garden, and ensure that improvements are carried out

## **3. Control of Non-Communicable Diseases**

- I. Shall coordinate with relevant stakeholders for the purpose of prevention and control of non-communicable diseases
- II. Shall enforce the law/regulations, as related to non-communicable diseases whenever the PHI is an authorized officer under the specific acts
- III. Shall engage in Health Education activities, creating awareness on prevention of non-communicable diseases
- IV. Shall carry out disease surveillance activities and take appropriate action on control of non-communicable diseases, jointly with other health staff

## **4. Housing**

- I. Shall report on building applications, carry out inspections of new buildings under construction, and make recommendations on the issue of Certificates of Conformity to completed buildings
- II. Shall report and take action on unauthorized buildings

## **5. Sanitation**

- I. Shall initiate construction of latrines, and recommend financial assistance, where appropriate, under the Aided Scheme of Latrine Construction
- II. Shall guide, supervise and monitor the latrine construction programmes implemented in the area

**6. Water supply**

- I. Shall supervise the maintenance of Public and Community water supplies and ensure proper disinfection
- II. Shall send samples of water for bacteriological and chemical analysis regularly
- III. Shall inspect private and public wells and ensure that improvements, whenever necessary, are carried out

**7. Waste Disposal**

- I. Shall guide and supervise the proper management and disposal of waste, by the community
- II. Shall supervise the scavenging services of the Local Authorities and ensure regular collection and proper disposal of waste, including at household level

**8. Vector Control**

- I. Shall undertake fly and mosquito control programmes, anti-rat programmes, and the abatement of nuisances of public health importance, caused by vectors
- II. Shall ensure enforcement of regulations under the Prevention of Mosquito Breeding Act

**9. Rabies control**

- I. Shall take action to ensure vaccination of dogs against rabies, and control of the stray dog population

**10. Food Safety**

- I. Shall carry out a survey of all food handling establishments in his area, and regularly inspect food handling establishment and give advise on improving their sanitary conditions
- II. Shall carry out the responsibilities of an Authorized Officer under the Food Act
- III. Shall approve animals as fit for slaughter, when called upon to do so by the supervising officer, and ensure proper sanitation of slaughter houses
- IV. Shall inspect pubic fairs, markets, school canteens, mid-day meal programmes, and festivals, and ensure maintenance of proper sanitation when conducting these

**11. Sanitation in Medical Institutions**

- I. Shall guide and supervise the sanitation in medical institutions, and submit reports periodically, to the medical officer-in-charge of the institution

**12. School Health Work**

- I. Shall prepare the advance programme in consultation with the MOH/ AMOH/ school principals and other health staff
- II. Shall coordinate the preparation of the school health promotional plan by the principals
- III. Shall offer guidance to the school principals and to health clubs to facilitate implementation of the school canteen policy
- IV. Shall supervise the school mid-day meal programme

- V. Shall carry out a school sanitation health survey according to departmental instructions and formulate a programme of work
- VI. Shall assist the MOH/ AMOH in carrying out the School Medical Inspection (SMI), by screening school children for the SMI. Even if the SMI is not done, screening has to be done. Follow up the progress of children with defects, jointly with education officers
- VII. Shall carry out immunizations and deworming treatment in schools
- VIII. Shall prepare all school health returns, and send them in a timely manner
- IX. Shall monitor and evaluate the school health programme and take remedial measures whenever necessary

**13. Occupational Health and Estate Health**

- I. Shall regularly inspect all factories and work-sites in his area, identify any health hazards that may be present, and give advise on necessary remedial measures
- II. Shall regularly inspect all plantation estates in his area and advice on proper environmental sanitation and the control of communicable diseases
- III. Shall assist the Heads of the work places to carry out health promotional activities in the respective work places

**14. Sanitation during Disasters and Epidemics**

- I. Shall organize and supervise health activities related to environmental sanitation, food hygiene and prevention of spread of communicable diseases, during disasters / epidemics, and post disaster situations

**15. Mental health**

- I. Shall work in collaboration with the relevant stakeholders, to promote the mental well being of the community

**16. Adolescent health**

- I. Shall plan and implement health promotion programmes for the adolescents, in collaboration with the relevant stakeholders

**17. Reproductive health**

- I. Shall ensure male participation in reproductive health programmes

**18. Health Promotion and Health Education**

- I. Shall plan and implement a programme of health promotion and health education in his area, and ensure community participation in health activities

**19. Records and Reports**

- I. Shall maintain records and submit reports regularly as required by the supervising officer, according to departmental instructions

**20. Team work**

- I. Shall work and maintain a cordial relationship with the other public health staff

**21. Any other work**

- I. Shall carry out any other duties assigned to him by his superior officers

### **Hours of work**

The duty hours of the PHI shall be from 7.30 a.m. to 4.30 p.m. on weekdays and from 7.30 a.m. to 1.00 p.m. on Saturdays.

Although Sundays and public holidays are generally considered “off days”, he should remain in station so that he may be contacted by the supervising officers in an emergency. On no account should the PHI leave his area without obtaining prior approval of the supervising officer.

The period between 7.30 a.m. and 12.00 noon in the morning, and between 3.00 p.m. and 4.30 p.m. in the afternoon, on week days, is generally devoted to carry out field work. 12.00 noon to 2.00 p.m. will be the lunch interval. The period between 2.00 p.m. and 3.00 p.m. on week days should be devoted to his office work. On Saturdays the PHI may undertake field work, or any other work as directed by the supervising officer.

However during emergencies, and while being engaged in special programmes, the PHI may be required to deviate from the above schedule of working hours.

PHII attached to specialized campaigns and special institutions will have to adhere to the duty hours specified in their duty lists.

*Note: The duty list of the Public Health Inspector is been currently revised and would be circulated in due course.*

### **Relationship with local authorities**

All PHII of the Department of Health are under the purview of the Director General of Health Services, exercised through the relevant departmental supervising officers. In instances when the services of PHII have been seconded to local authorities, such PHII will work under the direct supervision of the Medical Officer of Health, or the Supervising Public Health Inspector of the area, subject to the overall administrative control of the Head of the Local Authority.

All PHII shall discuss with the leaders of Local Authority, regarding the community health problems in his area.

### **1.2 Office of the public health inspector**

Immediately after being appointed to a station, the PHI shall find a suitable building to live, and to maintain his office. The building and the location must be to the satisfaction of his immediate supervising officer. The building should be located within his range and should be accessible to his inspecting officers and to the people of the area. It should be centrally placed and as far as possible, be near a motorable road.

The departmental sign-board indicating his designation must be prominently displayed outside his office.

A separate room shall be set apart as his office, and kept in a clean and tidy manner. It should be open for official inspections throughout the day. All registers, records, and files shall be maintained up to date, properly arranged, and kept accessible for inspection at all times. Maps and charts should be prepared according to departmental instructions and displayed.

He should make arrangements with a member of the household or any other person, to make the office available for inspection even in his absence.

Occasionally the PHI may be provided with office accommodation in a local authority building or a departmental building. The PHI is not entitled to an office allowance when he maintains office in such a building.

### **Public Health Inspector Maintenance of Registers, Records, Statistics and Maps in the Office**

The PHI should maintain the following registers, records, books, files, maps and charts.

#### **Registers**

1. Sanitation and Basic Information Register
2. Latrine Construction Register
3. Infectious Diseases Register
4. Non-Communicable Diseases (NCD) and Disabled Persons Register\*
5. Notices and Prosecutions Register
6. Trade and Industries Register
7. Food Analysis Register
8. Building Construction Register
9. Environmental Pollution and Public Complaints Register\*
10. Meat Inspection Register
11. Consumable Stores Register
12. Inward Register
13. Outward Register
14. Immunization Register\*
15. Occupational Health and Safety Register\*
16. Common Sources of Drinking-Water Register\*  
(General Circular No 01- 23/2007(revised) of 01.10.2009)
17. Health Education and Health Promotion Activities Register\*
18. Disaster Preparedness and Response Register\*

#### **Books**

1. Pocket Note Book
2. Summary of Activities
3. Monthly Report
4. Visitors' Book

## **Files**

- I. Departmental Instructions and Circulars
- II. Correspondence
- III. Inventory File
- IV. Food Handling Establishments (H-800)
- V. Tuberculosis (TB) File
- VI. Health Survey File
  - a. List of Beneficiaries of Latrine Construction
- VII. Public Complaints File
- VIII. Programme File
  - a. Monthly Advance Programme
  - b. Annual Latrine Construction Programme
  - c. School Health Programmes (a separate sub-file could be kept for each school)
  - d. Health Promotion Programme
  - e. Food Safety & Hygiene Programme
  - f. Vector Control Programme
  - g. Rabies Control Programme
  - h. Disaster Management Programme
  - i. Any other special activities or projects

## **Contents of Registers**

### **1. Sanitation and Basic Information Register**

- I. Serial No: *Commencing number should be 01*
- II. Name of Chief Occupant: *Enter Name of Chief Occupant*
- III. Address: *Indicate full postal address*
- IV. No. of Inmates
- V. No. of Disabled persons
- VI. No. of Elderly persons (over 60 years)
- VII. No. of persons suffering from non-communicable diseases
- VIII. Water Supply: *the source from which the household obtains drinking water should be indicated (by the name or code)*
  - a) Pipe-borne: *Indicate whether water is obtained from a pipe-borne water supply available inside or out side the premises*
  - b) Water supplied by tap but obtained from a private well should be included under "Well"

- c) Well: *Indicate whether the well is a private or a public well and whether it is inside or out-side the premises, as follows;*

Private well Inside – Pr/I

Private but Outside - Pr/O – (i.e. a private well but in another household)

Public out-side – Pub/O – (i.e. public schemes maintained by Local Authority, Water Board, Community Based Organizations in rural areas, or any other Institution)

- d) Tube well  
e) Rainwater harvesting tank.  
f) Others

### **Types of drinking water wells**

#### **I. Fully protected well**

- a. It should be located away from potential sources of contamination and, as far as possible, at a higher level from such sources.
- b. The upper portion of the well should be protected by an impervious casing for at least 3 meters (10 ft.) below the ground level, and for 30 cm above ground level (to prevent surface water from flowing in).
- c. The casing should be surrounded at ground level by a concrete platform at least one meter wide, sloping outwards to allow for waste water to drain away from the well.
- d. A lead away drain 3 meters (10 feet) long should be provided.
- e. The well should be provided with concrete cover to which a pipe is fitted eccentrically to withdraw water. The opening in the cover for the pipe should be well sealed around the pipe, to prevent entry of water from outside.
- f. A manhole should be provided for inspection purposes, and the rim of the manhole should project at least 8 cm above the surrounding surface and the manhole cover should overlap it.

For the purpose of this register, a well that has the following features (semi protected) also should be included as a protected well.

#### **ii. Semi-protected well**

When it is not possible to have the pump arrangement to draw water, the top of the well has to be kept open, but still the well could be protected from surface pollution. Such a semi-protected well should have the following minimum requirements;

- a) A parapet wall of 3 - 4 ft. in height, with knife-edge top.
- b) An apron 3 ft wide, around the parapet wall.
- c) Lead away drain – 10 ft. long
- d) Impervious lining of the well for a distance of at least 10 ft. below ground level.
- e) Separate bucket with attached rope, and a pulley arrangement to raise the bucket of water (users of the well have to use this common bucket)
- f) A suitable stand for placing the bucket when not in use.



**iii. Unprotected well**

**Restoration of wells**

Whenever an unprotected well is restored to a semi-protected well/protected well, the date of restoration should be indicated. Likewise date of any restoration of a semi-protected well to a protected well is also to be stated.

**iv. Tube-wells**

**Rain-water harvesting tanks**

**Others**

Water supplies other than pipe-born supplies, wells, and rainwater harvesting tanks should be indicated here. (rivers, town/village tanks, springs, streams, ponds, etc.)

IX. Light and Ventilation; the *adequacy of light and ventilation is determined according to the standards laid down in the Housing and Town Improvements Ordinance / UDA Act*

X. Latrines: *the type of existing latrine should be indicated.*  
whether sanitary - Yes / No  
If improved from unsanitary to sanitary type: date of improvement

XI. Solid Waste Management

Method- the following abbreviations may be used to indicate the method of refuse disposal;

- Burning - Burn
- Burying - Bury
- Composting - Comp
- Removal by Local Authority - LA
- Others - Oth:
- Whether method is sanitary; Yes/No
- If corrected from insanitary to sanitary disposal method- Date of correction

XII. Whether liquid waste management method sanitary; Yes/No

XIII. Date of Survey: .....

XIV. Remarks: .....

**Index:** An index should be filled/displayed according following headings by the PHM areas, on the first page of the sanitation register/s.

PHM area:-

GN Division	Village	No. of House Units	Population	pages	
				from	to

**Summary:** A summary should be displayed at the end of each Sanitation Register

## 2. Latrine Construction Register

Latrines constructed within the area, including those built under the aided scheme of latrine construction, should be entered in the register according to the following headings:-

- I. Serial No: *The starting number for any year will be no.1*
- II. Name of Chief Occupant: *Full name of the chief occupant*
- III. Address: *Assessment number also should be given in the case of urban areas*
- IV. Date on which latrine components were issued: *Date of issue of components under the aided scheme (if applicable)*
- V. Date on which construction started: *Date should be entered after Inspection*
- VI. Date of Completion: *Date of Completion of the latrine (should be entered after inspection)*
- VII. Type: *Type of the sanitary latrine.*
- VIII. Amount paid and the Funding Agency
- IX. Date of Voucher Submission: *The date voucher was submitted to MOH.*
- X. Amount Deducted for the components already issued: *if applicable*
- XI. Balance to be paid: *Balance amount to be paid after deducting the cost of the components already issued*
- XII. Date of Payment: *Date of payment of the balance amount*
- XIII. Amount paid
- XIV. Reference no. in the Sanitation Register: *Reference no. in the sanitation register should be entered for further information*
- XV. Remarks: *Any other information*

### 3. Infectious Diseases Register

All cases of infectious diseases, whether detected by the PHI, or notified to him, should be promptly investigated using the relevant Investigated Card. The particulars of all cases thus investigated should be entered in the Infectious Diseases Register.

### 4. Non-Communicable Diseases (NCD) and Disabled Persons' Register

All cases of non-communicable diseases (diabetes mellitus, hypertension, cancer, ischaemic heart disease, stroke, etc.) or any disability, whether detected by the PHI or notified to him, should be entered.

<b>Heading</b>	<b>Instructions for filling</b>
1. Serial No	: For any given year the starting number should be no.1
2. Name and Address of the chief occupant	: As in the sanitation register
3. Name of the Patient/ Disabled	: Name / names of affected person/s
4. Age	: Affected person/s
5. Sex	: Affected person/s
6. Nature of the NCD/ Disability	: One or more NCDs / Disabilities found in affected members of the household to be stated
7. Whether taking treatment	: Yes/No
8. If yes, what system of treatment	: Western / Indigenous / other
9. Family/ social support available	: Yes / No
10. Action taken by PHI	:
11. Remarks	:

### 5. Notices and Prosecutions Register

All information pertaining to notices issued and prosecutions instituted by the PHI should be recorded in this register.

<b>Heading</b>	<b>Instructions for filling</b>
1. Serial No.	: for any given year the starting number should be no.1
2. Place of offence	: the actual place where the offence has been committed. Assessment number, Road name, etc should be stated
3. Name of the owner of the place where offence has been committed	: It should be the legal owner of the place

4. Address : Complete postal address
5. Name of the offender : Person who actually committed the offence. Offender can be the owner or an occupier
6. Address : Complete postal address
7. Nature of offence : Brief description of the offence egs:- unauthorized construction, unsanitary latrine
8. Date of offence : Insert date of detection by the PHI
9. Date of serving notice : Date on which the notice was actually served
10. Time allowed for rectification : Period given to comply with the instructions contained in the notice eg:- 7 days, 14 days
11. Date of compliance : If the instructions have been complied with, date of completion of such rectification
12. Date of institution of a case, If legal action was taken : The date on which the plaint was filed in the court
13. Case No. : The number assigned to the plaint, i.e., the Registration Number
14. Calling date : The date on which the case is due to be taken up in the courts
15. Results If the case has been disposed of : Whether accused discharged or punished. If punished, the nature of punishment
16. Trial date : If the case has been committed for trial, the date fixed for hearing
17. Result : Outcome of the trial
18. Remarks : Any further details / remarks not included under other headings

## **6. Trades and Industries Register**

The following information on the trades and industries in the area, including dangerous and offensive businesses, excepting food-handling establishments for which a license is required from the local authority, should be maintained in this register.

The inspections should be carried out periodically, at least twice a year. Trades causing problems or leading to complaints should be inspected promptly, as required by the situation which has arisen.

Name and Address of the owner of the premises:-

Name and Address of the owner of the business:-

Nature of the trade/s:-

Number of employees: - Males... Females.....

Date of commencement of the business:-

Date	Conditions observed at the Inspections	Actions taken	Remarks

Area of the Local Authority:-

Whether license has been obtained or not:-

### **7. Food Analysis Register**

All samples sent for analysis, whether formal or informal, should be entered in this register.

#### **Instructions for maintaining the register**

<b>Heading</b>	<b>Instructions for filling</b>
1. Serial No.	: Numbers in order
2. Date of Sampling / Seizure	: The date on which the sample was obtained or goods seized
3. Formal / Informal/ Chemical/ Bacteriological	: This could be marked with codes 'F', 'I', 'C', 'B' - eg:- F/C, I/B etc., (English Letters should be used. as Indicated above)
4. Nature of article/s sampled or seized	: The type of the article (e.g:- coffee powder in bulk pack , Gingelly oil in 2 oz. bottles packed by Harendra and Co, Matale, Peanuts in gunny bag)
5. Number of samples taken	: This should include the number of samples taken, with quantity in each sample (by weight/volume)
6. From whom sample was taken	: The name of the person who was selling the sampled material, or person in charge of sales / in charge of factory, at the time

7. Place of sampling or seizure : The name of the shop, and address, with number and street name
8. Owner of business establishment : The name of the owner, manager or senior partner should be entered
9. Date on which sample/s was sent : egs:- Govt. Analyst -13/06/2008, MRI - 15/06/2008 or other Officer
10. Ref. No. of Analyst Report and date of receipt : Any delay in receiving the report by the PHI, subsequent to the report reaching the given address, must be mentioned in the remarks column if a prosecution could not be filed due to this delay
11. Findings in the Report : The report of the Analyst should be stated briefly
12. Action taken : Whether noticed , prosecuted , or corrected, with date  
**or** no action taken  
If prosecuted – date, case number and the courts  
If no action taken - reason should be entered in the remarks column
13. Remarks : Any notes required under 10 and 12
14. Result following prosecution :

### **8. Building Construction Register**

Records of all building applications received for new erections, alterations, or any additions, should be included in this register.

#### **Instructions for maintaining the register**

- | <b>Heading</b>                  | <b>Instructions for filling</b>   |
|---------------------------------|---|
| 1. Serial No.                   | : Numbers in order  |
| 2. Local Authority Reference No | : This is the serial number assigned to the application by the local Authority. |
| 3. Name of applicant            | : Full name as given in the application   |
| 4. Address                      | : Full postal address   |
| 5. Location                     | : Details of location, including assessment number, access road                 |
| 6. Building will be used for    | : Specify whether - Residential, or what purpose Commercial, Industrial etc.    |
| 7. Type of Application          | : Whether new erection, alteration or re-erection                               |

8. Temporary or permanent building : If it is revealed that the application is in order, state the date of receipt of the application;  
Otherwise state the date on which the corrected application was handed over
9. Date of receipt of application :
10. Date of report :
11. Recommendation : Whether application is recommended or not. If not recommended, give reasons in the remarks column
12. Date of permit : Date as given on the permit

#### **Issue of the Certificate of Conformity**

1. Date of application : Date stated in the application
2. Date of receipt : Date of receipt by PHI
3. Date of report : Date on which recommendation re- conformity is done
4. Recommendation : recommended or not
5. Date of issue : Date of issue of Certificate of Conformity (COC)
6. Remarks : If any

#### **9. Environmental Pollution and Public Complaints Register**

Every complaint which has been received in writing /verbally / by telephone / fax / e- mail, should be entered in this register.

##### **Guidelines for filling the register**

1. Serial No:
2. Date:
3. Name and address of the complainant :
4. Nature of complaint: *pollution / nuisance etc.*
5. Media through which the complaint was received: *written/ verbal/ telephone*
6. Date of inspection:
7. Action taken:
8. Result:
9. Remarks:

## 10. Meat Inspection Register

### Guidelines for filling the register

Heading	Instructions for filling
1. Serial No.	: For any given year the starting number will be no. 1
2. Name of Licensed butcher/s	: Enter name/s of butcher/s
3. Date of purchase of animal	: Date of purchase is the date that is in the receipt
4. Description of the animal	: Type of animal- Cattle, Buffalo, Goat, etc. Age, Sex, Brand marks
5. Name & address of the seller	: give complete postal address
6. Date of pounding	:
7. Time of pounding	:
8. Proposed date of slaughter	: If an animal is not slaughtered on the proposed date, an entry to that effect should be made in the remarks column. If rejected, word "rejected" should be stated
9. Actual date of slaughter	: Time of slaughter
10. Whether hide checked	: Yes / No
11. Remarks	: Any further relevant details may be entered here

## 11. Consumable Stores Register (Form health 287)

## 12. Inward Register (General form 16)

## 13. Outward Register (General form 17)

## 14. Immunization Register

All immunizations done by the PHI should be entered in this register. An adequate number of pages must be allocated for each type of immunization.

### Instructions for maintaining register

**Headings** (for each type of immunization)

1. Serial No:
2. Date:
3. Name of recipient:
4. Age:



5. Sex:
6. Batch Number of vaccine:
7. Date of expiry:
8. Place of immunization:
9. Any adverse effects Following Immunization: if reported ( specify )
10. Remarks:

### 15. Occupational Health and Safety Register

Details of all Institutions including Factories, Offices, schools, Public or Private Institutions, Medical Institutions, Religious places, Educational centers, Day Care centers, Pre-Schools and Lodging houses should be entered in this register.

Name and Address of the owner of the premises:

Nature of the occupation/ service/ business:

Number of employees: Males / Females

Area of the Local Authority:

Whether license has been obtained or not:

Date	Condition at the Inspection													Any Action taken		
	Environment						Welfare facilities					Waste disposal				
	Light / Ventilation	Heat	Noise	Temperature	Radiation	Emissions	Drinking water	Toilets	Meal room	Availability of First Aid	Personal Protective Equipment	Rest room	Solids		Liquids	Gas, Fumes, Dust

## 16. Common Sources of Drinking Water Register

(General circular No; 01-23/2007 (Revised) Dated: 01.10.2009 on Drinking water quality surveillance)

PHI should identify all common drinking water sources that are present in his range and their distribution perimeter. He must also maintain a register and a map that include all common drinking water sources in his range.

Following data must be maintained on first page of the register as an Index.

Serial No	Name of the water supply	Number of households covered (approx.)	Location / address	Water service provider responsible for management/ maintenance	Contact number or address of the service provider

*Note: For the purpose of water quality surveillance, a common source of drinking water is defined as "a water source providing water intended for human consumption and other domestic uses, for at least 10 households".*

The information on common drinking water sources should be maintained according to the following headings of the register.

GN Division	Name of the common drinking water sources	Date of Inspection	Date of Testing for Free Chlorine	Number of Tests done	Results		Date of sampling for bacteriological examination Examination	Result		Action taken / References	Date of sending Quarterly Return to the MOH
					No. of samples found satisfactory	No. of samples found unsatisfactory		No. of samples found satisfactory	No. of samples found unsatisfactory		

## **17. Health Education and Health Promotion Activities Register**

All health education activities and health promotion activities conducted by the Public Health Inspector should be recorded, and a Register maintained as follows:-

- I. Date
- II. Place
- III. Topic/s covered
- IV. Objective/s of the programme
- V. Target group/s
- VI. Method/s
- VII. No of Participants
- VIII. Outcome

## **18. Disaster Preparedness and Response register**

This register consists of two parts.

**Part 1 - (preparedness)** will contain the following information:-

1. Preparedness plan
2. Resource persons' addresses and contact telephone numbers
3. Addresses and contact telephone numbers of volunteers
4. Map/s of the area/s prone to natural disasters (floods, land slides, etc.)

**Part 2 - (actual disasters)** will contain the following information:-

1. Serial No.
2. Date on which disaster occurred
3. Place
4. Affected areas/villages
5. Affected families ( with numbers of Households)
6. No of affected persons categorized by - sex , Infant / others, Lactating mothers, Disabled persons , Elderly people (>60 yrs)
7. No. of Displaced Persons
8. No. of persons dead
9. No. of persons injured
10. No. of IDP Camps
11. Date of opening of the IDP camp/s
12. Date of closing of the IDP camp/s
13. Remarks

**Pocket Note Book (H-253)**

The Pocket Note Book is provided by the Department, and It should be always carried by the PHI when on duty. The Pocket Note Book is a legally valid and a very important document of the PHI, related to his duties, and therefore it should be kept clean and tidy, up to date, and in a very safe manner. This note book should be properly maintained, according to the following instructions:-

1. Before starting to use a new pocket note book, it should have an endorsement, along with the seal of the immediate supervising officer.
2. Notes should be written in a legible, descriptive and a readable manner.
3. Any official language may be used. Technical words, as necessary, may be used
4. The pages should be serially numbered clearly, in red colour, page number being placed on the top of each page.
5. Beginning the day at first, enter the data using the following format.

Date and Day		<i>egs:- 20/11/2008</i>	
		<i>Tuesday</i>	
		<i>am</i>	<i>pm</i>
Place of work		*	*
Time of departure from office		-	-
Time of arrival in the field		-	-
Time of leaving field		-	-
Time of return to office		-	-
Distance travelled during day	By vehicle maintained by PHI	... km	... km
	by public transport	... km	... km

\*Enter your programmed duty place from your list. Every duty station should have been listed out and numbered soon after assuming duties in a new station. Every village, school, estate, clinic, office, Pradeshiya Sabha, and other important places, should be included in the list in an alphabetical order. The list of duty stations should be displayed on the Administration Board and on the first page of the Summary of Activities, in his office.

6. When performing duties, soon after each activity the work done must be documented in a descriptive manner, step by step.
7. When back in office, go through the documented notes in the Pocket Note Book, and enter whatever necessary data, in to the registers and files in the office.

8. The pocket note book should be produced to any Supervising Officer, or in a court of law, to the magistrate/judge, on demand.
9. The Pocket Note Book should be submitted for inspection and signature of the Supervising Officer, once a month.
10. Do not leave unnecessary blank spaces while making notes in the Pocket Note Book. After finishing making entries for the day, if any such empty spaces are noticed, obliterate these spaces by drawing a straight / zigzag line.
11. Pocket note book shall be maintained and kept updated. The PHI should preserve all Pocket Note Books used by him.
12. A newly appointed PHI shall start a new Pocket Note Book.

### **Visitors' Book**

The pages of this book should be serially numbered. Whenever a note or an observation is made by an Inspecting Officer / Supervising Officer, a certified copy of it has to be made, and should be forwarded by the PHI to the MOH, within seven days of the endorsement in the Visitors' Book. Any explanations that the PHI may have to offer also should be submitted along with this certified copy.

### **Specimen Page of Visitors' Book**

Name and Designation of Visitor:

Page No.

Date and Time of Visit:

<b>Observations</b>	<b>Action Taken</b>

### **Summary of Activities**

A CR book is provided for maintaining a summary of daily activities. For each day, the following preliminary information should be entered first, followed by the summary of activities performed by the PHI, in the same order as given in the Monthly Report. This format enables the PHI to obtain a complete summary of activities at the end of the month. It should be maintained up to date.

		Dates of the month									
		1	2	3	4	5	6	7	8	..	
Place of work	AM										
	PM										
Time of departure from office	AM										
	PM										
Time of arrival in the field	AM										
	PM										
Time of leaving from field	AM										
	PM										
Time of returning to the office	AM										
	PM										
Distance travelled	by vehicle maintained. km.										
	by public transport. km.										
<b>Housing and Sanitation</b>											
No. of Houses newly registered											
No. of Houses re- surveyed											
No. of Latrines inspected											
No. of inspections for re- new building applications											
<b>Water Safety</b>											
No. of Water Samples taken	For Bacteriological Examination										
	For Chemical Examination										
No. of community water supplies inspected											
No. of wells inspected											
No. of wells chlorinated											
No. of water samples tested for residual chlorine											
No. of community water supplies inspected											
No. of Food Handling Establishments newly registered											
No. of Food Handling Establishments inspected											
No. of food samples taken	Formal C/B										
	Informal C/B										
No. of food items seized											

No. of awareness programmes conducted										
No. of animals passed for slaughter										
No. of meat stalls inspected										
<b>Occupational Health and Safety</b>										
No. of factories / Trade institutions inspected										
No. of awareness programmes done										
No. of service programmes conducted										
No. of visits for estate sanitation										
No. of visits to public institutions										
<b>School Health Programme</b>										
No. of school sanitary surveys done										
No. of schools arranged for SMI s to be done										
No. of School Medical Inspections done										
No. of follow up visits for correction of defects										
<b>Control of Communicable Diseases</b>										
No. of ID notifications received										
No. of cases detected by PHI / other sources										
N. of ID cases investigated										
No. of immunizations done										
<b>Rabies Control Activities</b>										
No. of dogs vaccinated										
No. of dogs sterilized										
No. of dogs eliminated										
<b>Control of Environmental Pollution</b>										
No. of Public complaints on environmental pollution investigated										
No. of violations detected by PHI/ other sources										
No. of problem situations settled										
No. of mosquito breeding places detected by PHI										

No. of visit to Medical Institutions																			
<b>Health Education and Health Promotion</b>																			
No of Health Education programmes done	Schools																		
	Community																		
	Food handlers																		
	Volunteers																		
	Employees																		
	Other groups																		
No. of Participatory Health Promotion programmes done																			
<b>Volunteer training programmes</b>																			
No. of Volunteer training programmes done																			
No. of Health Promotion Activities with Volunteers																			
<b>Others</b>																			
No. of inspection visits to welfare centres																			
No. of inspection visits to ECCD centres																			
No. of inspection visits to Rehabilitation Institutions																			
No. of in-service training programmes, work shops, and meetings, at which the PHI participated																			
<b>Legal Action</b>																			
No. of prosecutions																			
No. of visits to Courts for legal proceedings																			
<b>Any other Activities</b>																			



## Monthly Report

### Instructions for maintaining the Public Health Inspector's Monthly Report (Health 631 – Revised)

The Monthly Report format of Public Health Inspectors working in Health Unit areas has been revised, considering the following reasons;

- Improving the accuracy of collection and reporting of data
- Avoiding duplication and redundancy of information reported to the district and central levels
- Enabling better monitoring of activities of the Public Health Inspector

### Structure of the Monthly Report

M.R. consists of two parts:

- a. Part 1
- b. Part 11

#### Part 1

Part 1 will deal with general information of the PHI area, under the following sub headings :-

1. Extent of the area (taken from Div Secretary Office)
2. Population - should be given as Urban, Rural and Estate  
rural = Pradeshiya Sabha  
No. of houses in estates can be estimated as 1/5 of the estate population (should tally with the figures in the Survey Report and Sanitation Register)
3. Local authority - state the name of the LA
4. Div. Secretary - usually the MOH area corresponds to area of the DS area; state the name of the DS area.
5. GN divisions - state the number of GN divisions.
6. List of Medical Institutions - This refers to the medical institutions with facilities for indoor patients, Names of the institutions should be stated
7. Number of private Dispensaries - Refers to the places where only dispensaries outdoor treatment is given
8. Number of pharmacies - state the no. of registered and not registered pharmacies, separately
9. Schools - Two groups are identified, viz., schools with < 200 students and schools with > 200 students
10. No. of public latrines – This refers to sets of latrines which can be used by any member of the public. A set of latrines, even if it contains more than one individual toilet unit, is considered as one. A group of latrines which is meant for the use of a particular cluster of people or houses should not be considered as public latrines. eg:- A set of latrines in a Government Institutions
11. Community water supply schemes – State the name of the scheme. A common water supply scheme could be a large one, or for a limited no. of houses. Only those schemes where the main installation is in the PHI area should be included, and not the schemes in which the source of pipe-borne water is a scheme located in an outside the area, also supplying other PHI areas (egs:- water from Labugama or Kalatuwawa Sheme reaching Colombo city)
12. No. of Food Handling Establishments – Factories, Bakeries, Hotels/Restaurants, Snack Bars, Tea/coffee kiosks, Groceries, Others, Total =

*Note: The first 6 types of places stated here are considered as Food Handling Establishments, defined under Local Authority regulations. Category 'Others' will include places not belonging to any of these 6 groups.*

13. No. of Slaughter Refers to slaughter houses registered by the Local Authority, which can be inspected by the PHI, and not the illicit slaughtering locations
14. No. of meat stalls
15. No. of fish stalls
16. No. of Poultry stalls (include stalls selling Chicken, Turkey, Bush quail, and Duck)
17. No. of Pig farms
18. No. of prawn farms
19. No. of Poultry farms
20. No. of farms with other animals
21. No. of public markets
22. No. of public fairs / 'polas'
23. No. of street food outlets (refers to persons who carry out the trade without a fixed location or a building- eg. selling lunch packets on the pavement, vans/carts selling string hoppers)
24. Festivals - refers to festivals at which the public health staff has to make special arrangements to provide services for the welfare of the public.
25. No. of Industrial establishments
  - with < 500 employees
  - with > 500 employees
26. No. of dangerous / offensive trades – these trades are gazetted by the relevant local authority. (eg:- Grinding Mills and Stone Crushing Mills)
27. No. of public cemeteries
28. No. of estates
29. No. of welfare centers for the- Displaced ( would included refugee camps ), Elderly, Disabled, Day-Care Centers

No. of welfare centers may vary depending on the area. If you have places not mentioned in the MR already, you can include.

### **Part 1**

should be completed by January of the particular year. Additions/ alterations could be made whenever required, and in both copies.

### **Part 11**

This is divided into following main chapters:-

- A - Housing and Sanitation
- B - Water supply
- C - Food Safety and Hygiene
- D - Occupational Health
- E - School Health
- F - Control of Communicable Diseases
- G - Environmental Pollution
- H - Volunteer Programmes
- I - Health Education

- J - Welfare Centers for displaced persons
- K - Legal Actions
- L - List of Training Programmes attended
- M - List of Seminars, Workshops attended
- N - Special Programmes conducted / participated

Each chapter will include the activities conducted, and the relevant statistics pertaining to a major function performed by the PHI.

### **Collection of Information for the Monthly Report**

Information for filling the Monthly Report format is collected by a Public Health Inspector while carrying out his daily work. The following records and registers are maintained by a PHI in carrying out his technical functions.

1. Sanitation Register.
2. Latrine Construction Register.
3. Infectious Diseases Register.
4. Notices and Prosecutions Register.
5. Licensed Trades Register.
6. Building Applications Register.
7. Building Applications (temporary buildings) Register.
8. Slaughter Houses Register.
9. Disaster Preparedness & Response Register

During field work the Public Health Inspector will record data in his Pocket Note Book and in other Registers that he may carry with him to the field. At the end of the day, the work performed during the day is quantified, and entered as the summary of work, in a format similar to that of the Monthly Report.

At the end of the month, the daily summaries are totaled, and the figures for the whole month transferred to the Monthly Report.

The Monthly Report should be completed in two copies. At the end of each month, one copy should be sent to the MOH office and other copy kept with the PHI.

### **Instructions for completing the Part II of Monthly Report**

The numbers given below correspond to those in the printed form H-631 (rev.) booklet.

Part II consists of three categories of columns:

- I. Monthly column
- II. Quarterly column
- III. Yearly column

Total of the data for the activities done during the previous year will be contained in the first column, and the total data for the activities done during the whole year will appear in the last column.

Each monthly column should be filled immediately after the last day of the relevant month.

### A – Housing & Sanitation

- a. No. of houses in the Sanitation Register at the end of the month. This figure should be obtained from the Sanitation Register.
- b. Houses without sanitary latrines
- c. Houses with sanitary latrines
- d. Latrines constructed the during the month

Above details should be taken from the Sanitation Register and should be filled immediately after the last day of that month. However, this data will depend on;

- i. No. of new houses registered and the type of latrines they have
- ii. Number and the type of new latrines constructed during that month

To illustrate, an example is given below:

		Previous year's total (in red colour)	January	February	March	First Quarter (in red colour)
a	No. of houses in the sanitation register at the end of the previous month	<b>2500</b>	<b>2505</b> five new houses added	..	..	figure on 31 <sup>st</sup> March
b	Houses without latrines	<b>250</b>	<b>246</b> -1 added -5 houses acquired latrines	..	..	-do-
c	No. of houses with insanitary latrines	<b>250</b>	<b>252</b> 2 added	..	..	-do-
d	Total no. of houses without a sanitary latrine	<b>500</b>	<b>498</b> 2 insanitary latrines converted to sanitary type			-do-
e	Water sealed type Latrines	<b>2000</b>	<b>2007</b> 5- new 2- converted from insanitary type			-do-
f	Other types	<b>0</b>	<b>0</b>			-do-
	Total No. of houses With a sanitary latrine	2000	2007			-do-

<b>Latrine construction</b>						
		<b>Previous year's total (in red colour)</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>First quarter (in red colour)</b>
A	Water sealed type		5	..	..	Cumulative total for quarter
B	Others		0			-do-
C	Total		5			-do-

**Note:** 5 new houses were identified during the month, as follows:-  
 2 houses with sanitary latrines  
 2 houses with insanitary latrines  
 1 house without a latrine

**B – Building applications**

- i. No. of new applications received per month. Total no. of applications received, both for permanent and temporary buildings, should be recorded
- ii. No. of inspections carried out for re- building applications, excluding the inspections carried out for the purpose of issue of Certificate of Conformity

**C – Water supply**

- i. No. of houses, obtaining water according to the source (no. of houses against each source should be mentioned for each month)

As others, include sources other than those belonging viii (a) to viii (d) in the Sanitation & Basic Information Register. Total No. of houses should be equal to the number in the Sanitation register.

- ii. No. of public water supplies sampled
- iii. No. of private water sources sampled
- iv. No. of wells chlorinated

**D – Food Safety and Hygiene**

Data for this section is obtained from the file for Food-handling Trades Inspection rating form (H-800), Food Analysis Register, and from the Notices and Prosecutions Register.

- I. Registration of food-handling establishments  
 No. registered for the first time will be entered, by the category and location
- II. Inspection of food-handling establishments  
 No. of inspections – This includes the no. of visits for new registrations and the number of subsequent visits done by PHI

- III. Food sampling - data related to food sampling is entered under
  - a. Formal samples
  - b. Informal samples
  - c. Food seizures
- IV. No. of awareness programmes conducted, on food hygiene  
Data for this section is obtained from the special activities file
- V. Slaughter of animals  
Data collected from slaughter houses register

#### **D – Occupational Health**

- i. No. of Factories
- ii. No. Inspected – A factory is counted as inspected, only when the relevant inspection report is completed
- iii. No. of defects found
- iv. No. of defects referred to special units
- v. No. corrected
- vi. No. of educational programmes conducted
- vii. No. of service programmes conducted

**Note:** for D-ii to D-vii, state the number applicable to that particular month only in the monthly column. Then state the cumulative total for that quarter, in the quarterly column.

#### **E – School Health**

- i. School Sanitary Surveys
- ii. School Medical Inspections
- iii. School Health Clubs

Data should be obtained from School Health Quarterly Return. School Health Clubs refer to functioning School Health Clubs only.

No. functioning clubs by the last day of each month should be entered in each column.

#### **F– Control of communicable diseases**

- I. No. of notifications received – This should also include any cases detected by the PHI, or informed to him by the community, for which an investigation form is completed
- II. No. remaining from previous month - refers to the cases pending investigation from previous month. No. of such cases for that particular month should be filled in the monthly column. Quarterly and Yearly columns need not be filled for this item
- III. No. investigated - No. of cases investigated by PHI (out of the notifications received during the month + pending from last month)
- IV. No. confirmed – No. of cases in which the diagnosis has been confirmed following the investigation, out of the total no. of cases investigated during the month by the PHI
- V. Not traceable – No of cases which could not be traced, out of the notified cases

### **Disease outbreaks**

- i. No. of outbreaks notified
- ii. No. of outbreaks investigated

This refers to the no. of outbreaks investigated by PHI out of the total notified during the month. The cumulative totals should be given under Quarterly and Yearly columns.

### **Immunization programmes**

- I. No. of sessions of participation - This refers to the total no of immunization sessions that PHI has participated
- II. No. of immunizations done by PHI - The PHI should report only the no. of immunizations given by him during the particular month (no. of children). The total no. by the dose and by the age of the child, as given at each clinic, is reported by way of the clinic reports

### **Rabies Control**

- I. No. of human rabies cases – Cases reported during each particular month only
- II. No. of dogs vaccinated – This would include only the domestic dogs
- III. No. of dogs eliminated

## **G – Environmental Pollution**

### **Environmental pollution problems**

- I. No. of complaints received – complaints received by PHI in writing for that particular month.
- II. No. detected PHI – No. of environmental problems detected by PHI in addition to those notified to him
- III. No. investigated
- IV. No. settled - Refers to the problems settled by PHI at MOH level
- V. No. referred for action - Problems which cannot be settled by PHI should be referred, and state here the no. of such problems referred

## **H – Volunteer programmes**

- I. No. of volunteers in the area
- II. No. recruited during month

### **Training of volunteers**

- I. No. of programmes - No. of volunteer programmes conducted as per the guidelines provided by the Health Education Bureau
- II. No. trained - No. of volunteers who have completed training as per the curriculum provided by Health Education Bureau

**I - Health Education**

- I. Schools
- II. Community
- III. Other groups
- IV. Total

No. of programmes conducted during a particular month should be stated in the monthly column, and cumulative total given in the quarterly and yearly columns.

**J – Welfare centres for displaced persons**

- a. No. of centres in the area - No. existing as at the last day of the each month is stated in the monthly column
- b. No. visited during the month

*Note: More than one visit covering the same centre, will still be taken as one visit. Therefore the no. of visits should not exceed the no. of centres in the area.*

**Guidelines for filling each column in part 11 of Monthly Register**

**Monthly columns**

Each monthly column should be filled immediately after the last day of the relevant month.

Table below shows which number is to be used in each monthly column, under the main sub headings in part 2 of Monthly Report.

		<b>The no. available on last day of month</b>	<b>No. for that particular month only</b>
A	Housing & Sanitation	1,2, 3	4,5,6,7,8
B	Water supply	1	2,3,4
C	Food safety	1	2,3,4,5
D	Occupational Health	1.1 , 2.1	1.1-1.7, 2.2.- 2.4
E	School Health	1,2,3	-
F	Control of communicable diseases	-	1,2,3,4
G	Environmental pollution	-	1,2,3,4,5,6,7,8,9
H	Volunteer programmes	1	2,3
I	Health Education	-	1
J	Welfare centres	1	2,3



**Quarterly Column**

		The no. available on last day of month preceding the quarter (eg: 31 <sup>st</sup> March for 1 <sup>st</sup> quarter)	Cumulative total for that particular quarter
A	Housing & Sanitation	1,2, 3	4,5,6,7
B	Water supply	1	3,4
C	Food safety	1	2,3,4,5
D	Occupational Health	1.1, 2.1	1.2-1.7, 2.2.- 2.4
E	School Health	1,2,3	-
F	Control of communicable diseases	-	1(except 1.2) ,2,3,4
G	Environmental pollution	7	1,2,3,4,5,6, 8,9
H	Volunteer programmes	1	2,3
I	Health Education	-	1
J	Welfare centres	1	3

**Yearly column**

		The no. available on last day of month preceding the quarter (eg: 31 <sup>st</sup> March for 1 <sup>st</sup> quarter)	Cumulative total for that particular quarter
A	Housing & Sanitation	1,2, 3	4,5,6,7,8
B	Water supply	1	3,4
C	Food safety	1	2,3,4,5
D	Occupational Health	1.1, 2.1	1.2-1.7, 2.2.- 2.4
E	School Health	1,2,3	-
F	Control of communicable diseases	-	1(except 1.2) ,2,3,4
G	Environmental pollution	7	1,2,3,4,5,6, 8,9
H	Volunteer programmes	1	2,3
I	Health Education	-	1
J	Welfare centres	1	3

*Note: numbers used to fill the columns in this table are the numbers given in Part 11 of MR (H 631 Rev.) under each sub headings.*

## **Maps, Charts and Office Boards**

### **Boards**

No. of Boards which should be maintained for the display of maps/charts - 05

Dimensions of each board - Height 3'

- Width 2'

Titles of Boards: 1. Administration & Statistics

2. Epidemiology

3. Environmental Health

4. School Health

5. Miscellaneous

### **Board 1 - Administration & Statistics**

#### **Contents**

##### **(a) Area Map**

- Size - A3 paper size.
- The map should be drawn in black.
- There should be a standard legend.
- Boundary lines should correspond to Grama Niladhari Division boundary lines.
- PHMM areas should be demarcated with a green interrupted line.
- The map should indicate the locations of the PHI office, offices of PHMM, hospitals and health centers, clinics, government institutions, important private institutions, religious places, highways and sub roads, irrigation schemes, and other important and relevant places.
- Standard colours and codes should be used.
- North direction should be indicated.

##### **(b) Administration Form - Health 795 (Revised)**

- Size of the format – A 4
- A specimen is shown in Annex- 1

##### **(c) Public Health Statistics Form - Health 796 (Revised)**

- Size of the format – A 4
- A specimen is shown in Annex - 2

## **Board 2 - Epidemiology Contents**

### **(a) Spot Maps**

#### **(I) Map 1**

- Size – A 4 paper
- This map shows current cases of communicable diseases and the map should be similar to the map displayed on the Administration board
- A case of communicable disease should be marked with a pin of standard colour , after investigation and confirmation of diagnosis
- The above pin should be removed after confirmation of recovery of the patient, ascertained through follow up visits

#### **(II) Map 2**

- This map shows the number of cumulative cases of communicable diseases during the year. This map also should be similar to the map displayed on the Administration board

### **(b) Specific Communicable Diseases**

- Size of the paper – A 4
- Line graphs should be maintained for the 5 selected most prominent communicable diseases, for the previous and current years, by month, in five different colours as shown in Annex 3.

### **(c) Non Communicable Diseases**

- Size of the paper – A 4
- Identified cases of Myocardial Infarction (MI)/ Ischaemic Heart Disease (IHD), Cancer, Diabetes, Stroke and Hypertension should be shown in a bar diagram, in five different colours for the last four years.

This should commence from current year.

Colours for different bars:

MI	- Red
Cancer	- Blue
Diabetes	- Green
Stroke	- Yellow
Hypertension	- Brown

An example is shown in Annex- 4.

## **Board 3 - Environmental Health**

### **Contents**

#### **(a) Food Safety**

Size of the paper – A 4

##### **(I) Assessment of Food Handling Establishments**

- A bar diagram should be maintained covering the total no. of food handling establishments, according to their grades (determined through assessment), quarterly for the previous year and current year, as shown in Annex- 5.

##### **(II) Food Sampling**

- Information on food sampling should be shown in a bar chart, by the month, as shown in Annex- 6.
- Colours for graphs:  
Annual target for taking samples - Red interrupted line  
No. of Samples taken for,  
- chemical analysis -Black  
- bacteriological analysis - Red

#### **(b) Water Safety**

- Size of the paper – A 4
- Common drinking water sources in the area should be shown in a map

#### **(c) Occupational Health**

##### **(I) Types of Factories**

- Factories available in the area should be shown in a bar diagram according to their categories

An example is shown in Annex- 7

##### **(II) Factory Inspection**

- A bar diagram should be maintained to indicate data on factory inspection, quarterly

An example is shown in Annex- 8.

**(d) Solid Waste Management**

- Available solid waste disposal methods in the area should be shown in a bar diagram, for the last two years

An example is shown in Annex- 9.

**Board 4 - School Health**

**Contents**

**(a) School Medical Inspections**

- Size of the paper A4
- Information on school medical inspections should be shown in separate bar diagrams for previous and current years, as shown in the annex- 10

Colours for graphs:

No. to be examined:	Red
No. examined:	Black
No. with defects:	Blue
No. of defects:	Yellow
No. corrected:	Green

**(b) Specific Defects & Defects Corrected**

- Size of the paper A4
- 4 most prominent defects detected should be shown in a bar chart in different colours for previous year and current year
- Current year chart should be updated quarterly (cumulative)

Example: Annex- 11

**(c) Immunization**

- Size of the paper A4
- Immunization of school children with T. Toxoid, Rubella and DT/OPV should be shown in separate bar diagrams for previous years and current year, as shown in the example (Annex- 12)

Colours for graphs:

Target	- Red
No. Immunized	- Black

**(d) School Sanitary Survey**

- Size of the paper A4
- Information on adequacy of sanitary latrines, safe water supply, and sanitary disposal of garbage, should be shown in bar diagrams for both previous years and current year, separately

Colours for graphs:

No. of schools	-	Red
Sanitary surveys completed	-	Black
Sanitary latrines	-	Yellow
Water supply	-	Blue
Disposal of garbage	-	Green

Example: Annex- 13

**Board 5 - Miscellaneous**

Any other activities except those covered under the above topics already dealt with, should be shown on this board, by using appropriate and creative methods of display.

Health -795 (Revised)

**ADMINISTRATION**

Range:.....

**POPULATION**

Grama Niladhari Division & Code No.	No.	Name of Village/Street/ Ward/ Estate	No. of Dwellings	Population	
				Actual	Estimated
<b>TOTAL</b>					
<b>TOTAL ESTATE POPULATION</b>					

**Health- 796 (Revised)**

**PUBLIC HEALTH STATISTICS**

Area:.....

Divisional Secretary Area:.....

Local Authority:.....

No. of Grama Niladhari Divisions:.....No of: Villages/Streets/Estates/Wards

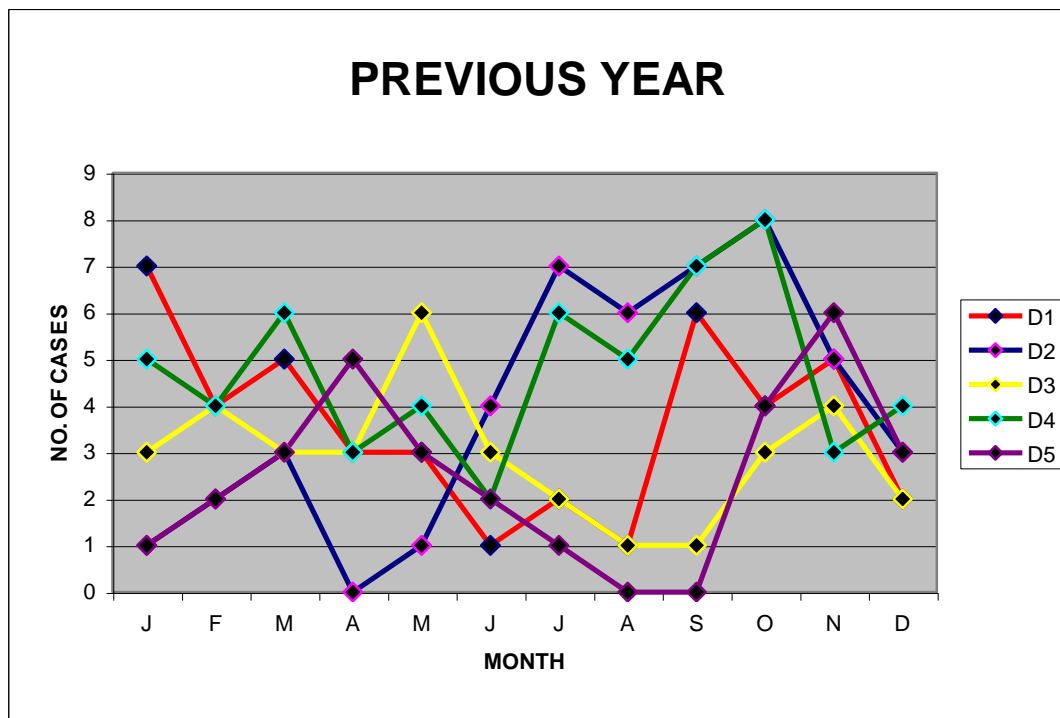
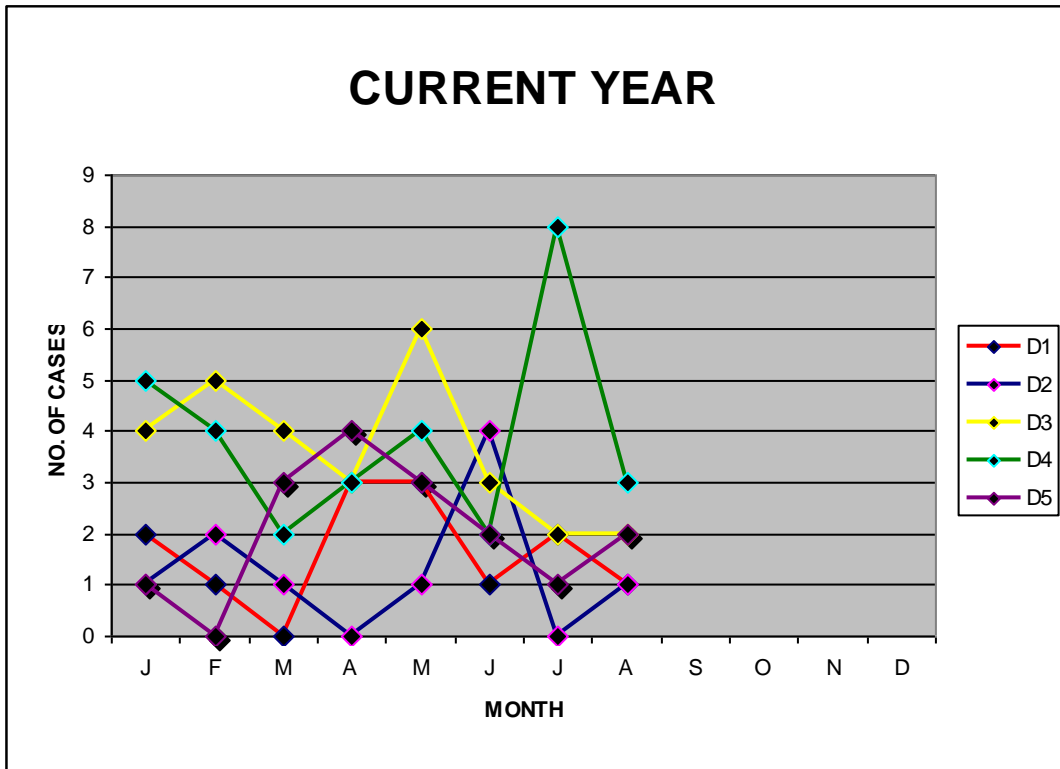
Description		Year				
		20.....	20.....	20.....	20.....	20.....
<b>Population</b>						
	Urban					
	Rural					
	Estate					
	Total					
<b>Vital Statistics</b>						
	Births					
	Deaths					
<b>Communicable Diseases (Confirmed Cases)</b>						
Group A	Cholera					
	Plague					
	Yellow Fever					
Group B	Poliomyelitis / AFP					
	Chicken pox					
	Dengue Fever/DHF					
	Diphtheria					
	Dysentery					
	Encephalitis					
	Enteric Fever					
	Food Poisoning					
	Human Rabies					
	Leptospirosis					
	Malaria					
	Measles					
	Meningitis					
Mumps						



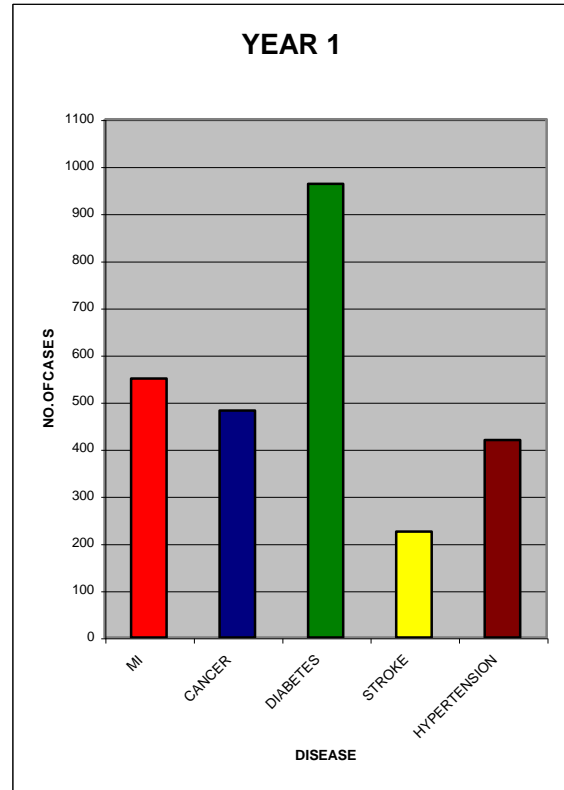
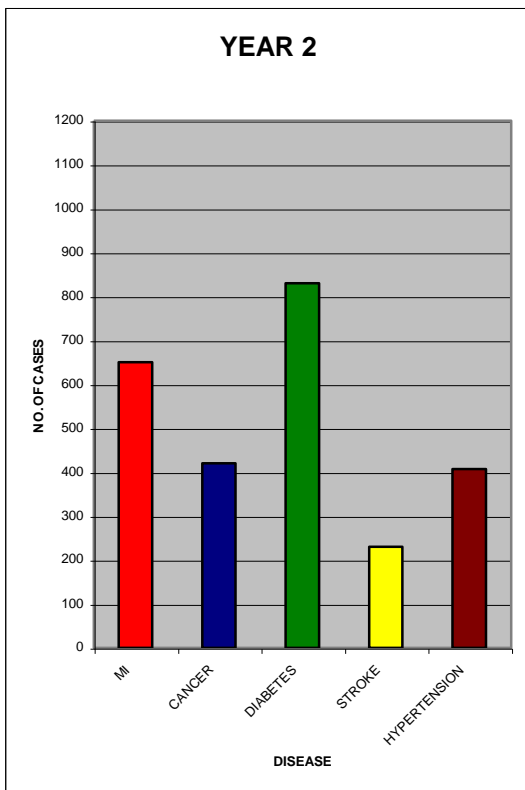
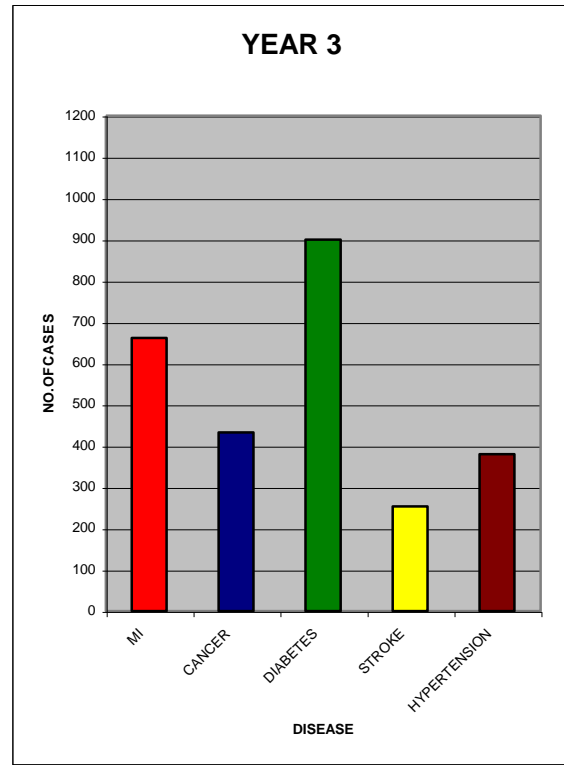
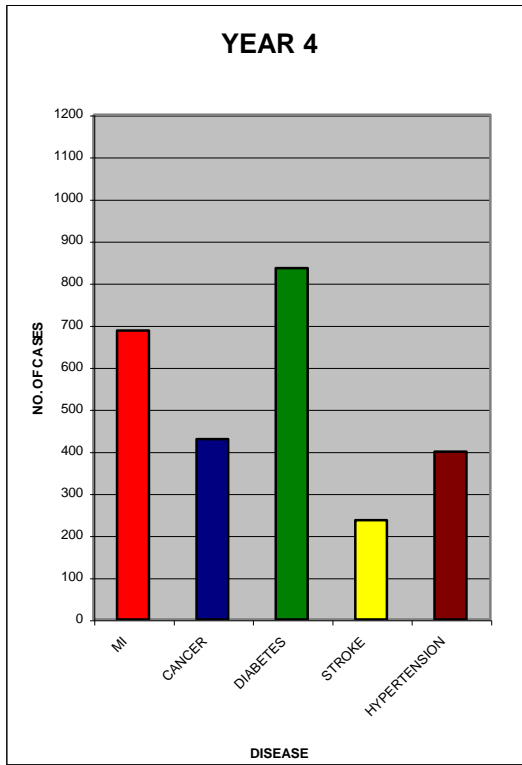
	<b>Description</b>	<b>20.....</b>	<b>20.....</b>	<b>20.....</b>	<b>20.....</b>	<b>20.....</b>
	Rubella/CRS					
	Simple Continued Fever					
	Tetanus					
	Typhus Fever					
	Viral Hepatitis					
	Whooping Cough					
	SARS/Suspected for SARS					
	Tuberculosis					
<b>Sanitation</b>						
	No. of Houses with Sanitary Latrines					
	No. of Houses with Insanitary Latrines					
	No. of Houses without Latrines					
<b>Water Safety</b>						
	No. of Houses with Safe Water Supplies					
	No. of Houses with Unsafe Water Supplies					
<b>Food Safety</b>						
	No. of Food Factories					
	No. of Bakeries					
	No. of Hotels / Restaurants					
	No. of Snack Bars					
	No. of Tea & Coffee Kiosks					
	No. of Groceries					
	No. of Others					
<b>School Health</b>						
	No. of Schools less than 200 children					
	No. of Schools more than 200 children					
	No. of Private Schools					
	No. of Pirivena Schools					
	Total School Population in All Schools					
	No. of Pre Schools					
<b>Occupational Health</b>						
	No. of Factories					

Description		20.....	20.....	20.....	20.....	20.....
<b>Medical Institutions &amp; Pharmacies</b>						
No. of Government Medical Institutions	Western					
	Indigenous					
No. of Private Hospitals	Western					
	Indigenous/Others					
No. of Private Dispensaries	Western					
	Indigenous					
	Others					
No. of Pharmacies						
<b>Others</b>						
No. of Welfare Centres for Children						
No. of Welfare Centres for Elders						
No. of Refugee Camps						

**SPECIFIC COMMUNICABLE DISEASES**



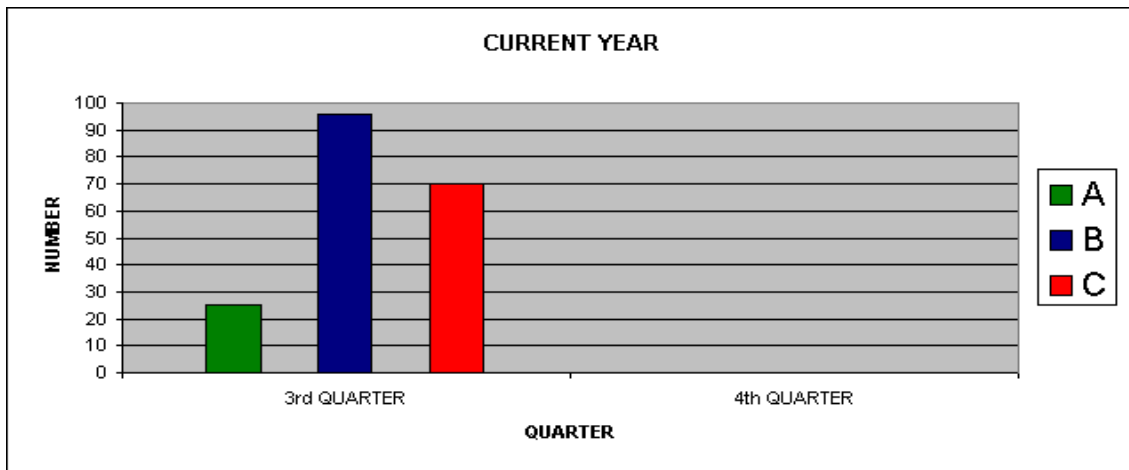
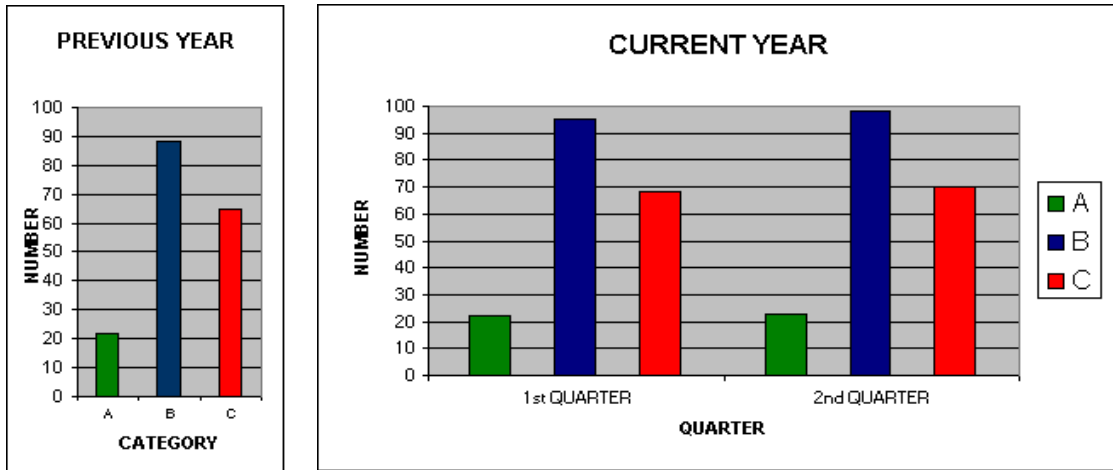
NON COMMUNICABLE DISEASES



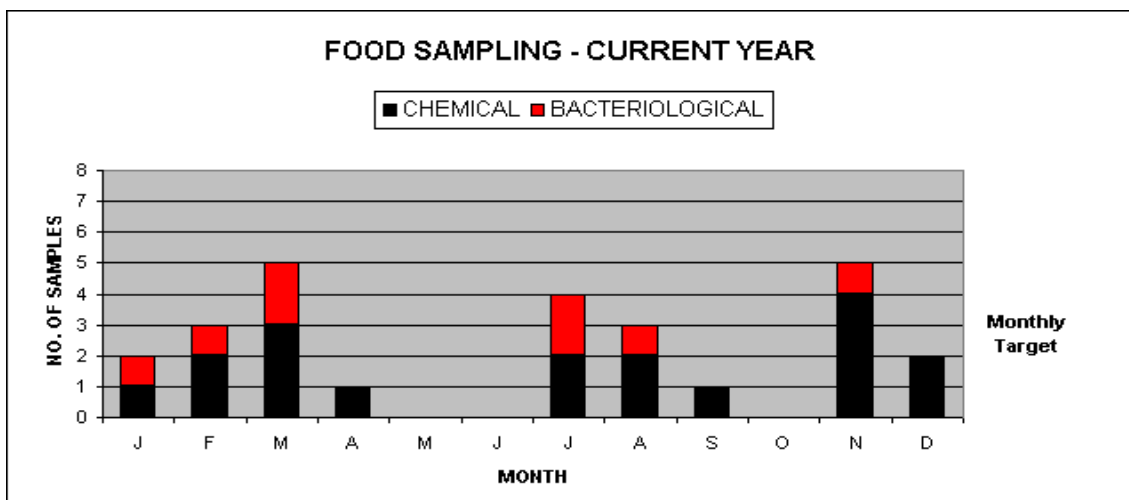
Annex- 5

FOOD SAFETY

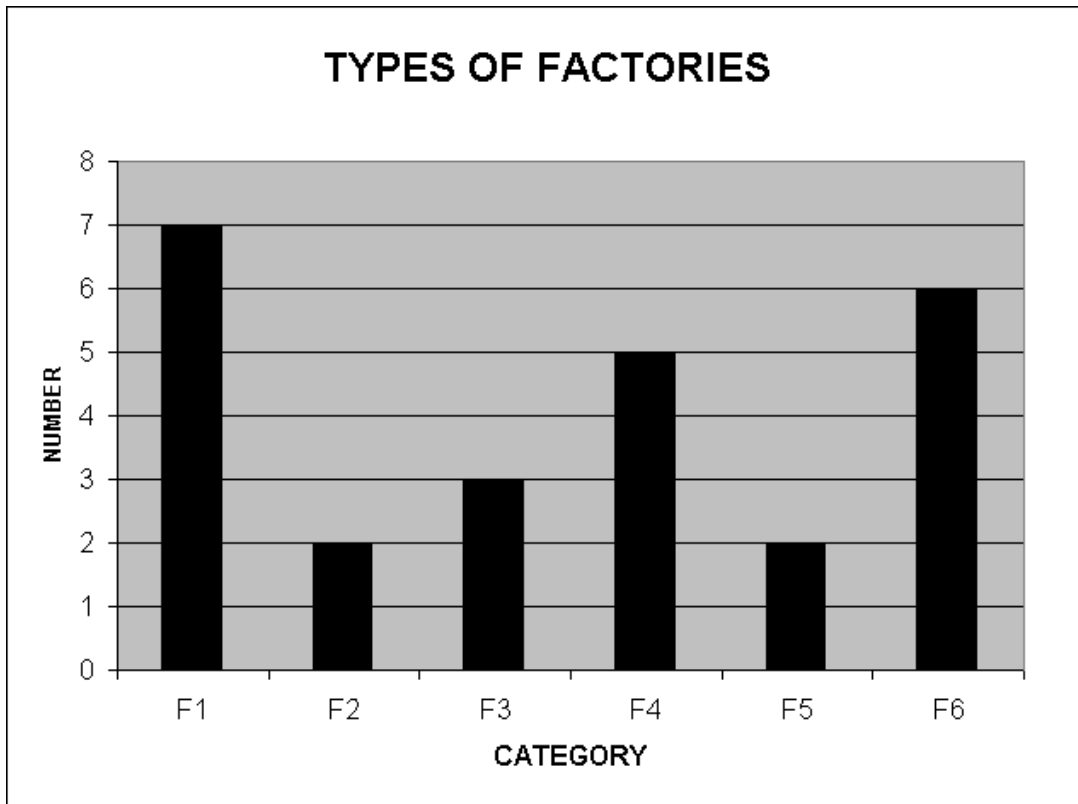
ASSESSMENT OF FOOD HANDLING ESTABLISHMENTS



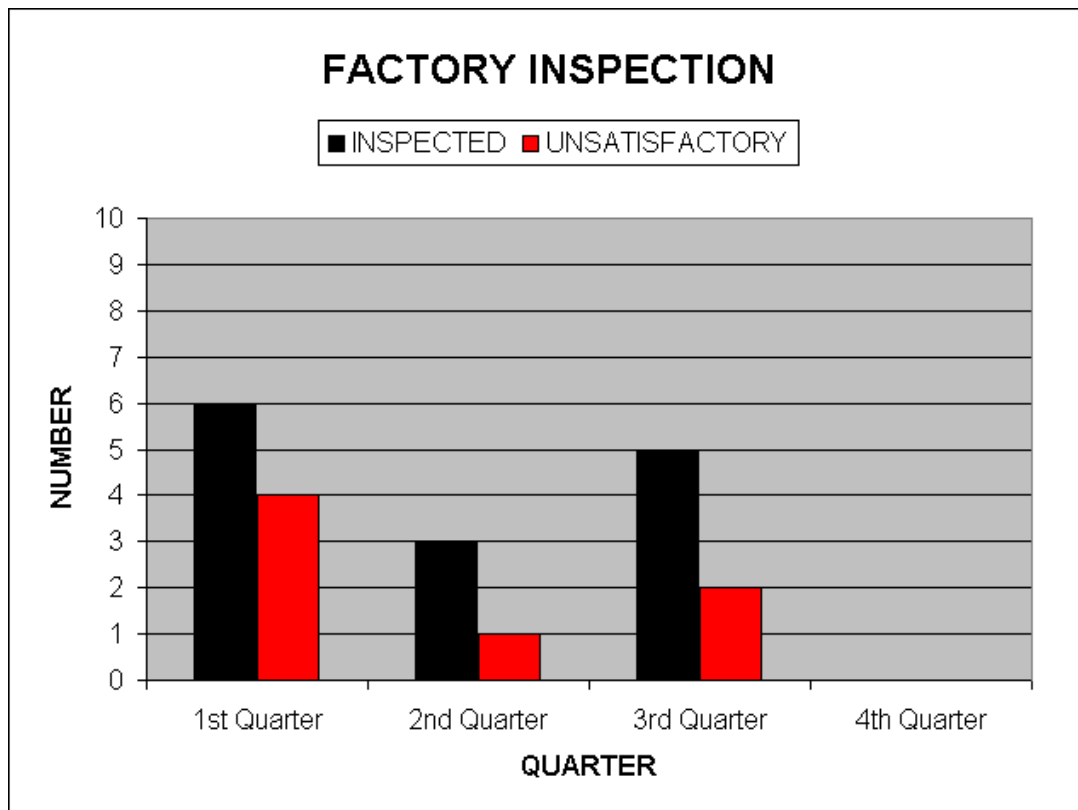
Annex- 6



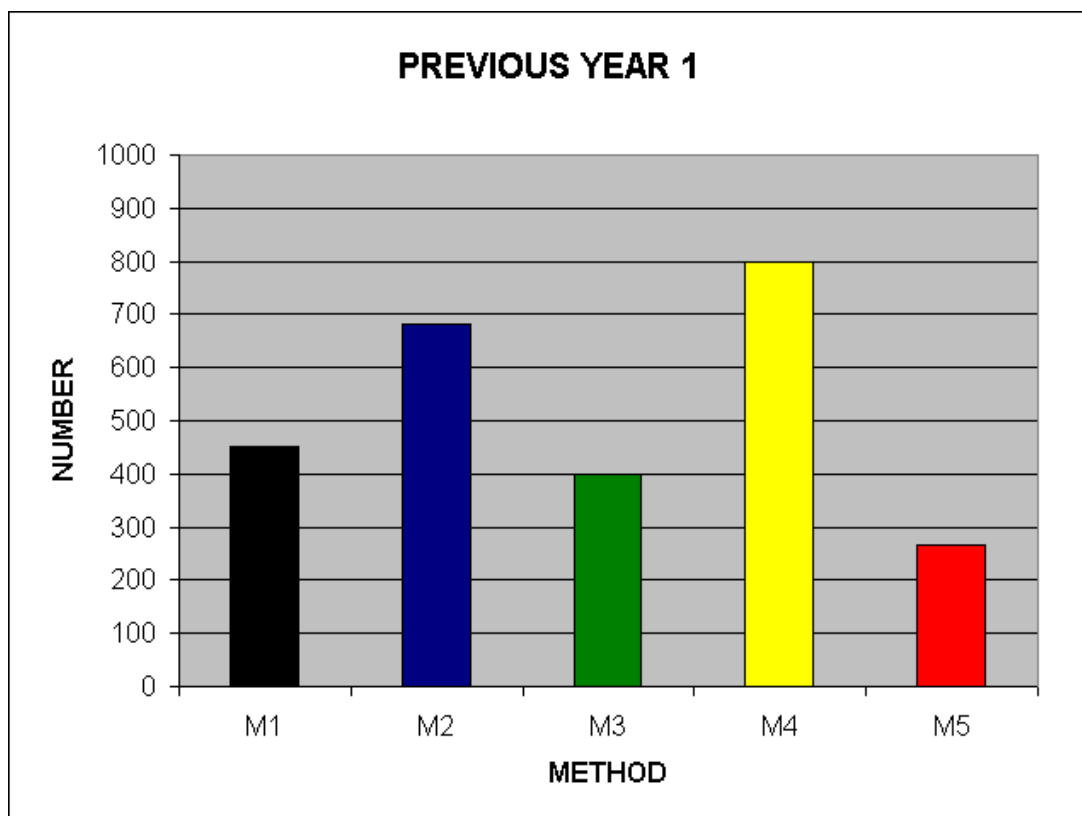
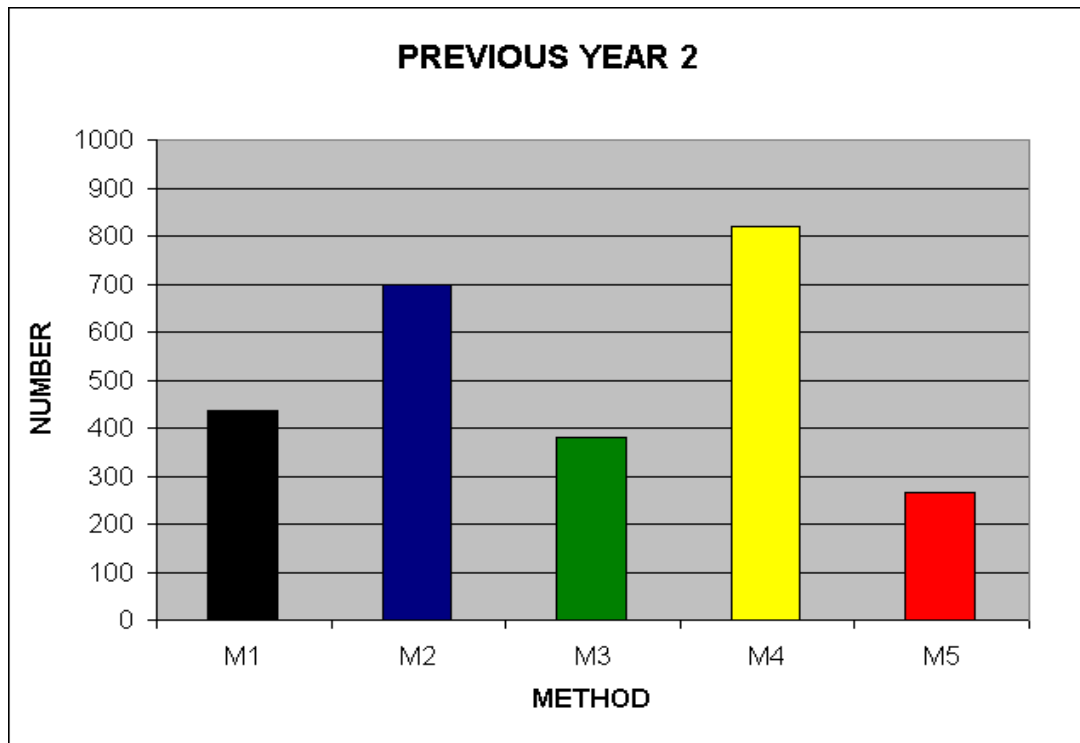
OCCUPATIONAL HEALTH



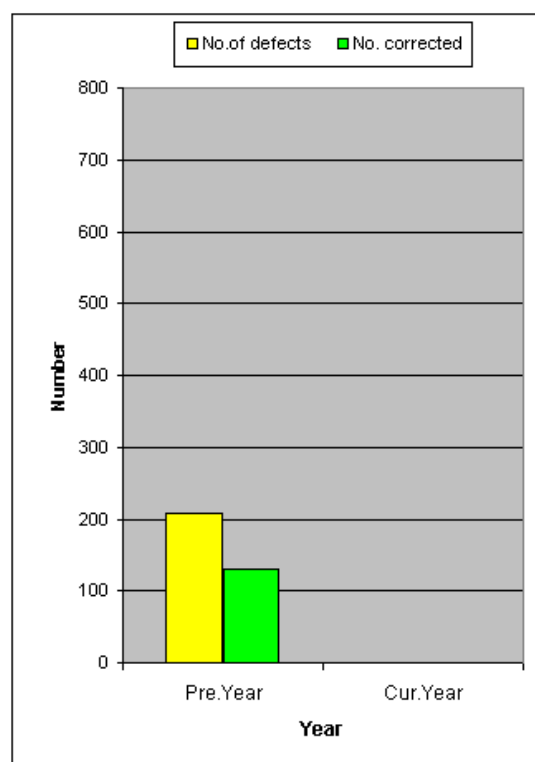
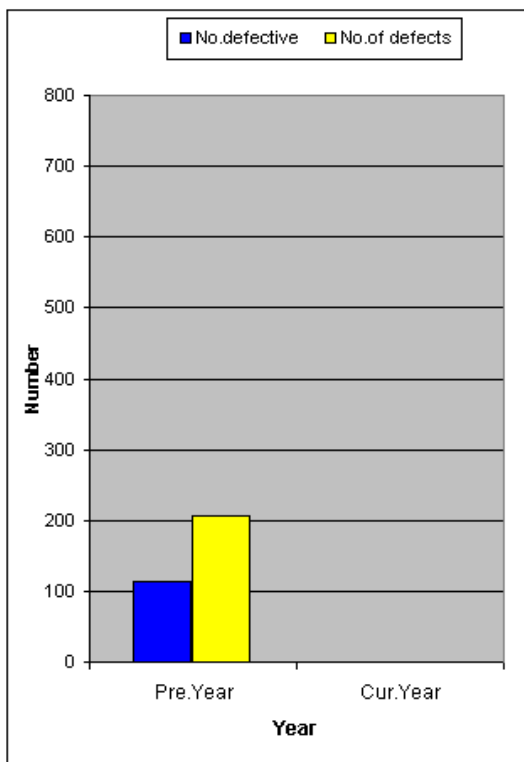
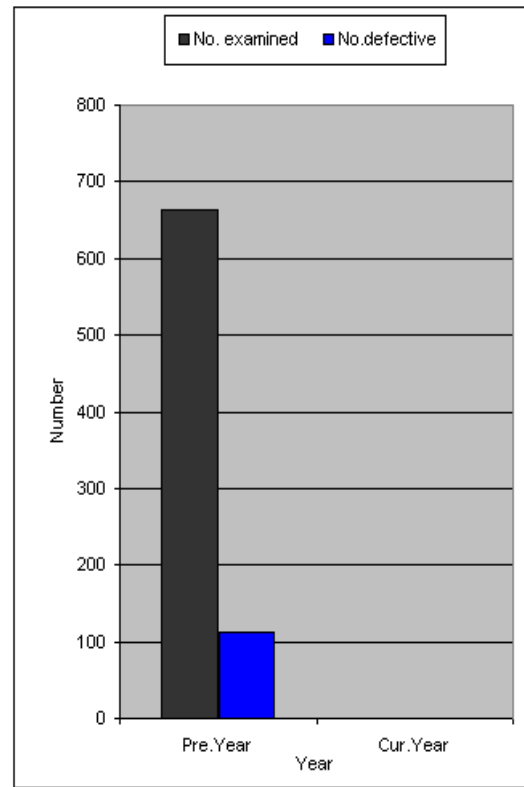
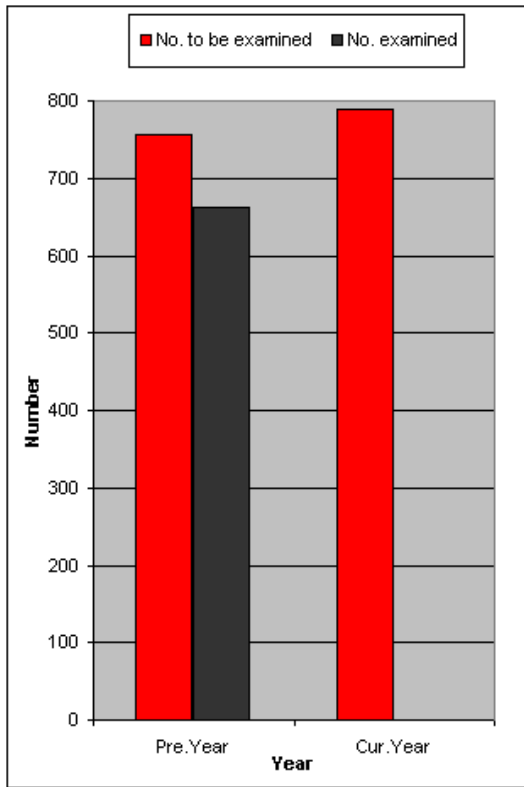
Annex- 8



**SOLID WASTE MANAGEMENT**

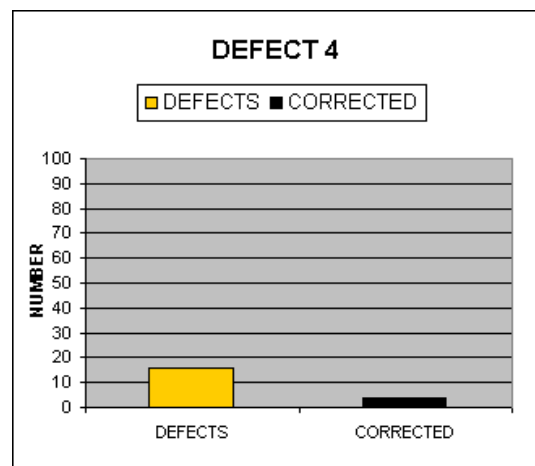
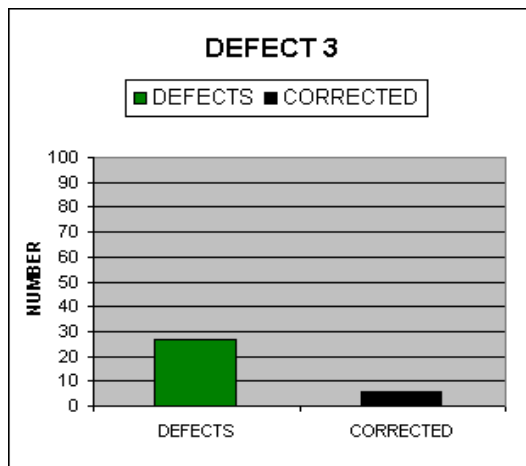
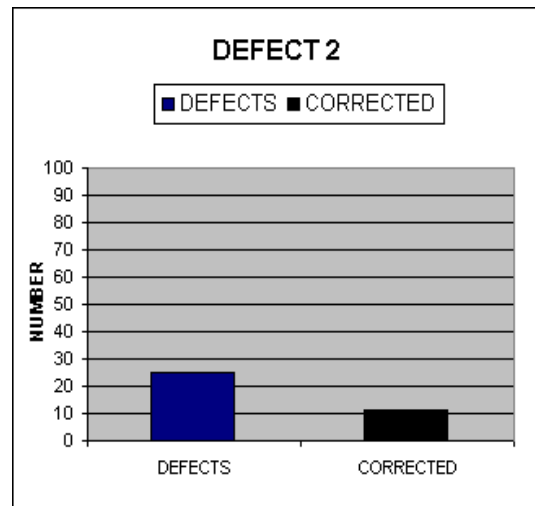
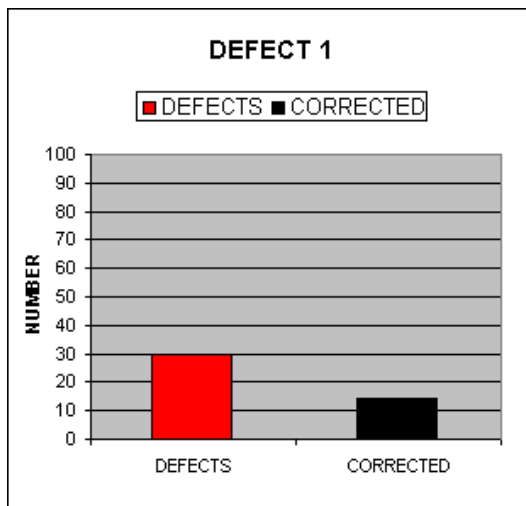
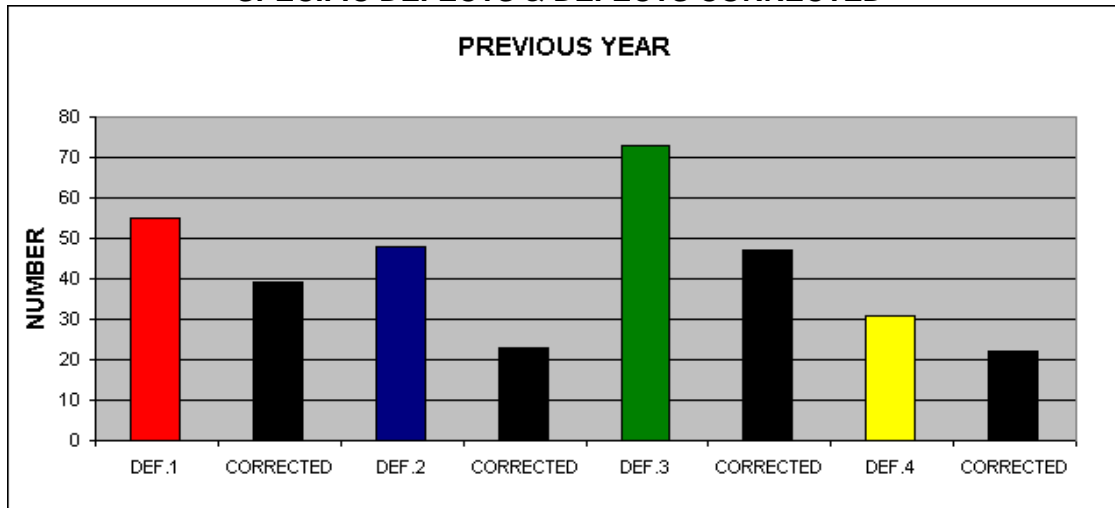


**SCHOOL MEDICAL INSPECTIN**



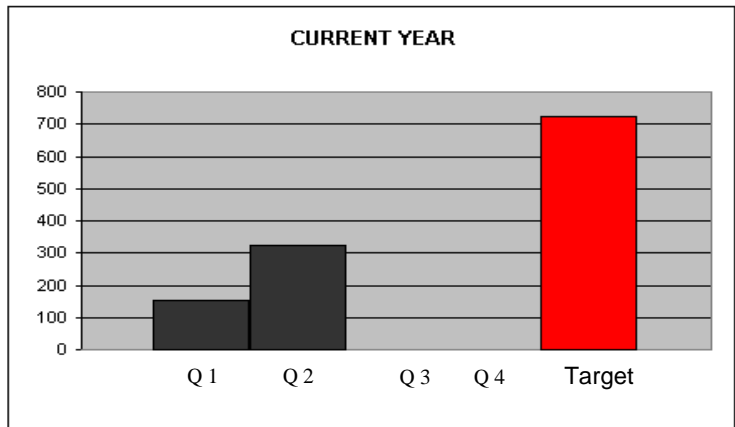
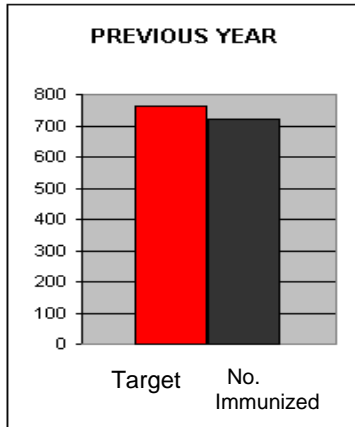


**SPECIFIC DEFECTS & DEFECTS CORRECTED**

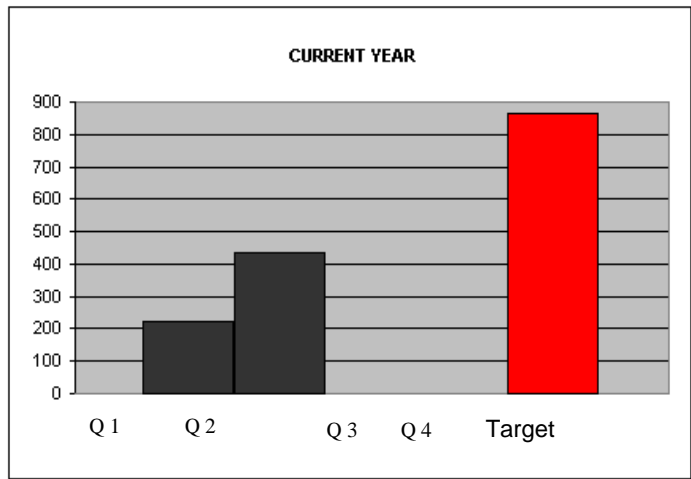
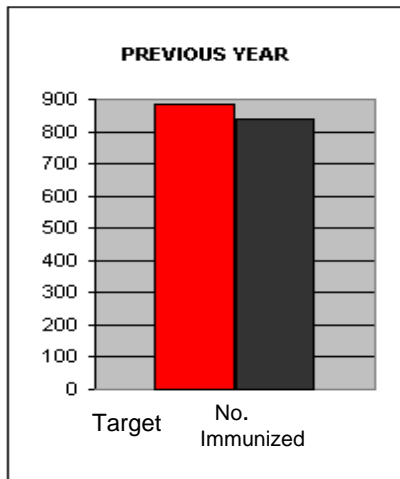


**IMMUNIZATION**

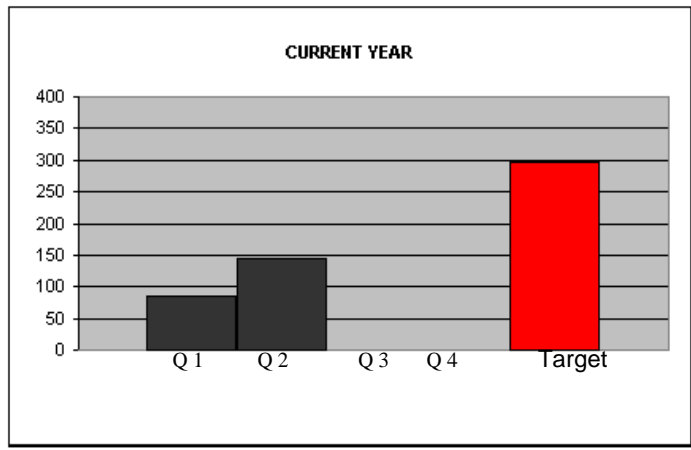
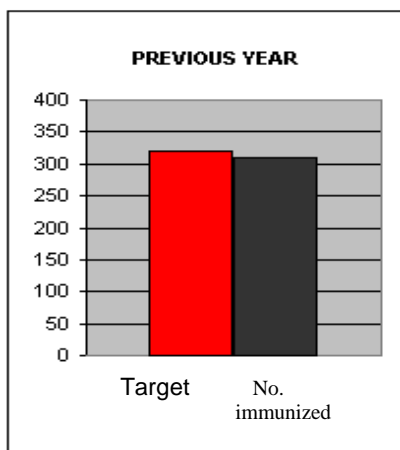
**aTd**



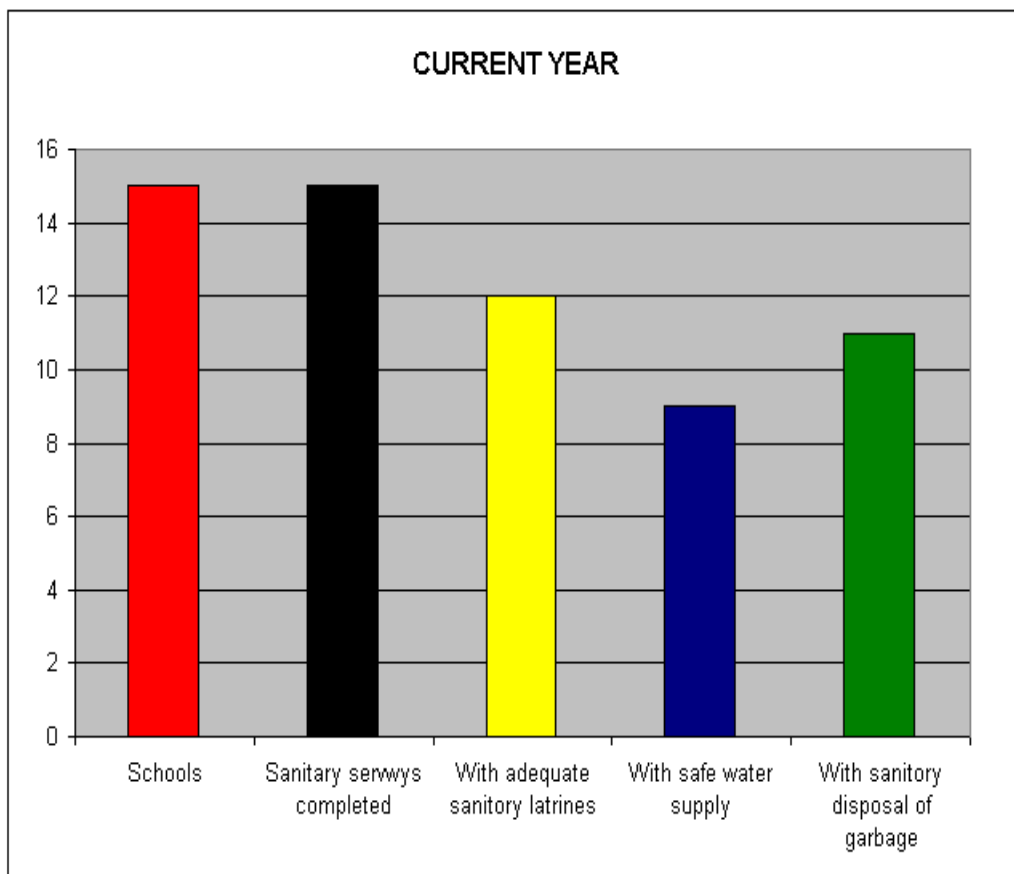
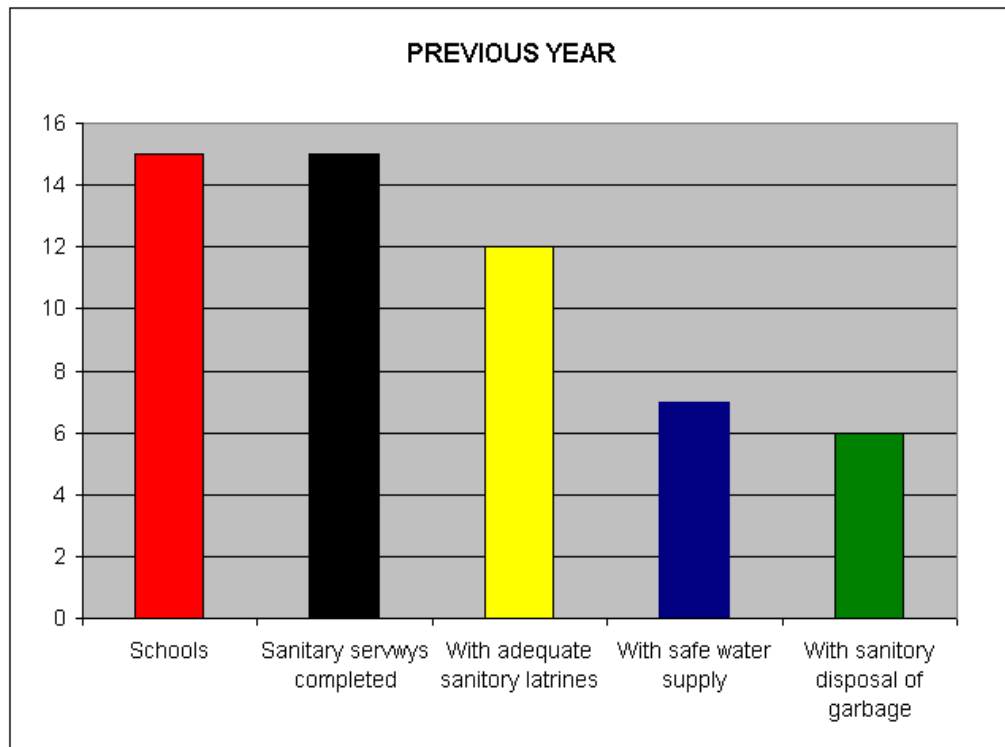
**TETANUS TOXOID**



**RUBELLA**



**SCHOOL SANITARY SURVEY**



### **1.3 Uniform**

Public Health Inspectors on duty should appear in the uniform provided by the department. They should be dressed in a clean and neat manner; and the helmet crests and buttons should be well polished.

Circular of the uniform (Circular No: 01-03/2003 Date; 01.04.2003)

#### **PUBLIC HEALTH INSPECTOR - CLASS 11-B**

- Trouser – Khaki
- Khaki Tunic with two shoulder straps; front - two upper and lower pockets; lower part of the tunic bisected at the centre (rear)
- Belt with Nickle Buckle
- Shoes – Brown
- 5 Nickled large buttons with Health Department insignia
- 6 Nickled small buttons with Health Department insignia
- 2 Nickled shoulder badges with Health Department insignia
- 2 Epulettes (Two Snakes & Bar) for the shoulder straps – (Bar in red)
- Peak cap (Khaki) with nickled crest with Health Department insignia

#### **PUBLIC HEALTH INSPECTOR - CLASS 11-A**

- Trouser – Khaki
- Khaki Tunic with two shoulder straps; front - two upper and lower pockets; lower part of the tunic bisected at the centre (rear)
- Belt with Nickle Buckle
- Shoes – Brown
- 5 Nickled large buttons with Health Department insignia
- 6 Nickled small buttons with Health Department insignia
- 2 Nickled shoulder badges with Health Department insignia
- 2 Epulettes (Two Snakes & Bar) for the shoulder straps – (Bar in red)
- Two stars (1X1) for the shoulder straps - with Health Department insignia
- Peak cap (Khaki) with nickled crest with Health Department insignia

**PUBLIC HEALTH INSPECTOR CLASS .1**

- Trouser – Khaki
- Khaki Tunic with two shoulder straps; front - two upper and lower pockets; lower part of the tunic bisected at the centre (rear)
- Belt with Nickle Buckle
- Shoes – Brown
- 5 Nickled large buttons with Health Department insignia
- 6 Nickled small buttons with Health Department insignia
- 2 Nickled shoulder badges with Health Department insignia
- 2 Epulettes (Two Snakes & Bar) for the shoulder straps – (Bar in red)
- Four stars (2X2) for the shoulder straps - with Health Department insignia
- Peak cap (Khaki) with nickled crest with Health Department insignia

**PUBLIC HEALTH INSPECTOR - SPECIAL GRADE**

- Trouser – Khaki
- Khaki Tunic with two shoulder straps; front - two upper and lower pockets; lower part of the tunic bisected at the centre (rear)
- Belt with Nickle Buckle
- Shoes – Brown
- 5 Nickled large buttons with Health Department insignia
- 6 Nickled small buttons with Health Department insignia
- 2 Nickled shoulder badges with Health Department insignia
- 2 Epulettes (Two Snakes & Bar) for the shoulder straps – (Bar in red)
- 2 State Insigna for the shoulder strap
- Peak cap (Khaki) with nickled crest with Health Department insignia

## Accessories of the Uniform of Public Health Inspectors

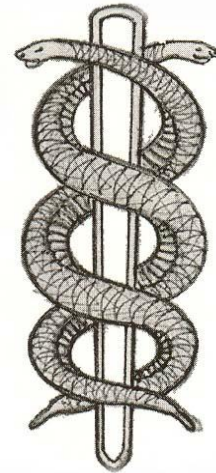
### 1. Peak Cap - 01

Length – 40 mm  
Breadth – 35 mm



### 2. Epulette - 02

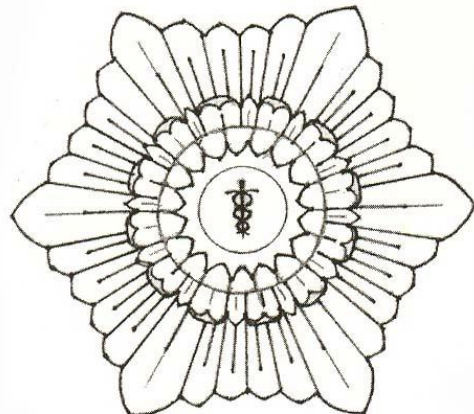
Length	55 mm
Distance between two snakes	20 mm
Circumference of the first coil	20 mm
Circumference of the second coil	23 mm
Circumference of the third coil	18 mm
Distance between the tails of the two snakes	18 mm



### 3. Epulette - 02

Distance between the two points  
in the star with longest distance 20 mm

(Class 1 - 04 stars)  
(Class I1 "A" - 02 stars)



**4. Epulette - 02**

Height – 23 mm  
(for special Grade – 02)



**5. Epulette - 02**

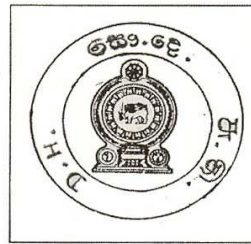
Breadth – 35mm  
Maximum height - 20 mm  
Height at the ends - 10mm



**6. Buttons**

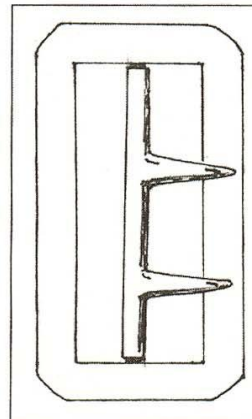
Should be in 3 sizes

1. Two buttons for the both sides of the (circumference 08 mm)
2. Six buttons for shoulders and Pocket
3. Five buttons on the front the uniform (circumference 08 mm)



**7. Buckle of the belt**

Length - 60 mm  
Breadth - 35 mm

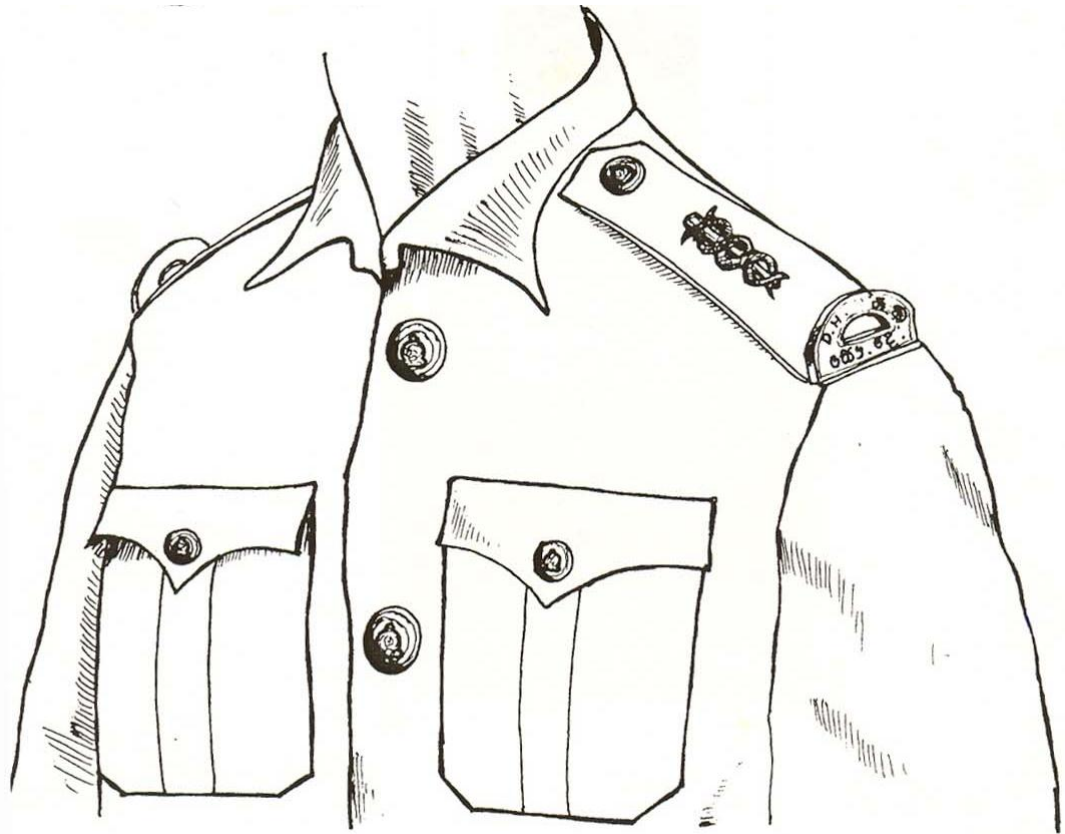
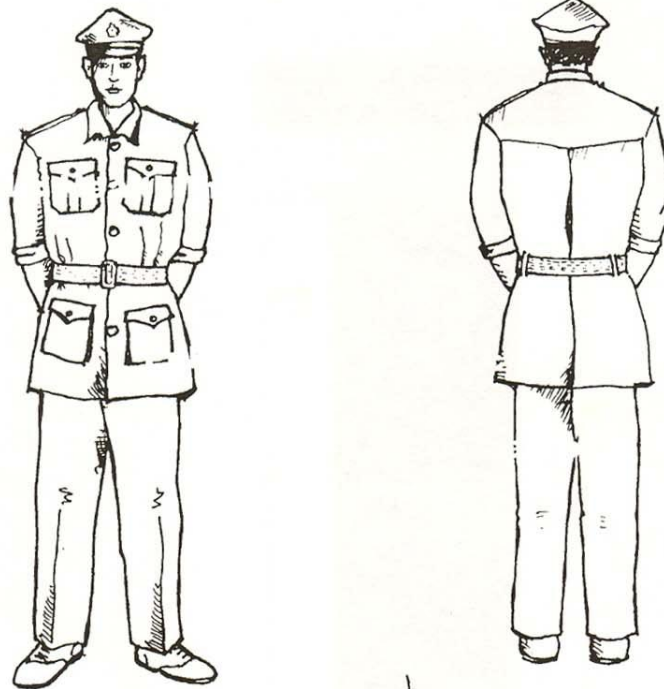


**8. Official Name Badge**

Length - 90mm  
Breadth - 15mm

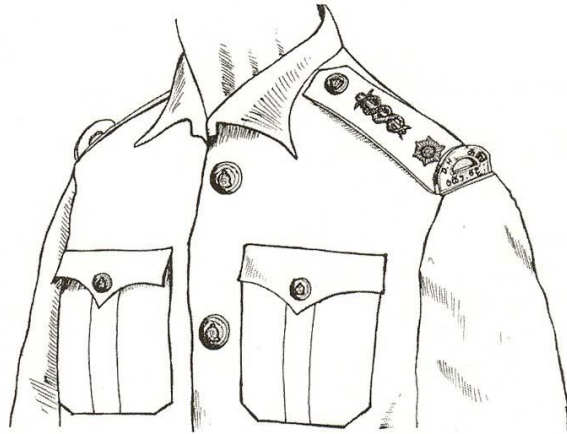


**Public Health Inspector**  
**CLASS II B**

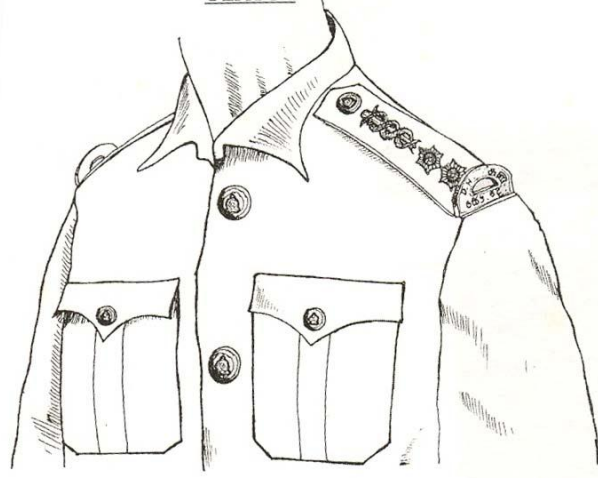




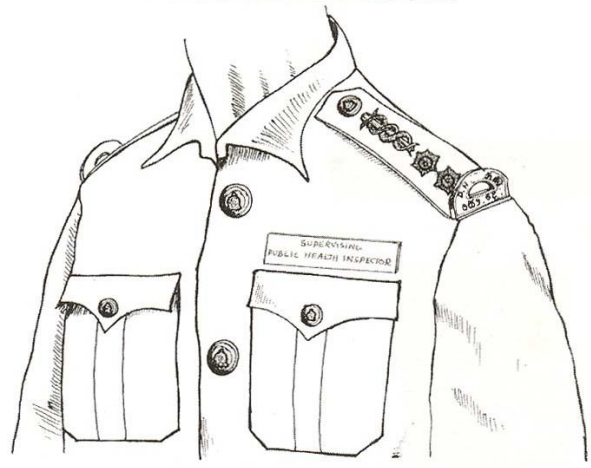
**PUBLIC HEALTH INSPECTOR  
CLASS II A**



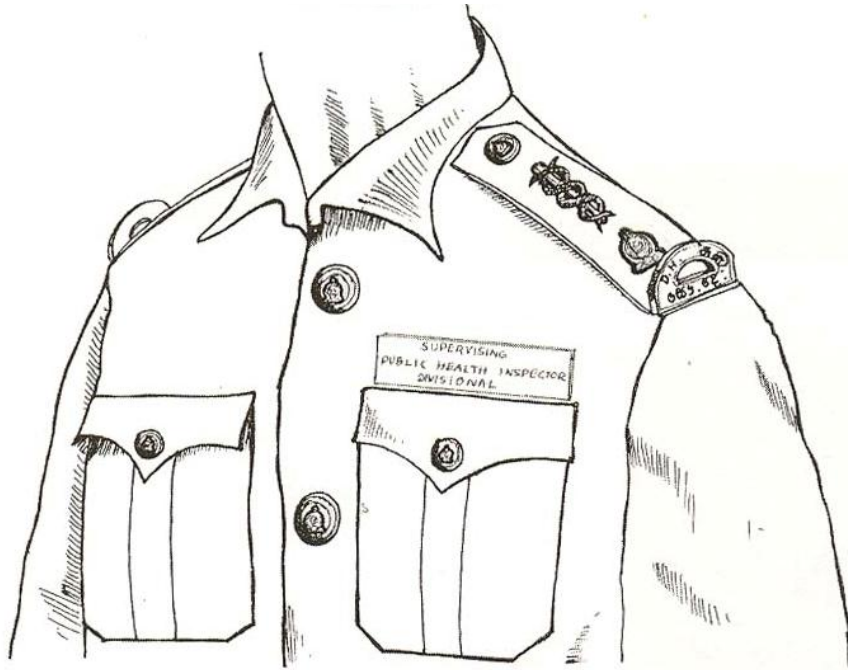
**PUBLIC HEALTH INSPECTOR  
CLASS I**



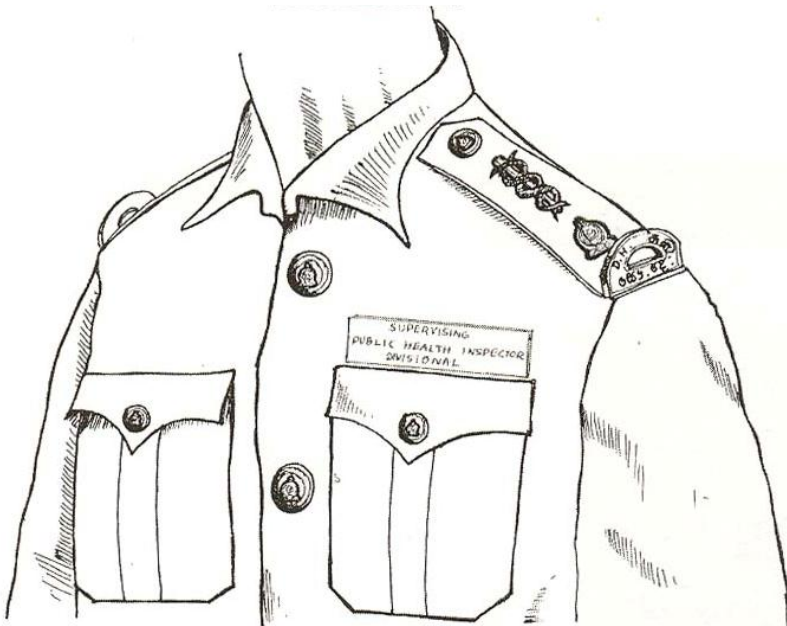
**SUPERVISING  
PUBLIC HEALTH INSPECTOR**



**SUPPERVISING  
PUBLIC HEALTH INSPECTOR  
DIVISIONAL**



**SUPPERVISING  
PUBLIC HEALTH INSPECTOR  
PROVINCIAL**



#### **1.4 Duties of Public Health Inspectors attached to Specialized Campaigns and Specialized Institutions**

##### **Duty list of Public Health Inspector attached to the Unit of the Principal Public Health Inspector (PPHI) of the Ministry of Healthcare & Nutrition**

1. Shall be responsible to the Principal Public Health Inspector, with regard to the discharge of duties
2. Shall assist the Principal Public Health Inspector in performing his duties
3. Shall register all documents received by the Principal Public Health Inspector, and take necessary follow up action
4. Shall maintain files regarding the public complaints received concerning the public health services of the country and take appropriate follow up action
5. Shall regularly supervise the sanitary aspects of the canteen and the building complex of the Ministry of Health, Head Office
6. Shall supervise and report on the sanitary aspects in medical/health institutions, to which a PHI is not attached (eg. Eye Hospital, Dental Institute)
7. Shall assist in training programmes and progress review discussions organized by the Principal Public Health Inspector Unit
8. Shall assist the School Medical Officer Unit, in the maintenance of sanitary services and conducting medical examinations in the schools within Colombo Municipal area
9. Shall visit areas affected by sudden disasters and epidemics, and provide necessary assistance, under the instructions of the Principal Public Health Inspector
10. Shall carry out any other duties assigned by the Deputy Director Generals (Public Health Services) or the Principal Public Health Inspector

**Duty list of Public Health Inspector of Chest Hospital**

1. Shall be responsible for maintaining environmental sanitation with regard to hospital wards and units, along with the surroundings, and the maintenance of incinerators, sewerage treatment plant, laundry and issuing disinfectant materials. He will discharge these duties under the purview of the Head of the Department, and the Deputy Director of Chest Hospital, Welisara.
2. Shall be responsible for supervising the hospital kitchen, hospital canteen, kitchen at the Nurses' Quarters, and any other food handling unit in the hospital, to ensure good standards of food hygiene. He will discharge these duties under the purview of the Head of the department, and the Deputy Director of Chest Hospital, Welisara.
3. Shall act on any complaint made by residents in official quarters, regarding sanitation matters, and find appropriate solutions. He will discharge these duties under the purview of the Head of the Department and the Deputy Director of Chest Hospital, Welisara.
4. Shall impart health education on patients, hospital visitors, and minor staff, and in other institutions, on the subject of TB and other communicable diseases.
5. Shall collect data from hospital wards and other units on a regular basis, and prepare and submit quarterly returns. Will liaise with the Deputy Director of the Chest hospital, Welisara, Medical Records Officer (MRO) at the National Programme for Control of TB and Chest Diseases (NPTCCD) and the Chief Medical Statistician of the Ministry
6. Shall maintain the Indoor Morbidity, Mortality Register (IMMR), attend to notification of TB patients and maintain the H- 816 Register. Will liaise with the Deputy Director of the Chest hospital, Welisara, Medical Records Officer at the National Programme for the Control of TB and Chest Diseases (NPTCCD), and the Chief Medical Statistician of the Ministry
7. Shall keep records of TB patients who are referred to District Chest Clinics and District Chest Hospitals. Shall liaise with District TB Control Officers (DTCO s).
8. Shall attend to vector control activities and control of rodents and stray animals in and around the hospital premises. Shall organize insecticide spraying / fumigation activities in the ICU, operating theatres and the surgery wards, if and when necessary. Will liaise with the Anti Rabies Unit and the RDHS Office to obtain the necessary services.
9. Shall assist the superior officers or other staff members, in conducting studies/ surveys related to TB and associated diseases.
10. Shall carry out any other duties assigned to him by the supervising officers.

### **Duty list of the Public Health Inspector of Anti Filariasis Campaign**

He shall:

1. On assuming charge of an area submit a survey report or review the work done and send a report within one month of his assumption of duties.
2. Maintain his office at the office of the Medical Officer of Health or any other place approved by the Director, Anti – Filariasis Campaign.
3. Be on duty from 7.30-a.m. to 12 noon and 2.00 p.m. to 4.30.p.m. on week days and 7.30.a.m. to 1.00 p.m. on Saturday. Duty hours for night blood filming 7.30 p.m.to 11.30 p.m. on days following night blood filming the duty hours will be 7.30-a.m. to 10.30 a.m. only.
4. Be responsible to the Director, Anti–Filariasis Campaign, through the supervising officers, for the safe custody of stores and equipment issued to him. He shall indent for the necessary stores and equipment in time to time to enable to maintain the activities of the Campaign uniformly. Inventory books, issue orders and receipt orders should be correctly maintained.
5. Draw up the programme for the various activities in accordance with the instructions of the Director, Anti–Filariasis Campaign, and submit them through the supervising officer to the Director, Anti – Filariasis Campaign to reach him on or before the date specified for the purpose.
6. Visit houses for purpose of Health Education and preparing list of the occupants of each house in his area;
  - (a) for blood survey , administration of treatment and follow up
  - (b) for carrying out night blood surveys according to approved programme
  - (c) for preparing a list of breeding places and make it up to date by locating new breeding places of *Culex fatigans* or *Mansonia* mosquitoes
  - (d) Carrying out application of larvicides according to the approved dosage and method
  - (e) Removal and disposing of *Pistia* and other water plants according to the approved method
  - (f) Carrying out test checking of breeding places before and after treatment, in all sections of the allotted area
  - (g) Carrying out elimination of temporary and permanent breeding places according to approved methods
  - (h) Maintaining records in respect of all field work and assessing efficiency of control work

7. Assist the Medical Officer of Health or other medical officers at treatment clinics by receiving patients, making entries on treatment cards, issuing drugs, and maintaining necessary registers and records
8. Supervise and control the work of the overseers and labourers engaged in Filariasis control work and will be held responsible for their conduct and efficiency and output of their work. Any breach of regulations, misconduct or discourtesy to public on the part of the laborurers or overseers should be promptly brought to the notice of the supervising officer and Director, Anti Filariasis Campaign
9. Carry out any special survey as directed by the Director of anti- Filariasis campaign and also promptly investigate into all complaints regarding mosquito nuisance in the area, and adopt suitable method of control.
10. Assist the Health Educator attached to the campaign, to carry out health education work in respect of Filariasis and Filariasis control work.
11. Attend staff conferences arranged by the MOH, for the Range public Health Inspectors of the area.
12. Prepare and submit to the Director, Anti Filariasis Campaign through the MOH or officer in charge health office, monthly, quarterly, annual, and special reports, by the due dates
13. Maintain the following records, files, maps, and legislative enactments:-
  - (1) Pocket Note Book
  - (2) Diary (Health 136)
  - (3) Inward Register (General 6)
  - (4) Outward Register (General 7)
  - (5) Letter Register
  - (6) Endorsement Register
  - (7) Inventory Sheets (Health 312)
    - (a) Official- on Government Registers
    - (b) Personal I on Non-Consumable articles
    - (c) Personal II on Consumable articles
  - (8) Consumable Stores Register(Health 287)
  - (9) Visitors' Book
  - (10) Leave Register (General 190)
  - (11) Anti-Filariasis Notices Register
  - (12) Prosecutions Register (Health 321 E)
  - (13) Monthly Sanitary Report
  - (14) Score Cards

- (15) Programmes
- (16) Register of breeding places
  - (a) Register of breeding places that could be eliminated
  - (b) Register of breeding places that have to be treated weekly
- (17) Case Index of Microfilaria cases
- (18) Surveillance Index of Microfilaria cases
- (19) Case Index of Clinical cases
- (20) Surveillance Index of Clinical cases
- (21) Register of absentees in parasitological surveys
- (22) Register of complaints against minor employees
- (23) Check Rolls

The books and registers should be placed on a stand on the right hand side of the office table so that Inspecting Officers could reach for them easily.

An Index Card of books and registers should be maintained in the office. It should follow the order given above.

The Index Card should be left on the office table so that Inspecting Officers would have easy access to it.

#### **Duty list of Public Health Inspector at the Airport Health Office**

1. Assist the Airport Health Officer to carry out Quarantine activities; inspection, examination, detention, surveillance, isolation, treatment, immunization, disinfection and disinsection of aircrafts/ goods and any other measures necessary for the prevention of the spread of any quarantinable disease into Sri Lanka.
2. Compile the Health Declarations reported by the pilot of aircrafts.
3. Issue of pratique to aircrafts.
4. Surveillance regarding entry of passengers arriving from countries with prevalence of certain emerging and re-emerging communicable diseases, i.e., countries declared by the WHO, as having prevalence of special diseases such as SARS, Plague, Ebola virus fever etc.
5. Prevent entry of passengers arriving from any country declared by WHO as infected with Yellow Fever, if they do not have a valid vaccination certificate against Yellow Fever. Passengers coming from any country having major communicable diseases (as declared by WHO) too, are prevented from entry. Passengers falling to above categories are either deported or kept in quarantine for 6 days at the Infectious Diseases Hospital at Angoda.

6. Monitoring and Supervision of disinfection / disinfection of Aircrafts, passengers, and cargo.
7. Release human remains arriving from foreign countries, after ascertaining the cause of death and requirements with regard to quarantine regulations.
8. Inspection of Sanitation of the Airport premises and taking necessary actions.
9. Water sampling for the purpose of Quality Assurance of drinking water.
10. Performance of all duties coming under Food Act including Food Sanitation; Inspection of all food outlets and places of food preparation in the terminal building, cargo complex, Airport and Sri Lankan Airline premises; Investigation of any episodes of food poisoning.
11. Inspection of food cargo when requested.
12. Arranging programmes for screening blood of the Airport staff for Filariasis infection.
13. Imparting health education to food handlers and canteen staff.
14. Monitoring and supervision of Vector Control activities.
15. Maintenance of records relating to arrival and departure of all passengers and arrival of passengers from Yellow Fever infected countries.

#### **Duties and Responsibilities of Public Health Inspectors attached to Hospitals**

1. Control of Communicable diseases
  - a) Daily wards rounds
  - b) Supervision of cleaning groups
2. Sanitation inspection
  - a) Daily wards rounds
  - b) Health Education
3. Water Supply
  - a) Supervision of cleaning the water tank
  - b) Taking water samples for analysis
4. Waste Management
  - a) Hazardous waste
  - b) Non hazardous waste
  - c) Pharmaceutical waste
  - d) Radio active waste
  - e) Infectious waste
  - f) Pathological waste
  - g) Chemical waste
  - h) Supervision of cleaning groups
  - i) Managing the waste disposal
  - J) Liaison with the Local Government bodies



5. Rabies Control
  - a) Anti rabies vaccination
  - b) Sterilization of female animals
  
6. Food Safety
  - a) Responsibilities under the Food Act
  - b) Inspection of food hygiene
  - c) Inspection of workers' hygiene
  - d) Inspection of general environmental sanitation
  - e) Inspection of Canteens, Kitchen, Milk room, Kitchen of Nurses' quarters, Milk Bars, Milk stores
  
7. Infection Control - Community
  - a) Isolation and Barriers
  - b) Disposal of used equipments, supervise waste disposal by burning, disinfection of reusable supplies and equipment etc.
  
8. Occupational Health  
Shall inspect all work sites in the institution premises and identify any health hazards that may be present, and advise on control measures
  
9. Environmental Health  
Shall inspect all premises in the area / institution and advise on environmental sanitation for the control of communicable disease
  
10. Sanitation during the Disasters and Epidemics  
Shall organize and supervise health activities related to environmental sanitation and prevention of communicable diseases, during disasters and epidemics
  
11. Records and Reports to be handled
  - a) Monthly notification report
  - b) Week-end AFP report
  - c) Daily dengue reports
  - d) Sanitary reports
  - e) Monthly Spraying report
  
12. Registers to be maintained
  - a) Notification register
  - b) Sanitation register
  - c) Communicable diseases register
  - d) Food Hygiene register
  - e) TCL issuing register
  - f) AFP register
  - g) Other relevant registers and books
  
13. Notifications  
Collection from every ward, coordinating with MOOH, Epidemiology Unit, Informing about all new IMOO, new nurses
  
14. Pest control
  - a) Spraying programmes (during day / night)
  - b) Mosquito nets insecticide-impregnating activities
  
15. Rodent Control

16. Disease- wise surveillance  
AFP, Dengue, AEFI, Meningitis, Rubella, Cholera surveillance
17. Issuing TCL for wards and units
18. Immunization  
Hep.B, DPT, Polio, DT, MR, aTd, JE vaccine
19. Water and Food sampling
20. Handling matters related to HIV infected patients (patients/ attending medical staff/ community / equipments / refuse / burial of bodies)
21. Supervision of sewage scheme
22. Maintaining statistics
23. Health Education activities
24. Special Activities, e.g., Arranging shramadana programmes, “Dengue week” activities, Universal Children’s Day programme, School Health Programme

#### **Duty list of Public Health Inspector (Leprosy Control)**

Since PHII / LC are directly under the provincial administration, the following duties pertaining to leprosy control should be performed in addition to other duties which are assigned by the Provincial Director / Regional Director of Health.

1. Case Detection: -
  1. Detection of new cases through Surveys & Contact tracing
  2. Maintain the Registers of new patients and Mdt. Examination
2. Case Management: -
  1. Conduct Leprosy Clinics
  2. Carry out Contact Examination
  3. Carry out Defaulter Retrieval
3. Deformity Care:
  1. Provide services for patients
  2. Renew Medical Certificates for Sda
  3. Maintain Deformity Care Register
4. Economic Rehabilitation:
  1. Submit New Proposals
  2. Recoveries
5. Health Education: Conduct Health Education Activities
6. Training: Conduct Training Programmes
7. Information
  1. Submit Monthly Advance Programme
  2. Submit Monthly, Quarterly, and Annual Reports
  3. Submit Annual Clinic Schedules and Plan of Action
8. Claims
  1. Submit Expenses Claims
  2. Submit for approval any replacement of spa

**Duty list of Public Health Inspector of Epidemiological Unit**

1. Receiving EPI vaccines (OPV, DT, aTd, TT, Measles, BCG, Rubella, MR) and JE vaccines
2. Storage and supervision of stored vaccines in cold rooms
3. Monitoring of cold chain equipment
4. Maintaining cold chain equipment
5. Distribution of vaccines to respective R/MSD throughout the island, wherever possible personally accompanying vaccine stocks
6. Supervision of vaccine storage at R/MSD
7. Storing of vaccines in private cold rooms when necessary
8. Removal of vaccines from private cold rooms for distribution
9. Maintaining relevant records regarding receipt and distribution of vaccines
10. To be on duty outside office hours and on public holidays to receive and store vaccines arriving from airport
11. Surveillance activities on DHF
12. Surveillance activities on rabies
13. Surveillance activities on tetanus
14. Surveillance activities on TB
15. Surveillance activities on malaria
16. Surveillance activities on JE
17. Dispatch and receipt of special surveillance forms regarding DHF, JE, tetanus and rabies
18. Visit MRI to extract relevant information regarding DHF surveillance
19. Surveillance activities on cholera and other major communicable diseases when such epidemics occur
20. Preparation and maintenance of maps and charts
21. To be in charge of stalls run by Epidemiology Unit at exhibitions
22. Any other duties allocated by the Epidemiologist

**Duty list of Public Health Inspector of Medical Research Institute (MRI- Department of Nutrition)**

1. Public Health Inspectors attached to the Department of Nutrition, Medical Research Institute are seven day workers. Their normal duty hours at the institution are from 8.00 a.m. to 4.00 p.m. on week days.
2. They shall assist the Head of the department or the Senior Nutrition Assistant in designing and carrying out research projects, Dietary surveys, Nutritional assessment surveys, etc., as directed by them.

3. They shall carry out research projects, Dietary surveys, Nutritional assessment surveys etc., as and when programmes are arranged by the Head of the department or Senior Nutrition Assistant.
4. They shall perform Anthropometric Assessments; Haemoglobin assessments; Clinical assessment; and Sample collection, preparation and transport, under the supervision and instructions of Head of the department (such as blood, stool and urine for bio-chemical tests, and food for food composition analysis)
5. They shall compile, maintain and present Survey Reports pertaining to the work carried out by them under Dietary and Nutritional surveys and other Nutrition Research Projects.
6. They shall conduct lectures, talks, discussions, and counseling on diet and Nutrition, as and when such programmes are arranged.
7. They shall assist the Head of the department or Senior Nutrition Assistant during training of Public Health personnel, and Survey and Research teams, in carrying out Nutritional assessment programmes / Dietary and Nutrition surveys.
8. They shall enlist the co-operation and support of the public and relevant organizations and institutions, whenever dietary surveys or other Nutritional surveys and Research Projects are undertaken.
9. They shall ensure the maintenance of relevant records pertaining to the work of the department.
10. They shall carry out any other appropriate duties as required by Director / MRI or Head of the department.
11. Drawing of blood – whenever the situation arises.

#### **Duty list of Public Health Inspector attached to the Family Health Bureau**

PHII attached to the Family Health Bureau should follow the instructions of the Medical Officers in charge of Child & School Health Unit, and should carry out the following duties with the view to strengthen the school health programme and improve its quality.

1. To assist in the functioning of the National Coordinating Committee appointed for the above purpose and to strengthen the cooperation with the Ministry of Education.
2. To assist the teachers and health staff in the implementation of the School Health Programme.
3. To take suitable action to investigate the reports pertaining to school health and to ensure their distribution
4. To assist in the organization of seminars conducted by MOO/ MCH, for teachers in all areas.

5. To organize seminars and to carry out necessary activities to provide information to different categories of officers in the Ministry of Education.
6. To organize and assist at the in-service training programmes for the officers of the Ministry of Health engaged in school health work
7. To assist in the monitoring and evaluation of school health work and in the provision of a feed back
8. To implement relevant activities pertaining school health work.
9. To participate in the district school health programme review meetings and furnish relevant reports.
10. To obtain reports on school health activities, process and analyze them and give a feedback.
11. To supervise the implementation of sanitary services in the premises of the Family Health Bureau and give recommendations to the higher authorities as and when required
12. To carry out any instructions of Director, Family Health Bureau, depending on service needs

#### **Duties of Public Health Inspector attached to Public Health Veterinary Services**

1. Dog Vaccination Programme  
Conducting dog vaccination programmes in areas assigned to PHII, based on the divisions of Medical Officers of Health, through PHII of the areas, under complete supervision and advice of MOOH. Assistance for co-ordination and required resources obtained either from the office of the Provincial Director of Health Services or from the office of the Regional Director of Health.  
  
Conducting planning meetings well in advance of the vaccination programmes, at MOH level and sending a report to the national head quarters.
2. Conducting programmes for elimination of dogs  
Conducting dog elimination programmes in areas assigned to PHII, based on the divisions of Medical Officers of Health, through PHII of the areas, under complete supervision and advice from Medical Officer of Health and the Competent Authority of the local government institution. Fuel and labourers obtained from the relevant local government institution, through the Range Public Health Inspectors: Planning activities to be carried out well in advance.
3. Health education programmes should be launched to educate the public in the area, government officers, and school children, on rabies.
4. Supervision of the following members of the dog vaccination teams working under Provincial / Regional Director of Health Services, and keeping relevant records.
  - 1) Vaccinators (including temporarily assigned spray machine operators)
  - 2) Overseer/ Animal Unit (Raiding)
  - 3) Driver

5. Supervision of the following members of the dog elimination teams working under Provincial / Regional Director of Health Services, and keeping relevant records
  - 1) Overseer Animal Unit (Raiding)
  - 2) Dog elimination labourer
  - 3) Dog elimination substitute labourer
  - 4) Driver
6. Supervision and overseeing the maintenance of vehicles attached to Rabies Control Division.
7. Coordinating activities between Provincial Director's office and Regional Director's office and the office of the MOH, regarding anti rabies activities
8. Coordination with Local Government Institutions, and obtaining cooperation for elimination of dogs, and encourage local authorities to carry out registration of dogs.
9. Obtaining vaccine, poison material, and equipment required for rabies control unit from the national office, provide them to the field in time, and submit reports.
10. Coordinating with the Public Health Veterinary Services national office and provide information and statistics in a timely manner
11. Ensure provision of anti-rabies vaccine for the employees attached to offices of Provincial and Regional Director of Health Services.
12. Make inquiries regarding the payment of traveling claims and problems regarding salaries, of the employees engaged in anti rabies work attached to office of Provincial or Regional Directors of Health Services, and take necessary steps to provide them in time.
  - a. Investigate Rabies deaths and conduct emergency special programmes in areas where deaths have occurred
13. To be in preparation to provide information and statistics on rabies pertaining to his area, when requested for by the Provincial or the Regional Director of Health Services.
14. Take prompt action regarding all complaints and requests received in the office.
15. Be on the alert on the extent of usage of human anti-rabies vaccine in hospitals in the area and expedite control measures in areas where more patients are reported owing to dog bites.
16. Launch dog sterilization programmes if facilities are available, with the assistance of veterinary surgeons.
17. On discovering animals suspected of rabies, give instructions to send their heads after death, to the Medical Research Institute for examination, and follow up. Advise persons who came in contact with such animals to seek medical advice.
18. On receiving requests from Regional Directors of Health Services, launch special programmes to eliminate stray dogs in the institution premises by the poisoned batten and send labourers with poisoned batten.

19. Take action to obtain assistance from the national office in instances when shortage of vehicles are encountered
20. Organize exhibitions, obtaining co-operation of the national office
21. Bring to the notice of higher officials when staff/vehicle shortages occur
22. Co-operate with voluntary organizations/societies interested in rabies control, in obtaining assistance and rendering assistance
23. Promote the Range Public Health Inspectors of the area to allocate one day in the monthly advance programme, for health education activities on rabies control.
24. Initiate disciplinary action against those who are found to have neglected their duties, according to supervision reports on the vaccination and elimination teams.
25. Carry out systematically dog elimination programmes for dogs not having collars which have been introduced by the national office, for vaccinated dogs. If necessary obtain cooperation from local authorities to provide collars (neckbands)
26. Promote the field staff to obtain cooperation for the survey activities and pilot programme on oral vaccines programme and the automatic vaccination programme to be introduced in future by the national office.
27. Dog vaccination programme should be implemented at the level of Medical Officer of Health divisions, systematically from one end of the area to the other, after obtaining prior permission from the Provincial or the Regional Director of Health Services.
28. When assigning vaccination teams or elimination teams to MOH areas, it should be planned in advance and all workers should be assigned to the relevant MOH areas by a letter, and released by a letter.

### **Duties of Public Health Inspector attached to National STD/AIDS Control Programme**

#### **Common Duties**

##### Clinic Duties

1. Registration of Patients
2. Counseling
3. Screening
4. Maintenance of Statistics
5. Sanitation
6. Health Education
7. Maintenance of Registers and Charts
8. F/I Register – C.S. Register B.B. ( R ) Register Defaulter register – Diary
9. Preparation of Reports
10. Correspondence with relevant areas regarding patients
11. Any other appropriate duties as decided by Director or MOIC or any other officers nominated by them.

Field (outreach activities)

- a. Defaulters and Contact tracing
- b. Health Education activities (co-ordinate with field PHI and relevant staff)
- c. Blood survey: identified specific groups
- d. Follow up of positives
- e. Drawing of blood from persons undergoing tests– whenever required (training in vacutiner system will be provide)

Waiting Hall Duties

Registration Room

- a. Subsequent visits - Maintaining register
- b. New cases register
- c. Summary of activities
- d. Registration of patients
- e. Monthly and quarterly returns – assisting the designated officer

Waiting Hall

Ensure safety of the files and records of the files

Attendance Chart/ defaulter chart

Defaulter Chart

- a. Total of new cases attended
- b. Total of subsequent cases attended
- c. Visited New/ sub.
- d. Traced New/sub.
- e. Attended New/sub.

Default Visits Register

- a. No. of telephone calls
- b. No. traced
- c. No. attended

Registration

- a. Registration of patients should start by 9.15 a.m.
- b. New patients should be seen by the PHI first and then registered
- c. All details should be entered in the new cases register as in the from (details as given in the register presently maintained)
- d. It is the responsibility of the PHI to ensure that confidentiality is maintained and there is non discrimination of the patients

Counseling

- a. On the instructions of the MOIC or MO, counseling services are to be provided to the following categories;
  - patients
  - persons screened
  - contacts
  - those seeking voluntary testing



- b. Counseling should cover the particular situation concerning contacts, control of spread of infection (including condom promotion)
- c. Contact tracing
- d. Need for follow up
- e. In those persons who are for screening – pre-test and post-test counseling as instructed by MOIC or MO.
- f. At all times confidentiality should be maintained; friendly and cordial relationship should be maintained with the patient.
- g. Relevant registers should be maintained and updated periodically.

#### Screening

- a. Screening should be arranged on instructions from the consultants/ coordinator in the clinic.
- b. Screening will cover pre-employment screening / screening for obtaining Visas/ voluntary screening/ referrals and other groups as instructed by MOIC.

In the Field -Whenever required to do so PHI should assist in sentinel surveys (HIV/ VDRL, etc.)

#### Statistics

Every PHI should assist the officer designated to prepare monthly/ quarterly / annual returns, collecting the necessary data\*\*

#### Health Education

- a. Each PHI is expected to organize HE programmes in the clinic
  - 1. Individual patients
  - 2. small group talks
- b. H.E. for other staff in the clinic
- c. Any other group (identified after consultation with co-ordinator in charge)
- d. Assist in H.E. Programmes for persons at risk
- e. All H.E. programmes should be conducted on an approved plan (submitted one month in advance) to the Director STD/ AIDS C.P, with the approval of Co-ordinator & MOIC)

#### Sanitation

- a. Supervision of the clinic sanitation
- b. Supervision of minor employees

## **Senior PHI**

Should be responsible to the Director and MOIC for the work of the other PHIs

### **Duties of Senior PHI**

1. Supervision of PHI
2. Contact tracing
3. Case tracing
4. Assisting in co-ordination of training programmes
5. Guide the other PHIs in counseling and other activities.
6. Assign duties to other PHIs (including sanitation)
7. Collection of relevant registers/diaries and submitting to the D-STD and AIDS C.P / MOIC on assigned dates

Each PHI should follow the approved roster of duties and submit the relevant reports, diaries, and CTA claims through the SPHI, or on his absence through the senior-most PHI, to the MOIC for verification and approval.

## **Provision of motorcycles**

Action is being taken to provide motorcycles to facilitate performance of duties by the PHIs. The distribution will take place according to accepted departmental regulations. Officers receiving motorcycles should utilize them for outreach work and submit CTA claim accordingly.

## **Duty list of Public Health Inspectors attached to Regional Blood Bank**

1. Contact the organizers of Blood donation programmes in the area.
2. On receiving information from organizers, prepare blood donation advance programmes and submit to relevant authorities.
3. Education and Propaganda
  - a. Inform the organizers regarding planned activities
  - b. Organize and carry out information for blood donors.
  - c. Organize and carry out information programmes for school children.
  - d. Implementation of health education programme and propaganda, on the day prior to the day of the programme, at blood donation centres.
  - e. Obtain assistance of the Health Education Unit, for the above programmes
4. Implementation of mobile blood donation programmes.
  - a. Obtain instructions and guidance from the Senior Medical Officer of the Blood Bank.
  - b. Coordination of necessary activities regarding mobile programmes.
  - c. Organize the necessary staff and propaganda for mobile programmes, with the assistance of Senior Medical Officer.
  - d. Selection and registration of blood donors at mobile donation centres.
  - e. Organize transport of collected blood to the Blood Bank.

- f. Transfer of blood groups of donors from relevant blood group books to other books.
- g. Prepare for posting the blood group labels to the donors.
- h. Prepare and post letters of thank to the organizers.
- i. Dispatch lists of names of donors to the organizers.
- j. Prepare registers of donors who have rare blood groups.
- k. Maintain all data and information relevant to blood donation programmes.
- l. Send all relevant data and reports to the blood bank through the Medical Officer.
- m. Carry out instructions of MOIC in all emergency situations.

### **Duty list of Public Health Inspectors attached to Port Health Office**

1. Assist the MOH in the provision of services related to vector control, control of communicable diseases and immunization, for the crews working in ships and vessels.
2. Fumigation of cargo
3. Sterilization of goods within the ship
4. Implementation of Food Act and other relevant regulations in relation to food items which are imported or exported
5. Implementation of Alcohol Act to control the illicit trades related to alcohol beverages
6. Issuing the Clearance Certificate for ships, related to vector control
7. Implementation of other Public Health regulations whenever necessary
8. Maintenance of registers related to financial management and issuing of receipts for charges
9. Planning and supervision of activities related to environmental sanitation
10. Control of rabies
11. Assist the MOH in activities to be carried out in the case of deaths occurring in a ship or vessel
12. Maintain other registers, records, files, and books as instructed by the supervising officer
13. Plan and implement health education programmes
14. Prepare and forward the quarterly returns
15. Perform any other activity as instructed by the supervising officers

### **Duty list of Public Health Inspector attached to the Health Education Bureau**

1. General
  - Participate in planning, implementing in health education and promotional programmes according to the institutional needs and regulations.
  - Participate in planning of production of HE materials.
  - Planning and conduction of mass media programmes on health promotion according to the institutional needs.
2. Health Promotion and Life Skill Development
  - According to the need planning and conduction of the workshops, training in regional level as a group task.

- Awareness and skill development programmes at Suwa Udana Health Campaign.
  - Partner of the Life Skills development team.
3. Exhibitions and Social Marketing
    - Organizing the staff and cater the provincial and regional level health exhibitions as requested, on promoting the health of the community.
    - Participating in National level health exhibitions.
    - Participate in electronic and mass media programmes on health development and health promotion.
  4. Development and Maintainance of the ,WEB
    - Assurance of smooth functioning of the WEB of Health Education Bureau and the update it according to the suggestions of Content Management Team. (CMT)
  5. Control of Communicable Disease
    - Working in close co-ordination with the Epidemiological Unit and analyze weekly Epidemiological Report and plan and implement health education programmes on high risk areas.
    - Shall assist the specialized campaigns, in current needs when required.
  6. Sanitation
    - Plan a multidisciplinary health promotional programme on sanitation.
    - Ensure environmental sanitation and cleanliness in HEB premises.
  7. Activities in Special Occasions
    - Shall plan and implement programmes for the exhibition sessions and other public gatherings obtaining the co-ordination from the other special campaigns.
      - Planning and implementing health promotion sessions at fairs, various health and non health institutions with the co-ordination of other specialized control units.
  8. School Health
    - Work with the close co-ordination with the school health section of FHB and school health department at Narahenpita.
    - Plan and implement health promotive sessions at schools when a need arises.
    - Plan and implementation of items in health exhibitions at various schools.
    - If requested, the supportive work in medical inspections should be carried out. '
  9. Team work
    - Shall work and maintain cordial relation with all health staff.

- Working with close co-ordination with the non professional staff and also obtain community participation in health promotion

**Duty list of Public Health Inspector attached to the Office of the MOH (AMC)**

The duties and responsibilities of PHI (AMC) are;

01. He shall be under the immediate administrative and supervising control of the MOH and be responsible to the RDHS/Director AMC through the MOH and the RMO for all anti-malaria activities in his area .
02. He shall reside and maintain his office in his central station as assigned to him by the MOH/RMO.
03. He shall carry out Epidemiological investigations of positive cases and remedial measures as outlined in director /AMC circulars and additional instructions.
04. He shall carry out active surveillance at monthly intervals in difficult areas not assigned to ACD agents.
05. He shall supervise all active case detection agents in his area at least twice a month.
06. He shall inspect the activated passive case detection agents in medical institutions in his area at least twice a month.
07. He shall also supervise and cheek spraying units in his area. Supervision must be both consecutive and concurrent .
08. He shall be responsible to MOH and RMO for any special remedial measures carried out in his area as instructed by Director AMC.
09. He shall be responsible to MOH and RMO for prophylactic treatment records and returns in all development schemes in his area.
10. He shall carry out any special surveys and fever surveys as instructed by MOH and RMO for the work carried out.
11. He shall submit monthly advance programmes to RMO and MOH on or before the 25<sup>th</sup> of the previous month. Any deviations should be submitted to MOH and RMO and approved by MOH.
12. He shall submit the following returns on the due dates as prescribed by the Director namely, weekly progress reports, monthly reports, monthly return of follow up positive cases.
13. He shall submit all investigation cards of positive cases immediately after investigation to MOH and RMO. Two copies should be submitted to RMO, who will check the investigation cards.

14. He shall maintain the statistics of his area, maps, other lists, statements, files and registers as outlined in director RDSH circulars and other instructions
15. He shall carry out any other duties as assigned to him by the Director RDSH
16. He should assiduously inquire and search out for new cbena bute and paddy land butts and other such now structures and take immediate action to get them sprayed and carry out all anti-malaraia moasures according to instruction.

*Note: Duty lists of all categories of Public Health Inspectors are currently being revised and once finalized new duty lists would be issued separately*