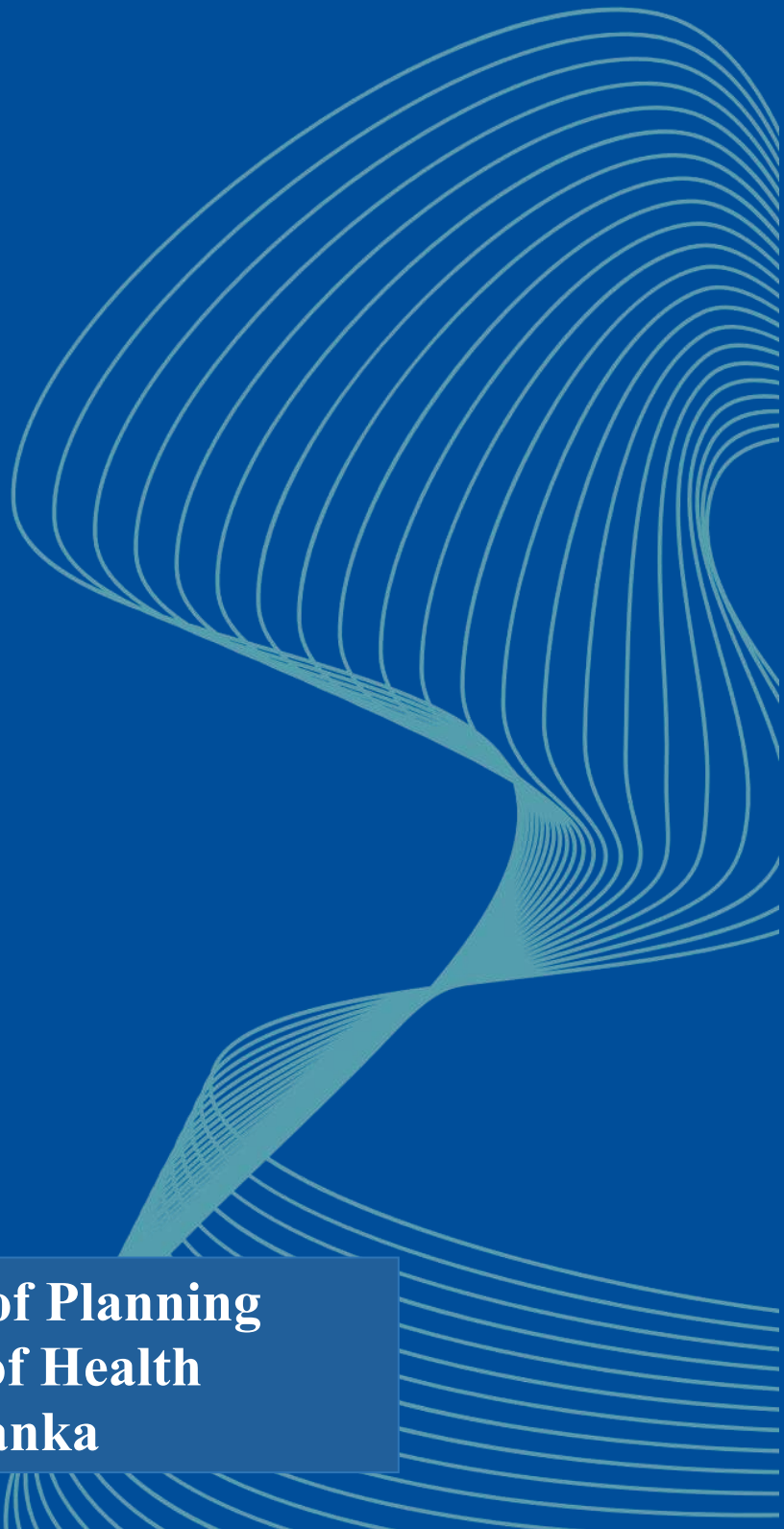


Norms for Health cadre



**Directorate of Planning
Ministry of Health
Sri Lanka**

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1. Norms for Medical Officers

There are different categories of medical officers working in the ministry such as those in the medical administrative service, specialists, grade medical officers working in the curative sector, preventive sector, biomedical information sector and those working in the Ministry of Health Head Office and other line ministry institutions. The norms given here are for the medical officers working in the hospitals.

The total approved cadre of medical officers in state institutions excluding those in the medical administrative grade and medical specialists is 22,772 and the number available was 18,765 as at 31st December 2020. A total of 11,838 medical officers were in the line ministry institutions and 6925 were attached under the Provincial Directors of Health Services (PDHS).

The norms have been developed according to the area of work in the hospitals.

1.1. Out Patient Department

- One MO per 60 OPD patients / day
- One MO per 75 Clinic patients / day

1.2. Inward and Clinics : Major specialties

National, Teaching, , District General, and Type A Base Hospitals (Units with Intern Medical Officers)

Criteria per Unit	No. of medical officers per Unit			
	Medicine	Surgery	Gynaecology and Obstetrics	Paediatrics
Beds-male 40 Beds-female 40	4 (Additional 2 MOO if 2 Consultants are attached to the same unit)	4 (Additional 2MOO if 2 Consultants are attached to the same unit)	6 (For wards with more than 140 deliveries per month) 4 (For wards with less than 140 deliveries per month)	4 (Additional MO if 2 Consultants are attached to the same unit) <u>Separate PBU /NICU with</u> <6 cots – 2 additional MOO- (In a common roster with Paediatric ward MOO) If > 6 cots – with 2 ventilators- 6 MOO (Minimum)

Type B Base Hospitals (Units without Intern Medical Officers)

Criteria	No of medical officers per Unit			
	Medicine	Surgery	Gynaecology and Obstetrics	Paediatrics
Beds- male 40 Beds female 40	6 (Additional 2MOO if 2 Consultants are attached to the same unit)	6 (Additional 2MOO if 2 Consultants are attached to the same unit)	6 (Additional 2MOO if 2 Consultants are attached to the same unit)	6 (Additional 2MOO if 2 Consultants are attached to the same unit)

1.3. Inward and Clinics : Finer Specialties

National, Teaching, , District General, and Type A Base Hospitals (No intern Medical Officers & Extensive time-consuming procedures)

Specialty	Criteria	No. of MOO per Unit			
		NH	TH/PGH	DGH	BHA
ENT	Wards and Clinic Beds- male 15 Beds- female 15	7 (Additional 3 MOO if two Consultants are attached, on sharing basis)	7 (Additional 3 MOO if two Consultants are attached, on sharing basis)	6 (Ward and clinic)	6 (Ward and clinic)
Orthopaedic Surgery	Per Unit	7 (Additional 3 MOO if two Consultants are attached, on sharing basis)	7 (Additional 3 MOO if two Consultants are attached, on sharing basis)	6 (Ward and clinic)	6 (Ward and clinic)
Neurology	Per unit (up to 20 beds)	6 for 1 Consultant 8 for 2 Consultants 10 for 3 consultants	6 for 1 Consultant 8 for 2 Consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants	6
Neurophysiology	Per consultant	2 MOO per consultant	2 MOO per consultant		
Cardiology	Per Unit	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants If a Cardiac Catheterization Laboratory is available, 20 MOOS will be allocated to both Cath lab and CCU	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants	6 for 1 consultant

Specialty	Criteria	No. of MOO per Unit			
		NH	TH/PGH	DGH	BHA
Pulmonology	Per unit	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants	6 for 1 consultant
Clinical Haematology	Per Consultant	4 (50 % increase per additional consultant)	4 (50% increase per additional consultant)	4 (50% increase per additional consultant)	4
Rheumatology	Per unit	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	6 (Ward and clinic)	
Endocrinology	Per unit	6	6	4	
Oncology	Per unit	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants	
Geriatric Medicine	Per unit	4	4	4	
Gastroenterology	Per Unit	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants	
Neonatology	Per unit	12	12	8	
Genito Urinary / Urological Surgery	Per Unit	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	6 (Ward and clinic)	
Paediatric Oncology	Per unit	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants		
Gynaecological Oncology	Per unit	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants		
Surgical Oncology	Per Consultant	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		
Plastic Surgery	Per Consultant	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		

Specialty	Criteria	No. of MOO per Unit			
		NH	TH/PGH	DGH	BHA
		attached, on sharing basis)	attached, on sharing basis)		
Thoracic Surgery	Per unit	7 Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		
Vascular / transplant Surgery	Per Unit	7 Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		
Cardiothoracic Surgery	Per Unit	7 Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		
Gastroenterological Surgery	Per Unit	7 Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		
Paediatric Surgery	Per Unit	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		
Neurosurgery	Per unit	7 Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)		
Cardiac Electro Physiology	Per unit	4	4		
Paediatric Neurology	Per unit	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants		

1.4. Specialties available in only selected hospitals

Specialty	Criteria	No. of MOO per Unit				
		NH	TH/PGH	DGH	BHA	BHB
Ophthalmology	Ward: Beds- male 20 Beds female 20 Clinic: 100 patients per week Operation Theatre	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	6	6	6
Psychiatry	Per ward	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants	6	6
Dermatology	Beds- male 20 Beds female 20 and Clinic	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2 consultants 10 for 3 consultants	6 for 1 consultant 8 for 2	6	6
Nephrology	Per Unit	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	7 (Additional 3 MOO if 2 Consultants are attached, on sharing basis)	6	6	6

* Only in selected hospitals

1.5. Finer Specialties without wards

National, Teaching, , District General, and Type A Base Hospitals

Specialty	Criteria	No. of medical officers per Unit				
		NH	TH/PGH	DGH	BHA	BHB
Histopathology	Per Consultant	4	4	2	2 (MO Laboratory)	
Medical Microbiology	Per Consultant	2	2	2		
Chemical Pathology	Per Consultant	2	2	2		
Medical Parasitology	Per Consultant	2	2			
Medical Virology	Per Consultant	2	2			
Medico Legal Unit	Per Unit	6	6	5	5	

Specialty	Criteria	No. of medical officers per Unit				
		NH	TH/PGH	DGH	BHA	BHB
Venereology Unit	Refer 2.0					
Radiology	Unit	6 (maximum 8 on sharing basis, if additional consultants are attached) Additional 2 MOO if MRI, CT and DSA facilities are available	6 (maximum 8 on sharing basis, if additional consultants are attached) Additional 2 MOO if MRI, CT and DSA facilities are available	6	6	Minimum 2 MOO (Only 1 USS) Minimum 3 MOO (Only 2 USS) Maximum 6 MOO (If night shift is available)

1.6. Accident and Emergency Care

Shift	Area of work	No. of medical officers			
		Apex Centre (PGH & TH*)	Level 2 (DGH)	Level 3 (BHA & BHB)	Level 4 (Emergency Room) - DH
Morning Shift	Triage	4	3	1	
	Resuscitation area	4	3	1	
	Treatment area (1)	2	1	1	
	Treatment area (2)	2	1	1	
	Treatment area (3)	2	1	1	
	Sub Total	14	9	5	
Afternoon Shift	Triage	3	2	1	
	Resuscitation area	3	2	1	
	Treatment area (1)	2	1	1	
	Treatment area (2)	2	1	1	
	Treatment area (3)	2	1	1	
	Sub Total	12	7	5	
Night shift	Triage	3	2	1	
	Resuscitation area	3	2	1	
	Treatment area (1)	2	1	1	
	Treatment area (2)	2	1	1	
	Treatment area (3)	2	1	1	
	Sub Total	12	7	5	

Shift	Area of work	No. of medical officers			
		Apex Centre (PGH & TH*)	Level 2 (DGH)	Level 3 (BHA & BHB)	Level 4 (Emergency Room) - DH
Night off		12	7	5	1
TOTAL		50	30	20	4

* If < 100 admissions / day, only 24 Medical Officers will be allocated

1.7. Intensive Care / Critical Care Unit with five beds

Criteria/ Shift	No. of medical officers per one theatre suit
Morning shift	2
Evening shift	2
Night shift	2
For night off	2
For inter and intra hospital transfers (Dialysis, CT/MRI, Surgery etc.)	2
Total	10

Two additional MOO to the total number of MOO per additional ICU bed

1.8. Anesthesia

Criteria/ Shift	No. of medical officers per one theatre suit
Morning shift	2
Evening shift	2
Night shift	2
For night off	2
For leave and inter and intra hospital transfers etc.	2
Total	10

1.9. Other Posts National, Teaching, , District General, all Base Hospitals and Specialized Hospitals

Designation	No. of Medical Officers	
	BH A, DGH, TH, NH and Specialized Hospitals	BH B
MO Planning	01	01

MO Health Informatics	01	
MO Quality & safety	01	01
MO Public Health	01	01
MO ET and R	01	
MO Palliative care	02-03	

1.10. Cadre for Divisional Hospitals

Number of Medical Officers		
Divisional A	Divisional B	Divisional C
6-8 (including DMO)	4-6 (including DMO)	4-5 (including DMO)

1.11. Cadre for Primary Medical Care Units (PMCU)

Number of Medical Officers	2
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1.12. Cadre for other services

Communicable disease control activities

Activity area	No. of medical officers
Chest Clinic	One MO per 25 respiratory patients /day (One DTMO per district)
Malaria	One MO per RDHS area for high-risk areas
Filaria	One MO per RDHS area for high-risk areas
STD/AIDS	02 (One additional MO if more than 10 patients / day)

1.13. Cadre for offices under Provincial Director of Health Services

PDHS Offices

Category	No. of medical officers
MO Planning	01
MO Quality and Safety	01
MO Health Informatics	01

One medical officer per consultant in a PDHS office

RDHS Offices

Category	No. of medical officers
MO Planning	01
MO Health Informatics	01
MO MCH	01 - (one additional MO if more than 10 MOH areas)
MO Epidemiology	01 - (one additional MO if more than 10 MOH areas)
MO Environment & Occupational Health and Health Promotion	01
MO Quality & safety	01
MO Non-Communicable Diseases	01
MO - Mental Health	01
MO Vector borne	01 - 02 depending on the disease burden

MOH Offices

One MOH and an Additional MOH for 60,000 population
If more than 60,000 population an additional MOH for every additional 30,000 population

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Dr. Prabath Sugathadasa

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2. Norms for Dental Surgeons

2.1 OPD

Type of Hospital	Number of Dental Surgeons suggested
NH Kandy	10
TH / PGH	8
DGH	7
BH A	5
BH B	3
PMCU/ Adolescent Dental Clinic (ADC)/Community Dental Clinic (CDC)	1
Specialized Hospitals	
• National Dental Institute (Teaching)	35
• Institute of Oral Health - Maharagama	15
• Dental Hospital - Peradeniya [under TH Peradeniya - (Undergraduate Training Institute)]	15
• Apeksha Hospital Maharagama	5
• SBSCH / Other Specialized Hospitals	2-3

2.1. 2.2. Wards and Clinics in Hospitals

Type of Hospital	OMF Surgery Unit*	Orthodontic Unit*	Restorative Dentistry*	Oral Pathology*	Community Dentistry	Total
NH Kandy	7 +1**	5 +1**	5 +1**			17
TH / PGH	6 +1**	4 +1**	4 +1**	2		16
DGH	5	4	4			13
BH A	4					4

*Per consultant ** Interns

2.2. 2.3. Wards and Clinics in Specialized Hospitals

Type of Hospital	OMF Surgery Unit*	Orthodontic Unit*	Restorative Dentistry*	Oral Pathology*	Community Dentistry*
National Dental Hospital (Teaching)	7+1**	5 +1**	5 +1**	2	4
Institute of Oral Health	7+1**	5 +1**	5 +1**		3

*Per consultant ** Interns

2.4.RDHS / PDHS Offices, Campaigns

- Consultants in Community Dentistry attached to PD offices - 2 per consultant

2.5.Training Schools

- Dental Therapist training School (attached to Institute of Oral Health-Maharagama) - 7

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Dr. Pemith Liyanage	President, College of Oral Pathologists
Dr. Prasanna Jayasekara	College of Community Dentistry
Dr W M Senadeera	College of Orthodontics

3. Norms for Nursing Officers

Nurses comprise the biggest staff category of the Ministry of Health. The nurses are trained by the Ministry of Health through a network of nurses training schools located provincially in the island. They are offered a higher national diploma. In addition, there are nurses who have received BSc Nursing degree (4-year degree) from several universities in Sri Lanka. They are given a brief orientation in nursing schools before they are deployed in Health Ministry Institutions.

There are 41000 nurses employed by the government sector and the training capacity of the nurses training schools amounts to 3000 nurses per annum. Universities are producing 250 nurses per year.

When calculating the actual number of Nursing Officers per ward/unit; profession specific considerations (e.g. days off, duty leave) has to be considered in addition to below suggested values.

3.1. Medicine, Surgery, Pediatrics and Obstetrics and Gynaecology

Ward/Unit	Bed Capacity	BH-B	BH-A	DGH	TH/PGH
Medical	20-30	12-14			
	30-40	14-16	15-18	16-20	
	40-50		18-20	20-24	20-25
	50-60			24-30	25-30
	60-70				30-36

Surgical	15-25	12-14			
	25-35	14-16			
	30-40		15-18	15-20	
	40-50		18-20	20-25	20-25
	50-60		20-24	25-30	25-30
	60-70				30-36

Paediatric	20-30	12-14			
	30-40	14-16	16-18	18-22	
	40-50		18-20	22-25	22-25

Ward/Unit	Bed Capacity	BH-B	BH-A	DGH	TH/PGH
	50-60			25-28	25-28
	60-70				28-32
Antenatal	10-20	10-12	10-12		
	20-30	12-14	12-14	14-16	16-18
	30-40	14-16	14-16	16-20	18-22
	40-50			20-25	22-25

Postnatal	10-20	10-12	10-12		
	20-30	12-14	12-14	15-18	16-20
	30-40	14-16	14-16	18-20	20-22
	40-50			20-25	22-25

Gynaecology	10-20	08-10	08-10		
	20-30	10-12	10-12	12-16	12-16
	30-40	12-16	12-16	16-20	16-20
	40-50			20-25	20-25

LR	4-5	12-15			
	6-8	15-18			
	8-10	18-24			

3.2. Other specialties

Ward/Unit	Bed Capacity	BH-B	BH -A	DGH	TH/PGH
Psychiatry Ward	10-20	08-10	08-10	10-12	
	20-30		10-12	12-16	15-18
	30-40				18-20
	40-50				20-22

Eye Ward	20-25	10-12	10-12	10-12	
	25-35	12-14	12-14	12-15	

Ward/Unit	Bed Capacity	BH-B	BH -A	DGH	TH/PGH
	35-40			15-18	
	20-30				10-14
	30-40				14-18
	40-50				18-24

Neurology Ward	15-20		10-12	12-14	14-16
	20-30		12-14	14-16	16-18
	30-40				18-20

Ward/Unit	Bed Capacity	BH-B	BH -A	DGH	TH/PGH
Orthopedic Ward	15-25		08-10	12-14	
	25-35		10-15	14-18	
	35-50			18-22	
	30-40				16-20
	40-50				20-24
	50-60				24-28

Cardiology Ward	20-30		10-12	12-14	
	20-25				12-15
	25-30				15-18
	30-40				18-22

Respiratory Ward	20-30		10-12	12-15	12-15
	30-40			15-18	15-18

Oncology Ward	20-30			12-14	
	30-40			14-20	16-20
	40-50				20-25

Ward/Unit	Bed Capacity	BH-B	BH -A	DGH	TH/PGH
	50-60				25-30

SCBU/PBU	10-15		10-12		
	15-20		12-14	14-16	
	20-30			16-18	18-22
	30-40				22-30
Geriatric Medical Ward	10-15		08-10		
	15-20		10-12	10-12	
	20-30		12-14	12-15	12-15
	30-40			15-20	15-20

Ward/Unit	Bed Capacity	BH-A	DGH	TH/PGH
ENT Ward	10-15	8-10	08-10	
	15-20	10-12	10-12	
	20-30	12-14	12-15	
	10-20			10-12
	20-30			12-15
	30-40			15-20

Dermatology Ward	20-30	9-12	10-15	
	20-25			10-12
	25-30			12-16
	30-40			16-20

OMF	10-15	8-10	8-10	
	15-20	10-12	10-12	
	20-30	12-14	12-15	
	10-20			10-12

Ward/Unit	Bed Capacity	BH-B	BH -A	DGH	TH/PGH
	20-30				12-15
	30-40				15-20

3.3. Emergency units

Unit		Bed Capacity	BH-B	BH-A	DGH	TH
A & E	4R, 10TA, 20SS	20-30		50-60	50-70	
		30-40		60-80	70-90	
	5R, 15TA, 40SS	40-50			90-120	120-160
		50-60			120-160	160-190
	6R, 20TA, 60SS	60-70				190-220
		70- 80				200-230
PCU		10-20		16-22	22-40	
		20-30		25-30	40-60	
ETU		1 Nurse: ETU bed per shift				

Distribution in an A & E

Resuscitation	1:1 per shift
Treatment area	3:01
Short stay	4:1
Casualty OT	1:15
ICU	1:05
leave	1/3 of the total
Admin	01 sister

2.3. 3.4. Accident Service (AS) / (NHSL/NHK, TH Karapitiya)

3.4.1. Triage and Information unit

Morning	Evening	Night	Total
03	03	02	08

3.4.2. AS OPD

Shift	In charge	Resuscitation	Trolley Area	Minor Injury	Observation	Plaster Room	Suture Room	Total
Morning	01	04	03	02	03	01	01	15
Evening	01	04	03	02	03	01	01	15
Night	01	03	02	02	02	01	-	11
Total								41
01-Nursing Sister / In-charge								

3.4.3. Causality Ward

Male Ward – beds 46

Shift	In-charge	For 9 Cubicles	Extra Activity (Drug Nurses / Sterile Supply Nurses)	Floor	Admission	Total
Morning	01	09	02	03	02	17
Evening	01	09	02	03	02	17
Night	01	09	02	01	01	14
Total						48
01-Nursing Sister / In-charge						

3.4.4. Female Ward – beds 46

Shift	In-charge	For 9 Cubicles	Admission	Extra Activity*	Total
Morning	01	09	01	01	12
Evening	01	09	01	01	12
Night	01	09	01		11
Total					35
01-Nursing Sister / In-charge					

* Drug Nurses / Sterile Supply Nurses

3.4.5. Orthopedic Wards 46

	Shift in-charge	For 9 Cubicles	Admission	Extra Activity (Drug Nurses / Sterile Supply Nurses)	Total
Morning	01	09	01	01	12
Evening	01	09	01	01	12
Night	01	05			06
Total					30
01-Nursing Sister / In-charge					

3.4.6. CSSD

01-Nursing Sister / In-charge

Shift	In-charge	Receiving	Supply	Washing	Total
Morning	01	02	02	02	07
Evening	01	02	02	02	07
Night	01	01	01	01	04
Total					18
01-Nursing Sister / In-charge					

3.4.7. Injury Surveillance

Shift		Total
Morning	02	02
Evening	05	02
Night	0	
		04

3.5. Other Units

	BH-B	BH-A	DGH	TH/PGH
Blood Bank	3-5	6-10	6-10*	12-15*

* For DGH, TH and PGH in order to operate the mobile unit may need a higher number of Nursing Officers

CSSD	3-6	6-8	10-12	10-12
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OPD	4 nurses for the first 100 patients; 3 nurses for every 100 patients			
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Dialysis Unit	2 nurses: 3 machines (per shift)			
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Clinics	1 nurse: 75 patients (depending on workload of the clinic)			
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Dental / Oral Health Unit	Dental Consultant Unit: Minimum 1 Nursing Officer / Maximum 3 Depending on caseload			
	OPD: Minimum 1 Nursing officer / Maximum 3 Depending on caseload			
	Specialized Dental hospital OPD 1 nursing officer for 3 chairs			

Diagnostic Radiology	3-8 nurses depending on the workload			
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Operation Theatre (OT)	30 nurses: per theatre with 2 operation tables			
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High Dependency Unit (HDU)	1 nurse: 2 HDU beds/shift			
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Any ICU	5 nurses: 1 ICU bed			
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Infection control unit	1 nurse: every 150 hospital beds			
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Health Promotion (Education)	1-3 nurses depending on need
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Planning unit	1 nursing officer
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Quality unit	1-3 nurses depending on need
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Public Health unit	1-3 nurses depending on need
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Community Psychiatry	1-5 nurses depending on workload
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Highly specialized wards

Ward/Unit	Bed Capacity	DGH	PGH/TH
Nephrology Ward	20-30	12-14	14-16
	30-40	14-20	16-20
	40-50		20-25

Gastroenterology Ward	10-20	10-12	12-14
	20-30	12-16	14-16
	30-40		16-20

Rheumatology Ward	10-20	10-12	10-12
	20-30	12-15	12-15

Genitourinary Ward	10-20	12-15	15-18
	20-30	15-18	18-20
	30-40		20-22

Neurosurgery Ward	10-20		15-20
	20-30		20-24
	30-40		24-30

Vascular & Transplant Ward	15-20		16-20
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Cardiothoracic Ward	20-30		15-18
	30-40		18-22
	40-50		22-26

Plastic surgery & Burns Ward	20-30		16-18
	30-40		18-20

Onco-surgery Ward	20-30		16-18
	30-40		18-22

Stroke Unit	20-30		20-25
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2.4. Special grade nursing officers

01 Special Grade Nursing Officer / 100 Nurses

At least one (1) Special Grade Nursing officer will be appointed to all Base Hospitals

One Chief Nursing Officer will be appointed for all Teaching Hospitals and National Hospitals

3.6. Divisional Hospitals

DH A

	Sisters	Nursing Officers						Total
		M-Shift	E-Shift	Night	Night off	sub T	Leave	
>125	3	17	7	6	6	36	12	48
100 - 125	3 or 2	14	6	5	5	30	10	40

Ward	Sisters	M-Shift	E-Shift	Night
male ward M & S		2	1	1
Female wd M&S		2	1	1
Pead wd		1	1	1
Maternal wd		1	1	1

Ward	Sisters	M-Shift	E- Shift	Night
ETU		2	2	2
OPD		2	2	
Dental		1		
clinic		1/2/3/4/5		
HE/ICNO/Quality		1		

3.6.2 DH-B

	Sisters	Nursing Officers						
		M-Shift	E- Shift	Night	Sleeping	sub T	Leave	Total
>70	1 to 2	7	4	4	4	19	6	25
50 - 70	1	6	3	3	3	15	5	20
male wd		1	1	1				
female wd		1	1	1				
Children wd		1						
Maternity wd								
ETU		1	2	2				
OPD		1						
clinics		2						

3.6.3 DH-C

	Sisters	Nurses						
		M-Shift	E- Shift	Night	Sleeping	sub T	Leave	Total
>30	0/1	3	2	2	2	9	3	12
<30	0	2	1	1	1	5	2	7

3.7. Public Health Nursing Cadre Norms

Public Health Nursing Sisters (PHNS)

- At least one (1) PHNS per MOH area. Afterwards, one (1) PHNS for Every 20 PHMM
Or One (1) PHNS for 30,000 population, whichever is more

3.7.2. Special Programmes / Hospitals / Campaigns

Institute	PHNS
Castle Street Hospital	1
Teaching Hospital Kalubowila	1
FHB	4
LRH	1
MRI	1
MRI Lab	1
Port Health	
NCCP	4
Cancer Control in Provinces	1 per each province for early Cancer detection centers
NIHS	21
STD AIDS	5
School Health	7

3.7.2 Regional Supervising Public Health Nursing Officer (Special Grade) (RSPHNO)

- One (1) RSPHNO per RDHS division.
- Two (2) RSPHNO if the district has more than 12 MOH divisions

3.7.3 Special Grade Nursing Officer (Public Health)

Institute	PHNO
Epidemiology Unit	1
NCD Unit	1
Family Health Bureau	5
National Cancer Control Unit	1
School Health	1
STD Units	2
NIHS	1

3.7.4 Special Grade Nursing Tutor

Norm: 3 for Regional Training center

7 for a Provincial Centre and

12 for NIHS

Institute	Special Grade Nursing Tutors
NIHS	12
Galle (Provincial Training Centre)	7
Kadugannawa (Provincial Training Centre)	7
Kurunegala (Provincial Training Centre)	7
Jaffna (Provincial Training Centre)	7
Batticaloa (Provincial Training Centre)	7
Anuradhapura (Provincial Training Centre)	7
Homagama (Regional Training Centre)	3
Moratuwa (Regional Training Centre)	3
Panadura (Regional Training Centre)	3
Ratnapura (Provincial Training Centre)	7
Badulla (Provincial Training Centre)	7

3.7.5 Public Health Nursing Officer (PHNO)

➤ Initially one PHNO for a Primary Health Care Institution

(2 PHNOs for a Primary Health care Institution once all units have at least 1 PHNO)

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4. Norms for PSM Categories

2.5. 4.1. Medical Laboratory Technologists

Medical Laboratory Technologists (MLTs) belong to Professionals Supplementary to Medicine and are supposed to perform activities that are essential for patient management in most diseases by means of assisting either in diagnosis, treatment or rehabilitation. The quality of work delivered by these officers directly affects the quality of the performance of Medical Officers hence affecting the quality of life of the patients. Therefore, they are bound to follow the directions of Medical Officers, in order to be reliable, accurate, timely and up to date as far as the technique is concerned.

The Special Grade MLTs designated as ‘Superintendent Medical Laboratory Technologists’ are responsible to the Head of the Laboratory for supervision and administration of all MLTs and have been assigned to National Hospitals, Teaching Hospitals, Special Hospitals, Provincial and District General Hospitals and Base Hospitals depending on the number of MLTs available in the hospital. MLTs have been assigned to National Blood Transfusion Services, Medical Research Institute, Training Institutions, Public Health Campaigns, Provincial and District level centers in addition to curative care institutions.

Staff needed for each unit in hospitals is based on the workload in the areas of Biochemistry, Hematology, Microbiology, Histopathology, Clinical Pathology, Laboratory in Out Patient Department and Quality Assurance.

As of 2020, 1389 MLTs were employed at Line Ministry level while 646 were serving in Provincial Health Institutions. There are 120 MLTs qualifying each year.

4.1.1. Norms for Government MLT Service

The average number of laboratory tests that can be done during the normal working hours is around 150 – 200 for an individual officer.

Area	Norm
Special Grade MLTs	1 per 16 MLTs (For any hospital up to a maximum of 6*) Any Hospital between 24-31 can have an additional one post All Hospitals should have a minimum of 1 from DGH onwards
Base Hospitals A & B	Chief MLT – For all sections (If the total number of MLTs is less than 16)
Relief Duty – TH/ PGH/ DGH	One MLT per six MLTs

*Biochemistry, Hematology, Microbiology, Histopathology, Virology, OPD

4.1.2 Hospital wise requirement of MLTs

In a given facility, the number of MLTs should be distributed according to the following ratio whenever possible.

Histopathology: Microbiology: Haematology: Chemical pathology = 3:3:2:2

The actual number of MLTs required for Histopathology will be based on the following criteria.

Criterion	Minimum number of MLTs
Hospitals with 1500 histopathology specimens and 1000 cytology specimens / year	03
For increase of every 1000 histology specimens / year	additional 01
For increase of every 2000 cytology specimens / year	additional 01
Immunohistochemistry (IHC) stains and special stains	additional 02* trained in IHC procedures
Hospitals which provide histopathology services to other hospitals	1 MLT/Hospital drained**

* The MLTs in these laboratories require special training in Immunohistochemistry procedures.

** When an apex hospital receives samples from several hospitals, additional MLTs should be allocated to these hospitals to provide a satisfactory service.

Type of Hospital	Speciality	Estimated number of MLTs
National Hospitals	Histopathology	27
	Microbiology	20
	Haematology	21
	Chemical Pathology	22
	Virology/Molecular Biology	10
	OPD & Primary Healthcare Laboratory	17
	RIA/ Immunoassay	12
	Dialysis Unit	5
	Accident and Emergency	6
	Total	140
TH / PGH	Histopathology	13
	Microbiology	12
	Haematology	17

Type of Hospital	Speciality	Estimated number of MLTs
	Chemical Pathology	17
	Virology/Molecular Biology	10
	OPD & Primary Healthcare Laboratory	7
	Total	76
DGH	Histopathology	
	DGH with > 1500 samples annually Sub Total	7
	DGH with < 1500 samples annually Sub Total	3
	Microbiology	6
	Haematology	7
	Chemical Pathology	7
	OPD & Primary Healthcare Laboratory	6
	Total for DGH with > 1500 Histopathology samples annually	33
	Total for DGH with < 1500 Histopathology samples annually	29
BHA	Histopathology	
	BHA with > 1500 samples annually General Histopathology/ Cytology	7
	BHA with <1500 samples General Histopathology/ Cytology	3
	Microbiology	4
	Haematology	5
	Chemical Pathology	5
	OPD and Primary Healthcare	3
	Total for BHA with > 1500 Histopathology samples annually	24
	Total for BHA with < 1500 Histopathology samples annually	20
BHB	BHB with < 1500 samples annually General Histopathology / Cytology	3
	Microbiology	2
	Haematology	4
	Chemical Pathology	4
	Total	13
	CMLT	1

Type of Hospital	Speciality	Estimated number of MLTs
Divisional Hospital (Type A)	Cytology	1
	Chemical Pathology/ Biochemistry	2
	OPD/Clinic laboratory	1
	Haematology	2
	Total	7
Divisional Hospital (Type B)	OPD/Clinic laboratory	2
	Total	2
Divisional Hospital (Type C)	OPD/Clinic laboratory	1
	Total	1

Specialized Hospitals

Hospital	Specialty	Estimated number of MLTs
Apeksha Hospital	Histopathology	20
	Microbiology	12
	Haematology	19
	Chemical Pathology	13
	Total	64
LRH	Histopathology	5
	Microbiology	12
	Haematology	12
	Chemical Pathology	13
	OPD and Primary care Laboratory	8
	Total	50
Sirimavo Bandaranayake Hospital for Children	Histopathology	5
	Microbiology	5
	Haematology	4
	Chemical Pathology	4
	OPD and Primary care Laboratory	2

Hospital	Specialty	Estimated number of MLTs
	Total	20
Hospital	Specialty	Estimated number of MLTs
National Eye Hospital	Chemical Pathology	2
	Microbiology	1
	Histopathology	2
	Haematology	2
	OPD and Primary care Laboratory	2
	Total	9
National Dental Hospital Colombo & Peradeniya	CMLT/OPD/ Quality Assurance	1
	Haematology	1
	Biochemistry	2
	Total	4
Castle Street Hospital for Women, De Soysa Maternity Hospital, Teaching Hospital Mahamodera	Chemical Pathology	5
	Microbiology	5
	Histopathology	7
	Haematology	5
	OPD and Primary care Laboratory	2
	Total	24
National Institute of Nephrology, Dialysis and Transplantation (To be placed in BH Mulleriyawa)	Chemical Pathology	3
	Microbiology	4
	Histopathology	5
	Haematology	3
	OPD and Primary care Laboratory	2
	Total	17
National Hospital for Respiratory Diseases, Welisara	Chemical Pathology	2
	Microbiology	2
	Histopathology	8
	Haematology	2

Hospital	Specialty	Estimated number of MLTs
	OPD and Primary care Laboratory	1
	Total	15

4.1.3. MLT requirement for Special Institutions

Institute	Category/Unit	Suggested Number of MLTs
Medical Research Institute	Special Grade MLT	4
	Haematology	8
	Histopathology	16
	Immunology	6
	Biochemistry	15
	Animal House	1
	Food and Water	17
	Pharmacology	4
	Entomology	1
	Rabies and Vaccines	7
	Nutrition	3
	Virology	20
	Molecular Biology	5
	Mycology	18
	Microbiology	15
	Parasitology	4
	Electron Microscopy	2
	Natural Products	2
Laboratory Stores	2	
Total	150	
NIHS	Service Laboratory	8
	Food Microbiology Laboratory	8
	Chemical Pathology	3
	PCR Laboratory	4

Institute	Category/Unit	Suggested Number of MLTs
	MLT School	1
	Total	24

4.1.4. MLT requirement for Special Campaigns / Programmes

(A) Family Health Bureau (FHB) (Pap smear screening services conducted by Family Health Bureau)

Central Lab	Chief MLT	1
	Service Laboratory	5
	Total	6

District	Hospital	Estimated No. of MLTs
Ampara	DGH Ampara	1
Batticaloa	TH Batticaloa	2
Kalmunai	BH Kalmunai North	1
	BH Kalmunai South (Ashraf Memorial)	1
Trincomalee	DGH Trincomalee	1
Jaffna	TH Jaffna	3
Kilinochchi		
Mannar		
Mullaitivu		
Vavuniya	DGH Vavuniya	
Kandy	NH Kandy	2
	DGH Nawalapitiya	1
	TH Peradeniya	1
Matale	DGH Matale	1
Nuwara Eliya	DGH Nuwara Eliya	2
Anuradhapura	TH Anuradhapura	3
Polonnaruwa	DGH Polonnaruwa	1
Puttalam	DGH Chilaw	2
Kurunegala	TH Kuliyaipitiya	1

District	Hospital	Estimated No. of MLTs
	PGH Kurunegala	3
Kegalle	DGH Kegalle	2
	TH Ratnapura	3
Galle	TH Mahamodara	3
Hambatota	DGH Hambatota	2
Matara	DGH Matara	2
Badulla	PGH Badulla	2
Monaragala	DGH Monaragala	1
Colombo	TH Kalubowila	1
	DGH Awissawella	1
	CSHW	1
	NHSL	1
	DMH	1
	Apeksha Hospital Maharagama	4
	CMC	1
Gampaha	DGH Negombo	6
	CNTH	
Kalutara	DGH Kalutara	1
	NIHS Kalutara	1
Total		59

(B) STD/AIDS Control Programme

STD/AIDS Control Programme - Head Office	Number of MLTs
Special Grade MLT	1
Other MLTs	
Technical Work	2
Molecular Testing	7
Serology	6
GC Culture	4
Biochemistry and Haematology	2

STD/AIDS Control Programme - Head Office	Number of MLTs
Quality Improvement	2
MLTs (Sub Total)	23
Total	24
STD Clinics (Regional)	
42 Clinics (2 MLTs will be allocated to larger clinics)	60
Total	84

(C) National Programme for Tuberculosis Control and Chest Diseases

Station	Number of MLTs
National Reference Laboratory	
• Special Grade MLT	1
• MLTs	20
Total	21
Central Chest clinic, Colombo	
• MLTs	6
Total	6
Intermediate TB Culture Laboratories (Kandy, Jaffna, Karapitiya and Ratnapura)	
1 per Laboratory	4
District Chest Clinics (There should be at least 1 designated MLT per GeneXpert machine)	
Ampara	2
Anuradhapura	3
Badulla	4
Batticaloa	2
Galle	3
Gampaha	2
Hambantota	2
Jaffna	3
Kalmunai	2
Kalutara	3

Station	Number of MLTs
Kandy	4
Kegalle	3
Kilinochchi	2
Kurunegala	4
Mannar	1
Matale	2
Matara	2
Monaragala	2
Mullaitivu	1
Nuwara-Eliya	2
Polonnaruwa	2
Puttalam	2
Ratnapura	3
Trincomalee	2
Vavuniya	2
Total	60
Microscopy Centers (1 MLT per Centre)	
1 X 24 Centers	24
Total	84

(D) National Blood Transfusion Service

Category/Unit	Estimated no of MLTs required
National Blood Centre	
Special Grade MLT	1
Chief MLT	1
Quality Assurance	1
Stores	2
Teaching Laboratory Coordinator	1
Histocompatibility	7
National Reference Laboratory	5

Category/Unit	Estimated no of MLTs required
Quality Control Laboratory	3
Reagent Preparation Laboratory	2
Nucleic Acid Testing	2
Cord Blood Banking	2
Frozen Red Cells	2
{ Component (12)/TTI (5)/ Grouping Laboratories 3	5 10
Sub Total	44
Regional Centres	
Anuradhapura	5
Kandy	5
Kurunegala	5
Kamburugamuwa	4
Maharagama	4
Ragama	4
Karapitiya	3
Ampara	3
Ratnapura	3
Badulla	3
Peradeniya	3
Polonnaruwa (Including Renal Unit)	3
Jaffna	2
Trincomalee	2
Batticaloa	2
Vavuniya	1
Sub Total	52
Collecting and Storage Centres	
Kalutara	
Chilaw	2
Kegalle	2
Hambantota	2

Category/Unit	Estimated no of MLTs required
Wathupitiwala	1
Gampaha	1
Matale	1
Nuwara-Eliya	1
Matara	1
Embilipitiya	1
Monaragala	1
Sub Total	16
Total	112

(E) MLT requirement for other Special Campaigns

Campaign	Estimated Number of MLTs required
Anti-Leprosy Campaign	1
Anti-Malaria Campaign	Not required
Anti-Filaria Campaign	Not required

(F) Provincial Councils

PDHS office	Number of MLTs
Provincial Superintendent MLT (Applicable for each Province)	1
Total	9
RDHS office	Number of MLTs
Divisional Chief MLT (For each Health District))	1
Total	26

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2.6. 4.2. Occupational Therapists

Occupational therapy is a profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life and be independent. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to support participation.

In this field occupational therapists involve in conditions and services such as,

- Physical Disability
 - Rheumatological conditions, Orthopaedic diseases, Neurological problems, physical injuries (hand injuries, burns) & post-surgical complications.
- Mental Health problems
 - Neurotic disorders, Psychotic disorders, Learning disability, Stresses, Personality disorders, alcohol and substance abuse etc.
- Paediatric diseases
 - Cerebral palsy, Learning disability, Autism, Neuromuscular disorders
- Common conditions in adult population
 - Dementia, Depression, Parkinson disease, Degenerative disorders
- Community Rehabilitation
 - MOH area / physical and psychiatry rehabilitation centres/ Day activity centres
- Geriatrics, Cardiac rehabilitation, Forensic psychiatry, Oncology
- Accessibility and environmental modifications
- Special education and childcare services

- Disaster management and accident prevention
- Centres for disabled people, Schools and Universities
- Social services and social work department
- Hostels of residential care homes
- NGOs, charity and voluntary agencies
- Equipment companies
 - Assistive Technology Services
- Government agencies
 - Housing Departments/ Vocational Rehabilitation Centres

There are 136 Occupational Therapists employed in Line Ministry institutions and 31 are attached to Provincial Institutions.

Norm

- **Management of physically injured patients**

Less comprehensive therapy procedures which involve 45 minutes per patient for 1st visit and 30 minutes per patient for subsequent visits

- **Patients with psychiatric care/ Paediatric patients/ Institution Based Rehabilitation (IBR)**

Detailed assessment, setting up implementation criteria and carry out comprehensive therapy which involves 45 minutes per patient for 1st visit and 30 minutes for subsequent visits

Special Grade Occupational Therapists -1 per 8 Occupational Therapists

4.2.1. Centre-wise requirement of Occupational Therapists according to the number of available units as of May 2021

A. National Hospitals of Sri Lanka

Unit	No. of Occupational Therapists
Department of Rheumatology & Rehabilitation (General)	04
Department of Rheumatology & Rehabilitation (Special)	04
Neurology	07
Burns	06
Psychiatry	05
Neuro-trauma	03
Accident Service and Orthopedic	05
Plastic Surgery & Hand Therapy	07

Unit	No. of Occupational Therapists
General Medical Wards (Physical Disability)	02
Total	43

B. Special Hospitals

Rehabilitation Hospital, Ragama

Section/Unit	Description	No. of OTs	Total No.
Rheumatology, Orthopedic & Neurology	4 Wards (8 patients/OT per day)	08	12
	OPD (8 patients/OT per day)	04	
Paediatrics	1 Ward (8 patients/OT per day)	02	04
	OPD (12 patients/OT per day)	02	
Spinal Injury	5 Wards (8 patients/OT per day)	07	07
Special Seating	Wards & Clinic	01	01
Vocational Rehabilitation Centre	--	01	01
Total			25

Rehabilitation Hospital, Digana

Section/Unit	Description	No. of OTs
Rheumatology, Orthopedic & Neurology	2 Wards (8 patients/OT per day)	02
Pediatrics	1 Ward	01
Spinal Injury	1 Ward	01
Total		04

Children's Hospital, Colombo (Lady Ridgeway Hospital)

Section/Unit	No. of Occupational Therapists
Rheumatology & Rehabilitation	08
Paediatric Neurology	02
Child Psychiatry	05
Burns	02

Section/Unit	No. of Occupational Therapists
Total	17

National Institute of Mental Health

Section/Unit	No. of Occupational Therapists
Wards including home visits	08
Forensic Unit	02
Geriatric Unit	02
Learning disability Unit	02
Two OT units	04
Total	18

Other Institutions / Units

Section/Unit	No. of Occupational Therapists
Intermediate Care Unit- Mulleriyawa	04
Psychiatry unit – Unawatuna	02
Cancer Institute/ Maharagama	02
Chest Hospital	02
Sirimavo Bandaranayake Hospital for Children	03
STD / AIDS Control Programme	02
Anti-Leprosy Campaign	02

C. Other Hospitals

Category of Hospital	Section/Unit	No. of Occupational Therapists
Teaching/ Provincial General Hospitals	Rheumatology Unit	04
	Neurology	01
	Neurosurgery	01
	Plastic Surgery/ Burns Unit	02
	Orthopaedic	01
	Paediatrics (Children with special needs)	01
	Psychiatry	02

Category of Hospital	Section/Unit	No. of Occupational Therapists
	Cardiology	01
	Total	13
District General Hospitals	Physical 3 Psychiatry 1	04
Base Hospitals A	Physical 1 Psychiatry 1	02
Base Hospital B	Physical & Psychiatry	01

Number of Occupational Therapists allocated to Hospitals and Special Units would change according to the number of patients in the Hospital/Special Unit.

D. Specialised Rehabilitation Units

Category	Institution	No. of Occupational Therapists
Physical	Jayanthipura	02
	Maliban	02
	Kandagolla	01
	Ampara	01
	Wariyapola	01
	Jaffna	01
	Vavuniya	01
Psychiatry	For each Psychiatry Rehabilitation Unit- Medium Stay or Long Stay	01*

**Minimum 1 OT per unit. If more than 16 patients, 1 OT for every 16 patient*

E. Regional Director of Health Services divisions

Outreach OT programme 01 per each district

F. School of PT and OT (Average 50 students)

OT tutor posts 07

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4.3. Pharmacists

The pharmacists shall be in-charge of the Department of Pharmacy which includes following sections.

- Outdoor Patients' Department (OPD)
- Indoor Patients' Department (IPD)
- Drugs Stores/ Medical Stores (DS)
- Surgical Instruments / Consumable Section (SIS)

The pharmacists are responsible for indenting, receiving, stocking, issuing and accounting of all drugs, surgical equipment and medical gases.

Pharmacists have to discharge their duties,

- For OPD patients, Clinic patients & Indoor patients
- For Surgical Stores & Drug Stores
- For Reconstitution of Cytotoxic drugs
- Specialized Institutions (MSD / RMSD / PDHS Office / RDHS Office / Relevant Programmes / NCI Maharagama etc.)

A total of 1977 Pharmacists are currently employed in the government institutions. Out of them 1147 are attached to Line Ministry institutions while 747 Pharmacists serve in Provincial health institutions.

4.3.1. Outdoor Patients' Department (OPD/ CLINICS) - Divisional Hospitals & above

Norm:

OPD: A pharmacist works 6 ½ hours per day including the maintenance of records. He spends 3 minutes with each outdoor patient which includes record keeping. Therefore, a pharmacist can dispense drugs in the proper way to a maximum of 130 OPD patients per day.

Clinic: A Pharmacist must spend at least 08 minutes with each Clinic patient which includes record keeping time. Therefore, a pharmacist can dispense drugs in the proper way to a maximum of 50 clinic patients only per day.

4.3.2. Indoor Patients' Department (IPD/ IDD)

Norm:

Eight units* per Pharmacist must be allocated including maintenance of records.

**Unit = Wards, Operation theatres, Intensive Care Units, Injection room, Laboratories, Radiology Department etc.*

For night services (24 hours) of Pharmacy at IDD in Teaching Hospitals, 03 additional Pharmacists are required.

The duties are as follows,

- 1) In charge (Most senior Pharmacist) of Dangerous Drugs
- 2) Issuing Medical gases (e.g.: Oxygen)
- 3) Issuing drugs for the BHT s (24 hours)
- 4) Weekly issues for the wards
- 5) Issuing Surgical Dressings
- 6) Compounding & preparation of extemporaneous preparations
- 7) Issuing IV Fluids/ Parenteral

4.3.3. Drug Stores/ Medical Stores

Norm: One Pharmacist for stores per 07 Indoor and Outdoor Pharmacists in the Tertiary Care hospital.

One Pharmacist for stores per 05 Indoor and Outdoor Pharmacists in the Secondary Care hospital

The duties are as follows,

- 1) Issuing drugs to the OPD
- 2) Issuing drugs to the IDD
- 3) Issuing drugs to the Clinics
- 4) Issuing Special items
- 5) Annual Estimation of Drugs
- 6) Duties related to the MSD
- 7) Condemning
- 8) Collect & Auction of Containers
- 9) Local purchasing of drugs
- 10) Functioning Institutional Drug Therapeutic Committee (DTC)

Financial allocation for the institution, number of items, quantity or average number of indoor and outdoor patients can be used to decide on number of Pharmacists required for drug stores.

4.3.4. Surgical Instruments/ Consumable Section (Surgical Stores)

Norm:

The following factors were considered.

- Responsibilities
- Values of the pharmaceuticals
- Number of Units

Surgical Stores can be further divided into 2 sections according to its nature of duties.

Surgical Consumable	Surgical Inventory
Ward issues	Surgical inventory
Theatre issues	Special intents
Receiving from MSD	Repairing, condemning
Annual estimation	Spare parts

Surgical Consumable section = 20 units* per pharmacist

(*Unit = Ward, Operation theatre, Intensive Care Unit, Injection room, Laboratory, Radiology Department etc.)

Surgical Instruments section (Inventory & special items)

Type of Hospital	No of Pharmacists
National Hospitals	4
Teaching, Provincial and District General Hospitals	3
Base Hospitals type A & B	1

Repairing, condemning & spare parts: 1 pharmacist per hospital (all hospitals above BH)

4.3.5. Norms for Government Pharmaceutical Service

Institution/ Area	Norm
Special Grade Pharmacists	1 per 16 Pharmacists (Any hospital) Any Hospital between 24-31 can have an additional one post 1 per 4 or more Pharmacists at RMSDs All Hospitals should have a minimum of 1 from DGH onwards
Base Hospitals type A & B	Chief Pharmacist - In charge of 04 sections (OPD/IDD/DS/SIS) if a Special Grade Pharmacist is not appointed
Relief Duty – NH/TH/ PGH/ DGH/ BH	One Pharmacist per six Pharmacists
Divisional Hospital (Type A)	02-03 Pharmacists depending upon work load

Divisional Hospital (Type B)	01-02 Pharmacists depending upon work load
Divisional Hospital (Type C)	01 Pharmacist
Pharmacist as a Stock Control officer	Stock Control Officers/ Pharmacists based on Population covered by RMSD Up to 100,000 - 2 100,000 – 500,000 - 3 > 500,000 - 4
Provincial Pharmacist (Chief DP)	01 in each Province (Most senior DP)
Divisional Pharmacists (DP)	02 DP per district -Kandy/ Colombo/ Gampaha/ Galle/ Kurunegala/ Rathnapura and 01 DP each for other districts
Reconstitution Unit for the Cytotoxic Drugs	Six preparations per hour per pharmacist
Drug information pharmacists (Medicine information Pharmacists)	04 pharmacists per NH and 02 pharmacists per TH/ PGH & 01 pharmacist per DGH
Chief Divisional Pharmacist (Sp. Grade) -Ministry of Health	01 Pharmacist

4.3.6. Centre-wise requirement of Pharmacists as of May 2021

4.3.6.1. Medical Supplies Division (MSD)

The areas where pharmacists have to discharge their duties in the MSD are as follows.

1. Receiving National estimates and justifications/ clarifications
2. Forecasting National estimate
3. Order placing
4. Communicating with SPC/SPMC/Suppliers/End users
- 5 Feeding data into the system and analysis of data
6. Distribution process
7. Stock management and controlling
8. Quality Assurance
9. Duties assigned by circular, 01/ 04/ 2008

Cadre for Medical Supplies Division

Area / Description	Number
Chief Pharmacist (Special Grade)	02
Head/ SCU – Pharmaceuticals	01
Head/ SCU – Surgical	01
Stock Control Officers - Pharmaceuticals	14
Stock Control Officers – Surgical	17

Area / Description	Number
Monitoring & Re- distribution Unit	02
Information & Distribution Unit	12
Formulary Revision Unit	02
Condemning Unit	01
Quality Assurance	03
SCOs for bulk ware houses	52
Total	107

4.3.6.2. National Hospitals

Since National Hospitals are the largest hospitals in Sri Lanka, three pharmacy sections; i.e.: OPD, IDD and SIS were considered as separate institutions. Therefore, norms were developed separately for this hospital.

Cadre for Superintendent Pharmacists

Area / Description	Number
Chief Superintendent Pharmacist	01
Superintendent Pharmacist - OPD	01
Superintendent Pharmacist - IDD	01
Superintendent Pharmacist - SIS	01
Total	04

4.3.6.2 (a) Out Patients' Department / National Hospitals

Norm: A pharmacist should dispense drugs in the proper way* to 50 patients only per day for the outdoor patients.

**Reading the prescription/ Counting the drugs/ Packeting/ Labelling/ Dispensing/giving instructions for use*

Area / Description	Functioning Time	Number
Inquiries	07.30 am- 6.00 pm	02
Counselling	07.30 am- 6.00 pm	03
Night service for out patients	24 Hours	04
Sub stores (Drugs)	8.00 am – 4.00 pm	02
Small scale manufacturing unit	8.00 am – 4.00 pm	03

Area / Description	Functioning Time	Number
Total		14

4.3.6.2 (b) Drug Stores / National Hospitals

Norm:

- One Pharmacist for the Stores per 07 Indoor and Outdoor Pharmacists
- Relief duty: One Pharmacist per Six Pharmacists

Financial allocation for the institution, number of items, quantity or average number of Indoor and Outdoor patients can be used to decide on number of pharmacists required for drug stores.

Since it is a complicated process, the number required for Indoor and Outdoor pharmacies are calculated based on number of patients, number of drugs utilizing units.

4.3.6.2 (c) Indoor Patients' Department / National Hospitals

Norm:

- 01 Pharmacist per Eight units* including maintenance of records
- Relief duty: One Pharmacist per six Pharmacists

4.3.6.2 (d) Surgical Instruments Section / National Hospitals

Norm:

- 01 Pharmacist per 20 Units* including maintenance of records.
- In addition to the above allocation, 01 Pharmacist per 40 Units* should be assigned to cover up the duties of surgical Inventory and special Items.
- One Pharmacist should be allocated to cover up the duties of Repairing, Condemning and Spare parts.

**Unit = Wards, Operation theatres, Intensive Care Units, Injection room, Laboratories, Radiology Department etc.*

4.3.6.3 School of Pharmacy, NHSL, Colombo

Description	Number
Senior Lecturer/ Tutor in Pharmacy (Special Grade)	02
Tutor in Pharmacy	06
Total	08

4.3.6.4. Cancer Institute, Maharagama

Required number of Pharmacist must be allocated to OPD, IDD, DS and SIS according to the criteria given.

Central unit for Reconstitution of Chemotherapeutic Drugs (CRCD) is newly established in the CI Maharagama.

The areas where pharmacists have to discharge their duties in the CRCD are as follows.

1. Follow the safety methods and precautions

2. Check the prescription
3. Calculate the required doses - 1st time
4. Calculate the required doses - 2nd time
5. Recording
6. Reconstitute with suitable diluents
7. Set with IV infusion
8. Re- checking
9. Dispensing

Norm:

Reconstitution of Cytotoxic Drugs in proper way within 24 hours – Hundred preparations per day per eight Pharmacists

Cadre for CRCD

Area / Description	Number
Senior Pharmacist (In charge)	01
CRCD	24
Total	25

4.3.6.5 Public Health Institutes

Anti Malaria Campaign	01 Pharmacist
Anti-Leprosy Campaign	01 Pharmacist
Epidemiology unit, Colombo (Central vaccine stores)	01 Pharmacist
Family Health Bureau, Colombo	01 Pharmacist

4.3.6.6 Other institutions

Institute of Oral Health, Maharagama	02 Pharmacists
National Blood Transfusion Services, Narahenpita	04 Pharmacists
National Poison Information Centre	02 Pharmacists
Dental Institute, Colombo	04 Pharmacists
Parliament Medical Complex	01 Pharmacist

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4.4. Physiotherapists

Physiotherapists are important team members in assessing, planning and implementing rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments. They carry out their activities in consultation with relevant Specialists such as Rheumatologists, Orthopaedic Surgeons and Medical consultants etc.

They apply a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques.

Cadre norms for Physiotherapists are developed with the view of providing optimal care to the patients, especially considering the aging population in Sri Lanka, introduction of new specialties, emerging disease patterns and introduction of new treatment technologies.

There are 585 Physiotherapists attached to Line Ministry Institutions while 166 are employed in Provincial level by end of 2020. Currently, nearly 120 Sri Lankan Physiotherapists are qualifying each year, after obtaining their degree level qualifications both in Sri Lanka and overseas.

Norm:

One Physiotherapist spends 30-45 minutes per patient, however, under certain circumstances, they can attend to more than one patient simultaneously. Therefore, it is expected that Physiotherapists manage 12-14 patients per day.

Special Grade Physiotherapists -1 per 16 Physiotherapists

Norms

Physiotherapists according to the unit

Unit / Hospital	Description	Number of Physiotherapists
1. Rheumatology Units/ Out Patients Departments	NHSL, TH, DGH, BH	01 per 12 referred patients
2. Wards	Neuro Surgical, Stroke Unit Orthopaedic	01 per 01 unit
	Medical Wards, Surgical Wards, Paediatric Wards, Neurology Wards, Other Wards	01 per 04 units

Unit / Hospital	Description	Number of Physiotherapists
3. Intensive Care Units	Neuro Surgical, Cardio thoracic	01 per 06 beds x 3 (One per each shift)
	Cardiology, Medical, Paediatric, Surgical, Other	01 per 08 beds and x 3 (One per each shift)
4. Special Hospitals for Rehabilitation	Ragama Rehabilitation Hospital Digana Rehabilitation Hospital	01 per 10 inward, patients 01 per 12 OPD patients
5. Specialized Rehabilitation Units	Jayanthipura, Maliban, Ampara, Wariyapola, Jaffna, Vavuniya Kandegolla, Kamburugamuwa	01 per 10 inward patients 01 per 12 OPD patients
6. Mental Hospital	NIMH	01 per 12 referred patients

4.4.1. Proposed Areas

Each district is proposed with 01 rehabilitation centre with 02 physiotherapists.

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4.5. Radiographers

Norms for Radiographers is based on risk exposure, quality of work, workload & the type of investigation. Requirement is given for Radiotherapy Centres & Specialized Units of the hospitals.

By end-2020, there were 505 Radiographers attached to Line Ministry Institutions while 168 were employed at Provincial level. Currently 35 Radiographers are undergoing training.

4.5.1. Norms for Radiographers in diagnostic radiography

The following factors were considered when deciding cadre norms.

1. Risk of radiation exposure to the officers
2. Nature of work- types of imaging modalities in the department as well as work stations
3. Workload of the hospital

4.5.2. Norms for Special Grade Radiographers

- 1:16 Radiographers

	Modality / Work Station	No of Radiographers per equipment	
		Control / Console	Equipment Room
01	Static X-Ray Plant		02
02.	Mobile X-Ray Plant/Inward X-Ray		01
03.	Fluoroscopy Unit		02
04	Mammography Unit		02
05	Dental Unit (IOPA Unit)		01
06.	Cone Beam CT (CBCT)		01
07	Orthopantogram (OPG) Unit		01
08	SPECT Unit	01	01
09	SPECT Unit – Hot Lab		02
10	PET Unit	01	02
11	PET Unit – Hot Lab		02
12	MRI Unit	02	01
13	CT Scan Unit	02	01
14	Computerized Processing Unit		01
15	DSA Unit	01	02
16	Cath Lab	01	02
17	ESWL		02
18	C-Arm		01

	Modality / Work Station	No of Radiographers per equipment	
		Control / Console	Equipment Room
19	Main Stores		01
20	Reception/Registration/Inquiry		01
21	Officer In Charge/Admin/Management		01
22	Radiation Protection/QA/QC		01
23	DEXA Scan Unit		01
24	O-Arm Navigation		02

4.5.3. Norms of Radiographers for Radiotherapy Centers

Norms of Radiographers for Radiotherapy units and posts based on facilities

No	Description	Requirement of Radiographers	Remarks
01	Cobalt treatment unit	2	
02	Mould room technology workstation	2	
03	Treatment Planning & Calculation	1 / 2	2 Radiographers will be appointed depending on the workload. Currently 2 Radiographers are appointed only for Apeksha Hospital
04	Registration Room	1 / 2	2 Radiographers will be appointed depending on the workload. Currently 2 Radiographers are appointed only for Apeksha Hospital
05	CT Simulation Unit	2	
06	Linear Accelerator unit	4	
07	Brachytherapy treatment unit	2	
08	Radioisotope Iodine-131 Unit Quality assurance and Radiation Protection Service (RPS)	1	A Radiographers will only be appointed after assessing the workload
09	Training, research, and development officer	1	For training Centers
10	Relief Radiographer	1	For each 6 Radiographer

**This cadre is based on number of Radiographers required to conduct daily activities of each unit without any interruption.*

4.5.4 Centre wise requirement of Radiographers according to the number of available units as of May 2021

(A) Apeksha Hospital, Maharagama

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	<ul style="list-style-type: none"> • Radioisotope Iodine 131 unit • Quality assurance and Radiation Protection Service • Training research, and development 		2
	Linear Accelerator unit	5	20
	Mould room technology workstation	1	2
	Brachytherapy treatment unit	1	2
	CT Simulation unit	1	2
	Registration room	2	2
	Treatment Planning & Calculation	2	2
	Leave covering & relief		5
	Total requirement of Radiographers		<u>37</u>

(B) National Hospital, Kandy

Radiotherapy Centre	Description	No. of work points	No. of required Radiographers
	Linear Accelerator unit	2	8
	Mould room technology workstation	1	2
	Brachytherapy treatment unit	1	2
	CT Simulation unit	1	2
	Registration room	1	1
	<ul style="list-style-type: none"> • Quality assurance and Radiation Protection Service • Training research, and development • Treatment Planning & Calculation 	1	1
	Leave covering & relief		3
	Total requirement of Radiographers		<u>19</u>

(C) Teaching Hospital, Karapitiya.

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	<ul style="list-style-type: none"> Radioisotope Iodine 131 unit Quality assurance and Radiation Protection Service Training research, and development Treatment Planning & Calculation 	1	1
	Linear Accelerator Unit	1	4
	Mould room technology workstation	1	2
	CT Simulation unit	1	2
	Registration room	1	1
	Leave covering & relief		2
	Total requirement of Radiographers		<u>12</u>

(D) Teaching Hospital, Jaffna

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	Linear Accelerator unit	1	4
	Mould room technology workstation	1	2
	CT Simulation Unit	1	2
	Registration room	1	1
	<ul style="list-style-type: none"> Quality assurance and Radiation Protection Service Training research, and development Treatment Planning & Calculation 	1	1
	Leave covering & relief		2
	Total requirement of Radiographers		12

(E) Teaching Hospital, Batticaloa

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	Linear Accelerator unit	1	4
	Mould room technology workstation	1	2
	Registration room	1	1
	<ul style="list-style-type: none"> Quality assurance and Radiation Protection Service 		1

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	<ul style="list-style-type: none"> • Training research, and development • Treatment Planning & Calculation 		
	CT Simulation Unit*	1	2
	Leave covering & relief		2
	Total requirement of Radiographers		12

*These Radiographers will be deployed in CT Simulation Unit at BH Kalmunai

(F) Teaching Hospital, Anuradhapura

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	Cobalt treatment unit	1	2
	Mould room technology workstation	1	2
	Registration room	1	1
	<ul style="list-style-type: none"> • Quality assurance and Radiation Protection Service • Training research, and development • Treatment Planning & Calculation 	1	1
	Leave covering & relief		1
	Total requirement of Radiographers		<u>07</u>

(G) Provincial General Hospital, Badulla

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	Cobalt treatment unit	1	2
	Mould room technology workstation	1	2
	Registration room	1	1
	<ul style="list-style-type: none"> • Quality assurance and Radiation Protection Service • Training research, and development • Treatment Planning & Calculation 	1	1
	Leave covering & relief		1
	Total requirement of Radiographers		<u>07</u>

(H) District General Hospital, Hambantota

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	Mould room technology workstation	1	2
	Leave covering & relief		1
	Total requirement of Radiographers		<u>03</u>

(I) Teaching Hospital, Kurunegala

Radiotherapy Centre	Description	No. of work points	No of required Radiographers
	Radioisotope Iodine 131 unit	1	<u>2</u>

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4.6. Speech and Language Therapists

Speech and language therapy is a health care profession which provides treatment / services over a wide range of communication disorders and swallowing difficulties. They function as team members in assessing, diagnosing, planning and treating swallowing and communication disorders.

Speech and Language Therapists work in various clinical settings depending on the condition of communication related disorder, e.g., Paediatric, Psychiatric, ENT, Neurology, Surgical, Medical and Intensive care units and are attached to the relevant departments which are supervised by different consultants and they provide treatment /service for the infants, children and /or adults who are referred to the Speech and Language Therapy Unit.

Total number of approved cadre positions for Speech and Language Therapists in government sector institutions is 141 and there are 132 Speech and Language Therapists working at the moment in Government Sector Institutions.

4.6.1 Norm

- 8-10 patients per day

First visits

- Children - for assessment, diagnosing and to develop a plan of treatment - 45 min
- Adults_ - for assessment, diagnosing and to develop a plan of treatment - 45 min

Subsequent Visits

- Children - 45 min
- Adults - 30-45 min

Frequency and duration of subsequent visits depend on the type of condition

e.g. Children

- Autistic children - Once a week for a long period of time
- Cleft Lip and Cleft Palate - Once/ twice a month initially- later once in 3 months
- Children with cochlear implants - daily therapy for one month - once a week for 3 months
- Cerebral Palsy - Once in 3 months
- Stammering / voice problems - once in 2-3 months
- Swallowing difficulties in children with neurological issues - Daily while in ward, afterwards, once a week
- Vocal cord nodules-2-3 years

Adults

- Aphasia (40% of all the stroke patients following Traumatic Brain Injury/Post Brain Surgery) - Once a week for 6 months
- Motor speech disorders (dysarthria, dyspraxia)- once in two weeks for about 4 months
- ENT Voice clients - Vocal cord palsy- once a week for first 3 months, later once in 2-3 weeks until recovery
 - Vocal cord nodules-once in 2 weeks up to 3 months
- Neurodegenerative Disorders (Parkinson’s, Multiple Sclerosis, Myasthenia Gravis, Amyotrophic Lateral Sclerosis)- once a month
- Stammering - once in 2-3 months
- Swallowing difficulties due to neurological conditions such as stroke, autoimmune encephalitis, etc. Daily when in ward
- Swallowing difficulties after surgical procedures such as Neuro-Surgery, CABG, Mitral Valve Replacement, Thyroidectomy – Daily when in wards

4.6.2 Institutional wise allocation of Speech and Language Therapists

Hospital category	Suggested number of Speech and Language Therapists
National Hospitals	15
Teaching Hospitals / Provincial General Hospitals	10
Specialized Hospitals	
Lady Ridgeway Hospital for Children	20
Apeksha Hospital	3
National Institute of Mental Health	2
Rehabilitation Hospital- Ragama	6
Sirimavo Bandaranaike Specialized Children’s Hospital	10
District General Hospitals	5
Base Hospitals A	3
Specialized Units (e.g. DH Unawatuna, Ruhunu Suwa Niwahana, Ridiyagama)	2

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Mrs. Nina Panterliyon -

Speech & Language Therapist – LRH

Speech & Language Therapist - NHSL

5. Norms for Paramedical Categories

5.1. Audiology Technicians

Audiology Technicians function as team member in the diagnosis of various hearing and balance disorders.

The service includes seeing patients all ages including infants, children and adults. Evaluation of hearing of patients with ear abnormalities and/or auditory disorders through case history, clinical observation and administration of diagnostic tests of auditory functions, hearing evaluation for Medico-Legal Purposes and Rehabilitation Services including Hearing Aid Selection, Analyzing or Programming, fitting, Orientation, Counselling, trouble shooting and repairing of various kinds of hearing aids and Follow-up up are some of their main duties.

Currently, there are 56 approved cadre positions for Audiology Technicians in the state health sector and 55 of them are in line ministry institutes. There are 35 Audiology Technicians currently working in the state health sector. Currently, 10-12 Audiology Technicians are qualifying each year.

Cadre norms for Audiology Technicians

Category of Hospital	Number of ENT Surgical Units	Number of Audiology Technicians
National Hospital Sri Lanka	3	6
NH Kandy	2	4
Specialized Teaching Hospitals (LRH/SB)	2	4
DGH	1	2
Type A Base Hospitals	1	2

- Norm-2 Audiology Technicians per ENT unit, up to a maximum of 6 technicians per hospital will be appointed only when there is an ENT surgeon available
- Pure tone Audiometry- 20 minutes
- Tympanometry 5 minutes
- ABR 2-3
- Hearing aid Programming and fit on-half an hour
- Pre operative advices for cochlear implants-half an hour
- Post operative advices and other procedeurs-1 and half hours
- Intra operative monitoring of Cochlear implant 1 hour
- TTR (tinnitus training therapy-half an hour)
- Reflex tone decay Eustachian tube functions-15 minutes

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Ms. Nirosha Peiris-Treasurer	Government Audiology Technicians Association

5.2. Health Entomology Officers (Entomological Assistants)

- A total of 274 cadre positions exists in the Government Sector. Line Ministry Institutions have 24 Cadre positions while 250 Cadre positions exist in Health Institutions under Provincial Councils.
- A total of 175 Health Entomology Officers is currently employed in health institutions. Line Ministry Institutions currently employ 21 Health Entomology Officers while 154 are employed in Health Institutions under Provincial Councils.

5.2.1. Central Level Institutions

- Working as a team member to control epidemic situations, carrying out vector surveillance activities and, special projects, assisting implementation of new methods of vector management are some of their functions.

Norm:

- Special Grade Health Entomology Officers (HEO) – 1 per 8 or more HEO in Line Ministry institution

Health Entomology Officers - (HEO) - 02 HEO per Entomological team

Medical Research Institute	8
Malaria Control Programme	8
Anti Filariasis Campaign	2
National Dengue Control Unit	4
National Institute of Health Sciences	1

Training School for HEA (HEO)

Principal	1
Senior Tutor HEO	2
Tutor HEO	4

5.2.2. Provincial Level Institutions

Norm:

- 01 Special Grade HEO per each District, attached to RDHS office - (attached to the Vector-borne Disease Control Unit)
- 06 HEO for CMC (01 HEO per each zone)
- 02 HEO per Regional Malaria Office
- 01 HEO per each MOH area (attached to the Vector-borne Control Unit)

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5.3.Ophthalmic Technologists and Orthoptists

5.3.1. Ophthalmic Technologists

The Ophthalmic Technologist is a Technical Officer in the Department of Health, who is trained to perform ophthalmic procedures under direct or indirect supervision of an Ophthalmologist.

Ophthalmic Technologists function as team members in treating and rehabilitating patients with vision impairments and carry out Optical Technology Services, Visual Function Services, Ocular Diagnostic Services and Ocular Therapeutic Services. He / She may extend his / her services at the primary eye care clinics held in the Primary Healthcare Institutions or secondary and tertiary eye care institutions

- Currently, there are 223 Ophthalmic Technologists employed in Line Ministry Institutions (150) and Provincial Health Institutions (73).
- There are 243 cadre positions available for Ophthalmic Technologists in the public sector. (Line Ministry -167, Provincial Councils -76)

5.3.2 Cadre Norm

- Routine refractions 10 -15 min. per patient
- Post-Operative refractions 10-15 min per patient
(One Ophthalmic Technologist shall perform 40-50 refractions per day)
- Paediatric refractions 25-30 min per patient

5.3.3 Institution wise distribution of Ophthalmic Technologists

(A) National Eye Hospital

Conduct daily OPD and clinics for patients with eye problems. Twelve Units consisting of 07 General Ophthalmologists and 5 Sub specialists will be established.

- Biometry (10-15 min per patient) 02 Ophthalmic Technologists
- Perimetry and Colour & vision (30 – 45 min per patient) 02 Ophthalmic Technologists
- Special investigations 01 Ophthalmic Technologist
Electro Diagnostic Testing
- (CCT 5min, OCT 5 min, ERG 30min, EOG 30 min, VEP 30 min, FFA 30 min)
- Auto Refractor 01 Ophthalmic Technologist
- Mobile Unit 03 Ophthalmic Technologists
- Vision Therapy 30 minutes
- Contact lenses 30 minutes
- Low Vision 30-45 min per patient
- Eye banking 30-45 min
- Dispensing optics

Total cadre 04 Ophthalmic Technologists per = 48

Ophthalmologist (12)

(B) National Hospitals/Teaching Hospitals/ Provincial General Hospitals

04 Ophthalmic Technologists per Ophthalmologist

(C) District General Hospitals

3 Ophthalmic Technologists per Ophthalmologist

An additional Ophthalmic Technologist can be appointed when there are Low vision clinics and special clinics

(D) Base Hospitals A

03 Ophthalmic Technologists per hospital with an Ophthalmologist

(E) Base Hospitals B

02 Ophthalmic Technologists per hospital with an Ophthalmologist

At least 01 Ophthalmic Technologists per BH B with an Ophthalmologist or where cadre for an Ophthalmologist is available (should work under the supervision of a visiting Ophthalmologist)

(F) School of Ophthalmic Technologists

Principal	01
Senior Tutor	01
Tutors	04

(I) Norm for Special Grade Ophthalmic Technologist

1 Special Grade Ophthalmic Technologist will be appointed per NH/TH/PGH

5.3.2. Orthoptists

Orthoptists assist Ophthalmologists in diagnosing managing patients with abnormal eye movements leading to problems with binocular vision, visual problems and conduct screening programmes for school children. Currently, three Orthoptists function in the state sector.

Norm

- Paediatric / Neuromuscular - 30 min per patient
- Other - 30 min per patient
- 05 Orthoptists for National Eye Hospital
- At least 1 orthoptist per Paediatric ophthalmologist
- At least 01 Orthoptist per Province
- 1 Orthoptist per district in future

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5.4.Midwives

There are 10 956 cadre positions for Midwives in Health Institutions under the Line Ministry and Provincial Councils. In position Cadre as of 31/12/2020 is 8341. There are 1192 Midwives attached to Line ministry Institutions while 7149 are currently attached to Institutions under Provincial Councils.

Midwives in Hospitals

Norm: One Midwife per 10 deliveries/month

Teaching, Provincial and Base Hospitals

• Antenatal ward (40 beds per unit)	7.00 a.m. - 1.00 p.m. -	04
	1.00 p.m. - 7.00 p.m. -	04
	7.00 p.m. – 7.00 a.m. -	03
	Total -11	
	(Additional 01 per 10 floor patients)	
• Postnatal ward (40 beds per unit)	7.00 a.m.- 1.00 p.m. -	04
	1.00 p.m.-7.00 p.m. -	04
	7.00 p.m. – 7.00 a.m. -	03
	Total -11	

(Additional 01 per 10 floor patients)

- Labour Room

(06 Beds per Unit)	7.00 a.m. - 1.00 p.m.	-	03
	1.00 p.m. - 7.00 p.m.	-	03
	7.00 p.m. – 7.00 a.m.	-	03
	Total	-	09

- Clinic Services for 100 Patients
7a.m.- 3.00 p.m. - 03
- Ambulance Duty - 02
- 24 Hrs. OPD services for Women’s Hospitals - 03
- Established Lactation Management Centre - 01

Divisional Hospital type A, B and C

- 3 midwives will be allocated If more than 10 deliveries per year
- 1-2 midwives will be allocated if less than 10 deliveries per year.

Public Health Midwives (PHM s)

- Public Health Midwife is the grass root health worker who reaches each family and delivers individual and family care.
- **Duty Hours -**
8.00 a.m. – 4.00 .p.m. on week days
8.00 a.m. – 1.00 p.m. on Saturday
7.30 a.m. – 3.30 p.m. on Clinic days

Norm according to the population of the area

- 01 Midwife per 3000 population
- When the cadre is filled, one midwife will be allocated for 1500 in Rural areas and for 2500 in Urban areas, according to the circular FHB/DIR/GF/2012

Supervisory Public Health Midwives (SPHM)

- At least 1 SPHM per MOH Area.
- Once the cadre is filled, 01 SPHM per 10 PHMM
- Duty hours - Week Days 8.00 a.m. – 4.00 p. m.
Saturday 8.00 a.m. – 1.00 p. m.

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5.5.Public Health Inspectors

5.5.1. Norms for the Range

- 01 Public Health Inspector (PHI) per 10,000 population
- 01 Supervising Public Health Inspector (SPHI) per Medical Officer of Health area
- 01 Supervising Public Health Inspector of District (SPHI/ D) per District
- 01 Supervising Public Health Inspector of Province (SPHI/ P) per Province (Only after filling cadre positions in the field)

5.5.2 .Norms for the Institutions and Specialized Campaigns

5.5.2.1. Ministry of Health

- 01 Principal PHI
- 02 PHII

5.5.2.2. National Institute of Health Sciences

- 01 Public Health Senior Tutor
- 09 Public Health Tutors
- 01 SPHI/ D (Personal to the holder)
- 02 SPHII
- 16 PHII

5.5.2.3. Norms for other Institutions and Specialized Campaigns

Campaign/ Institution	No. of PHII	No. of SPHI	Total
National Blood Transfusion Service	36	01	37

Campaign/ Institution	No. of PHII	No. of SPHI	Total
STD/AIDS Control Programme	22	01	23
Airport Health Office-BIA Katunayake	08	--	08
Airport Health Office-MRIA Mattala	03	--	03
Airport Health Office-Palali	01	--	01
Seaport Health Office - Colombo	01	--	01
Seaport Health Office-Galle	01	--	01
Seaport Health Office-Hambantota	01	--	01
Seaport Health Office-Trincomalee	01	--	01
Seaport Health Office-Norochcholai	01	--	01
National Programme for TB Control and Chest Diseases	11	01	12
Public Health Veterinary Service	02	--	02
National Cancer Control Programme/ Cancer Institute	00	--	00
Anti Malaria Campaign	02	--	02
Family Health Bureau	00	01	01
Health Promotion Bureau	00	--	00
Anti-Filariasis Campaign	00	--	00
Anti Leprosy Campaign	01	--	01
Leprosy Control activities in districts	01 each		26
Rabies Control activities in districts	01 each		26
Medical Research Institute	04	0	04
National Dengue Control Unit	02	--	02
Epidemiological Unit	02	--	02
National Institute of Mental Health	01	--	01
National Institute of infectious Diseases (NIID)	01	--	01
School Health Unit Narahenpita	04	--	04
TH/ PGH/ DGH	01 each	--	--

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5.6.ECG Recordists

He / she should attend to all procedures pertaining to Electro Cardiography under the instructions of Medical Officer / Specialist In-charge of unit / Institution.

Currently there are 392 ECG recordists functioning in the public sector institutions (Total Approved cadre 647). 272 of them are attached to Line Ministry Institutions (Approved Cadre 422) while 120 are employed at Provincial level (Approved Cadre 225).

5.6.1 Norm

- One ECG recordists must take 40 ECGs of inward patients per day.
- Fifty (50) ECGs per day should be taken from OPD / Clinic patients

5.6.2 Norm for Special Grade ECG recordists

- 01 Special Grade ECG recordists per 16 ECG recordists
- School of ECG recordists - 01
- NHSL - 03 (Cardiology 01, Main ECG Department 2)

5.6.3 Centre wise requirement of ECG recordists

5.6.3.1 National Hospital of Sri Lanka

Area	No. of ECG Recordists required
Medical wards (Inward)	- 01 ECG recordists per 05 wards
Surgical wards and other wards (Inward)	- 01 ECG recordists per 10 wards
OPD	- 04 ECG recordists (Estimating that 240 patients need ECGs per day)
Accident Service/ Neurotrauma Unit	- 02 ECG recordists
ETU	- 04 ECG recordists for (24-hour service)

Area	No. of ECG Recordists required	
Cardiology Unit	02 ECG recordists per Cardiac Catheterization Lab x 03 Cath Labs	- 06
	Electrophysiology including Holter Monitoring and pace maker	- 07
	02 ECG recordists for Exercise ECG (1 per machine)	- 02
	Cardiology wards (6) CCU (1), ICCU (1)	- 05
	Relief Duty	- 02
Total	225	
Cardio-Thoracic Unit	03 ECG recordists per two Operating Theatres, ICU and cardiothoracic Wards × 04 Operating Theatres s X 2 shifts	12

5.6.3.2 Teaching Hospitals/ Provincial General Hospitals/ DGH

Area	No. of ECG Recordists required
• Wards	• 01 ECG recordists per 07 wards
• ICU	• 01 ECG recordists per 12 ICU beds
• ETU/PCU	• 02/4 ECG recordists depending on bed strength • (2 ECG recordists up to 10 beds)
• Clinics	• 02 ECG recordists
• 1 Exercise ECG and 3 Halter monitoring	• 02 ECG recordists
• Catheterization Lab	• 02 ECG recordists
• Cardio-thoracic unit	• 2 ECG recordists per operating theatre bed
• Relief Duty	• 01 ECG recordist

5.6.3.3 Base Hospitals A

Area	No. of ECG Recordists required
• Wards	• 04 ECG recordists
• OPD/Clinic	• 02 ECG recordists
• Exercise ECG and Holter Monitoring	• 02 ECG recordists
Total	08

5.6.4.4. Base Hospitals B

Area	No. of ECG Recordists required
• Wards	• 02 ECG recordists
• OPD/Clinic	• 02 ECG recordists
Total	04

5.6.3.5 Divisional Hospitals A

- 01 ECG recordist

5.6.3.6 School of ECG recordists

	No. of ECG Recordists required
• Principal	• 01 ECG recordist
• Senior Tutor	• 01 ECG recordist
• Tutors	• 04 ECG recordists
Total	06

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5.7. EEG Recordists

By end of 2020, 101 EEG recordists were working in Public Sector institutions and 98 of them are attached to Line Ministry Institutions while only 3 of them are attached to Institutions under Provincial Councils.

There are 106 cadre positions available for EEG recordists in the public Sector. (Line ministry 101, Provincial councils 5)

Their duties include:

- Obtaining routine EEG, Video EEG, performing Sleep studies (MSLT, Polysomnography), ICU monitoring and Neurophysiology tests (VEP, BSER, SEP, ERG).
- Intraoperative Monitoring - including Electrocorticography
- Ambulatory EEG
- Portable Inward EEG
- Managing the Unit, maintaining equipment and keeping records

5.7.1 Norm-Task based

• Routine EEG	• 30-45 minutes per EEG
• Paediatric/Psychiatric/Patients with special needs etc.	• 1 hour
• Portable EEG	• 1 hour and 30 minutes
• EP Study	• 1 hour
• ERG	• 2 hours
• Sleep study (PSG)	• 8pm to 8 Am
• MSLT	• 7 AM to 5 PM
• Intra operative Monitoring	• 4-12 hours (2-3 per EEG recordists per day)
• Video EEG	• 3-7 days continuously
• Ambulatory EEG	• 3 days 1 person (can share with other duties)
• ICU monitoring	• minimum 1 day Continuous - on shift basis (Can monitor all patient in the unit)

5.7.2 Norm-Equipment based

- EEG Machine 2 EEG recordists per machine for 24 hours
- Video EEG 2 EEG recordists per machine for 24 hours
- Ambulatory EEG 1 EEG recordists per machine per day
- Sleep study 1/2 EEG recordists per day
- Portable EEG 1 EEG recordist per machine per day
- EP (EMG) studies 1/2 EEG recordist per machine per day

Relief duties - 1 per 6 EEG recordists

5.7.3 EEG Recordist Training School

- Principal 01 Special Grade EEG recordist
- Senior Tutor 01 Special Grade EEG recordist
- Tutors 02 EEG recordists (Class I / Grade IIA)

5.7.4 Norm for Special grade EEG Recordists

- One Special grade EEG recordist for NH/TH/PGH
- or 1 Special grade EEG recordist per 16 EEG recordists

An EEG Recordist should be appointed only when there is a neurologist.

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5.8. Public Health Laboratory Technicians

A total of 358 Public Health Laboratory Technicians (PHLT s) is currently employed in health institutions

5.8.1 Anti Malaria campaign

5.8.1.1 Central Laboratory

Preparation of staining, cross checking, drug-sensitivity tests, conducting mobiles and mass blood surveys, special surveys, purchasing, preparation and distribution of lab reagents and equipment, maintenance of buffer stocks, in-service training

Molecular and serological Testing

Norm: 1 SPHLT

08 PHLT s

5.8.1.2 Regional Labs

Preparation and staining of blood films cross checking and quality assurance, conducting mobiles and mass blood surveys, special surveys, maintenance of buffer stocks and antigen testing

Norm :

02 PHLT

5.8.1.3 Blood banks and Mobile Malaria Screenings

Malaria surveillance of collected blood in Blood Banks, by preparation and examination of blood films for malaria screening, conducting mobile screening and maintenance of records and stocks

Norm- 80 blood smears per day + urgent ones per PHLT

- 1 per TH/PGH/DGH

5.8.1.4 Hospital

Malaria surveillance in wards and OPD

PHLT allocated to hospitals TH, DGH, BH, DH should perform malaria, filaria, and TB activities. Will not be allocated only for a particular disease.

- | | |
|--------------|-----------------------------|
| • NHSL | 2 |
| • TH | 01 |
| • PGH | 01 |
| • DGH | 01 |
| • BH-Type A | 01 |
| • BH-Type B | 01 |
| • DH- Type A | 01 (Only for referral labs) |

5.8.2 Anti-Filariasis Campaign

5.8.2.1 Central Laboratory

Three types of labs at the central level: PCR labs, parasitological labs, entomology labs

- PCR lab - Specimen examination, quality assessment, training activities, special surveys
- Parasitology lab - Specimen examination, quality assessment, training activities, special surveys, reagent preparation
- Entomology lab- mosquito dissection, quality assessment, training activities, special surveys, reagent preparation

Entomological investigation by molecular and serological testing

Norm:1 SPHLT

- PCR Lab 2 PHLT s
- Parasitology Lab 4 PHLT s

5.8.2.2 Regional Labs

- Seven regional laboratories

Colombo, Kalutara, Gampaha, Galle, Matara, Kurunegala, Puttalam

- 1 PHLT per 2 PHFO for microscopic examination

5.8.3 STD/AIDS Control Programme.

5.8.3.1 Central laboratory - Specimen examination, reagent preparation, quality assurance, demonstrations, refresher training programmes

- Norm:1 SPHLT
- 06 PHLT s

5.8.3.2 District STD/AIDS Clinics

- 03 PHLT s per clinic at TH/ PGH
- 02 PHLT s per clinic at DGH/ BH

5.8.4 National Programme for Tuberculosis Control and Chest Diseases

5.8.4.1 Central laboratory - Smear examination, quality assessment, training activities, culture smear preparation, refresher training

- Norm: 04 PHLT s

5.8.4.2 District Chest Clinic

Norm: 01 PHLT for 40 smears per day (Minimum 1 PHLT per clinic. Institutions with high case load 2 PHLT)

5.8.4.3 Microscopy Centers

PHLT allocated to hospitals TH, DGH, BH, DH should perform malaria, filaria, and TB. Will not be allocated only for a particular disease.

5.8.5 Anti Leprosy Campaign

Identification by Smear examination, molecular biological technique and serological technique,
Preparing smears and reagent

- Norm: 01 PHLT

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5.9. Norms for Dispensers

There are 1837 cadre positions available for Dispensers in the Ministry of Health. Majority of these cadre positions (1685) are in institutions which are under Provincial councils and the rest (152) are in health institutions under the Line Ministry.

Currently, a total of 1613 Dispensers are employed by the Ministry of Health and 1497 of these dispensers are attached to Health Institutions under Provincial councils. The rest (116) are attached to Health Institutions under the Line Ministry.

Institution	Details	Cadre Norm
TH		Approved cadre to be remained
PGH		
DGH		
BH	Type A & B	
Divisional hospitals	Type A	5
	Type B	3
	Type C	2
Primary care health institutions	--	1
RDHS office	Relief Dispensers	5
Ministry of Health	Office of Chief Divisional Pharmacist	2
Ante-Leprosy campaign		3
Respiratory Disease Control Program - Clinics	Colombo (at MRI)	3
	Other clinics	1
Training Centers	Narahenpita	4
	Kadugannawa	3
	Kurunegala	3

5.10. Norms for Prosthetists and Orthotists

Prosthetists and orthotists provide their services through Prosthetic and Orthotic (P & O) Centers manufacturing a range of assistive devices required by people with mobility impairments. These Centers manufacture orthoses (calipers, braces, splints and spinal braces), prostheses (artificial legs and arms) and corrective and positioning devices (cervical collars and positioning belts) among many other items.

P & O centers are required to plan, design, fabricate, modify and fit patients with these devices taking into account each person's individual requirements and Prosthetists and orthotists attached to these centers play a pivotal role in this process.

The total number of approved cadre positions for Prosthetists and Orthotists in the Public Health sector is 47 and currently 35 are working in P & O Centers in hospitals across Sri Lanka.

Duty Hours

Weekdays 8.00 a.m. - 4.00 p.m.

Saturdays 8.00 a.m. -12.00 noon

Lunch break-12.00 noon – 1.00 p.m. (only ½ hour)

Norm

- First Visit - 2-3 hours for casting of the prosthesis
- Making of prosthesis- 1-2 days
- Second visits - ½ hour
- -Repairing of Prosthesis-1 day

Patient first visit:

- Step 01: Assessment -Subjective, Objective, pathological gait analysis (1 hour)
- Step 02: Casting (1- 1 1/2 hours)
- Step 03: Positive mould Rectification (2-4 hours, vary on type of prescription)

Patient second visit

- Initial fitting and adjustments and static alignment (1- 5 hours vary on type of prescription)

Patient third visit

- Dynamic alignment and adjustments (8 hours for secondary patients)

Subsequent visits

- Dynamic alignment and training (2- 4 weeks duration with 4 hours per day for primary patient)
- Final checkout outcome evaluation and delivery (1 hour)

Follow-up care with adjustments following patients experience and outcomes

- 1st follow-up after 2 weeks of date of delivery (1 -1 ½ hour)
- 2nd follow-up after 1 month of date of delivery (1 -1 ½ hour)
- 3rd and consequent and follow-up every three month (1 -1 ½ hour)
- Refitting and alignment after repair (1 -2 hours)

Orthopedic Technical Aids (Technician) interaction

- Fabrication (Manufacturing process) (1 -8 hours, vary on type of prescription)
- Cosmetic finishing (2 - 8 hours)
- Repair (1 -4 hours)

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6. Norms for Middle Level Technical Categories

6.1. Norms for Public Health Field Officers

Anti Filariasis Campaign

- Centre (Head Office, Narahenpita) : Norm: 4 PHFO

Districts Only in Endemic areas (Western, Southern and North Western Provinces)

Duties

1. Cover special work in District
2. All Filarial Clinics
3. Stock management and record maintenance

Norm: Regional Office -04 PHFO (Preferably attached to the Vector-born Disease Control Unit)

6.1.2. Anti-Malaria Campaign

A. Centre – Head Office

Norm:- Total-14 PHFO

06 PHFO - for 3 Entomology Teams (2 PHFO/Entomology Team)

04 PHFO - for Parasitology

04 PHFO - for Office duties recording work and other duties

B. Districts

04 PHFO - RMO Office (2 Entomology Teams- Preferably attached to the Vector-born Disease Control Unit)

C. Hospitals

- NH -3
- TH / PGH -2
- DGH -1

D. National Blood Transfusion Service Head Office

- Norm: 5

6.1.3. MOH Office

Duties: Health Education, Blood Film preparation and examination and Vector Control Activities

Norm: 01 PHFO for 10,000 population in endemic areas for Filariasis (10,000 blood films/ year)

But as there is a sever dearth of PHFOs at present,

- **3 PHFO per MOH office in non-endemic area for Filariasis**

- **6 PHFO per MOH office in endemic area for Filariasis**

will be allocated to cover all relevant public health activities including Malaria, Filariasis, Dengue etc.

Special Grade PHFO

Norm: 1 per 8 or more PHFO in Line ministry institutions

1 per RDHS area (preferably will be attached to the vector-bore disease control unit)

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