



सत्यमेव जयते

Ministry of Health & Family Welfare



## **Guidelines on Critical Care Hospital Block**

### **Under PM – Ayushman Bharat Health Infrastructure Mission**

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## A. BACKGROUND

1. Critical Care Services comprise of emergency, surgical and intensive care. As per NSSO/NHA, most of the critical care services are confined to tertiary care level with limited access to secondary care and referral transport systems. National Health Accounts, report an out of pocket expenditure of Rs. 2097 per capita, which is 48.8% of the Total Health Expenditure (NHA 2017-18).
2. COVID-19 further highlighted the need for strengthening health systems response and availability of adequate infrastructure.
3. The top 5 causes of mortality are Coronary Artery Disease, COPD, Stroke, Diarrheal Diseases, Neonatal disorders (Global Burden of Disease Study, 2019). If these are managed timely at the level of district hospital itself, it will not only reduce the burden on tertiary care facilities but will also reduce the OOPE significantly.
4. Thus, Hon'ble Prime Minister launched Pradhan Mantri Ayushman Bharat Health Infrastructure Mission. It includes Critical Care Hospital Blocks in all districts with a population of more than 5 lakhs, in state government medical colleges/District Hospitals and in 12 Central Institutions.
5. This document provides the technical guidance for development of Critical Care Blocks at the district level under the CSS component of the PMABHIM.

## B. PURPOSE OF GUIDELINES

1. The aim of this document is to guide the states in undertaking civil construction of critical care blocks under PMABHIM. It covers parameters such as location, minimum covered area, flow and process, design principles, cost and legal requirements necessary to complete the projects timely and efficiently.

## C. CRITICAL CARE BLOCK

1. Under PMABHIM, support will be provided to 602 districts across all states/ UTs. For the 102 districts having more than 20 lakh population, the size of the critical care block may be limited to 25% of the existing District Hospital bed capacity subject to a minimum 50 and maximum of 100 beds. This implies that the bed capacity for districts with more than 20 lakh population will be as follows:

Table 1 Bed Strength of Critical Care Block

S. No	Existing Bed Strength	Bed strength of Critical Care Block
1.	Less than 200	50
2.	200-300	75
3.	More than 300	100

2. For 274 districts with 5-20 lakhs population, it is envisaged to set- up 50 bedded critical care hospital block/wing.
3. Apart from the above, 226 districts, with government medical colleges, would also be supported to establish a 50 bedded critical care hospital block/wing.

### C.1. LOCATION

1. Critical care wing or block is expected to be an integral part of the existing District Hospital (DH) or Medical College Hospital (MCH). While planning infrastructure of the critical care block, overall infrastructure of the existing hospital should be taken into account. Planning should not be limited to only the existing infrastructure but should also consider the prospective vision and future expansion plan.
2. The 100, 75 and 50-bedded Critical Care Hospital Blocks/Wings would be functionally integrated with the respective DH or MCH. During the time of an outbreak such as COVID-19, the block/wing can be isolated from the main building so as to ensure adherence to infection prevention practices, while during regular time, the critical care block can function as an integral part of the district hospital.
3. The block would have functional units for critical care including emergency area and ICU, isolation wards, OT, Labor-Delivery-Recovery rooms (LDRs) with Newborn Care Corner, etc. The support services like Imaging facility, Dietary services, CSSD with Mechanized Laundry, etc. needs to be linked with existing DH or to be created if not available. These blocks/wings would also be supported with Medical Gas Pipeline System, Oxygen generation plants/ Oxygen supply, Air Handling Units (AHUs),etc.,and mechanism for Infection Prevention and Control.
4. The infrastructure for all facilities should follow the rules and regulations as per National Building Code and the state by-laws. At some places, old and dilapidated facilities may need to be demolished to build new infrastructure at the same site. However, while demolishing any old building, it should be ensured that alternate arrangements are made for effectively running the existing services.



Figure 150 bedded Critical Care Block

## C.2. AREA COVERED

As per IPHS, per bed area requirement is of 85 sq. m., so,

- Total area for 100 bedded hospital is 8500 sq.m.
- Total area for 75 bedded hospital is 6375 sq. m.
- Total area for 50 bedded hospital is 4250 sq.m.

## C.3. LAYOUT

1. Suggestive layout of Critical Care Block is placed at Annexure 1. Critical Care block should ideally be integrated as a part of the existing hospital in order to ensure optimum utilization of resources. However, it must be ensured that there are separate entry and exit for the critical care block and that it should be constructed in such a manner that it should be possible to isolate it and use it as a dedicated facility for management of infectious diseases.
2. While maps for the general lay-out, flow and suggested dimensions have been provided, these may need to be adapted to fit the space constraints. The existing infrastructure, where possible and appropriate, can be changed, renovated or upgraded to fit these requirements as far as possible. Some degree of flexibility and innovative planning will therefore be required to accommodate additional services to be provided in existing

infrastructure and ensure that the facility is compliant with the necessary rules and regulations while remaining fit for purpose, from a clinical perspective.

3. The suggestive components for the 100 ,75 and 50 bedded critical care blocks are placed below. However, the actual numbers may vary as per local requirement.

**Table 2 Suggestive Distribution of Beds**

Beds	100 beds	75 beds	50 beds
<b>ICU</b>	20 (including 4 paediatric beds)	12 (including 2 paediatric beds)	10 (including 2 paediatric beds)
<b>HDU</b>	20 (including 4 paediatric beds)	12 (including 2 paediatric beds)	6 (including 2 paediatric beds)
<b>Isolation Ward</b>	30	30	24
<b>Isolation Room</b>	12	5	2
<b>Dialysis</b>	4	4	2
<b>MCH</b>	6	4	2
<b>Emergency</b>	10 (4 Red + 4 Yellow + 2 Triage)	10 (4 Red + 4 Yellow + 2 Triage)	5 (2 Red + 2 Yellow +1 Triage)
<b>Total</b>	100 + 2 Triage	75 + 2 Triage	50 + 1 Triage
<b>OT</b>	2	2	2
<b>LDR</b>	2	2	2
<b>Point of Care Lab</b>	1	1	1

#### C.4. DESIGN PRINCIPLES

1. Factors to be considered while building a new facility either at the same site or selecting a new site for a facility :
  - a) Ensure there is a separate entry and exit
  - b) Facility is not in a low-lying flood prone area
  - c) Elderly and disabled friendly access
  - d) Minimizing exposure to air, noise, water and land pollution and that facility buildings are vector-breeding proof
  - e) Reviewing land utilization in adjoining areas, the general topography, and obtaining the necessary environmental (including seismic safety), fire safety and administrative clearances
  - f) NBC, the local agency by-laws and rules should be strictly adhered with
2. Wherever possible, new buildings should be constructed vertically than horizontally (within state norms and compliant with the National Building Code) so that there is more space available for other necessary services.
3. Where lack of space is a particular concern, **the possibility of expansion vertically based on floor area ratio (FAR) rather than horizontally should be seriously**

**considered, while bearing in mind that a minimum necessary space all around the boundary wall should be left open as per the prevailing NBC and fire safety norms.**

4. Adequate width to allow easy access to the fire engine and ambulance should be provisioned for and should be **as per the prevailing norms.**
5. The Project Land along with its approaches free from all encumbrances can be facilitated by the State Govt. for Construction works
6. As a general principle and wherever possible, the Emergency services, LDR complex, should be on the ground floor.
7. Emphasis should be given to create a positive, client friendly ambience and environment around the facility. This includes due consideration to the provision of facilities for patient registration, waiting areas, clear way-finding and sign-posting, parking, gardens, washrooms, drinking water and disabled friendly facilities.
8. The facility should be environment friendly with scope for adequate natural light, water harvesting and solar energy, if appropriate.
9. The foundation of the health facility infrastructure should be strong enough to meet the requirement of the seismic zones of that area and any future vertical expansion. It should strictly adhere to the statutory fire safety norms. An open area to facilitate the management of disasters and emergencies should also be provisioned for.
10. Adequate and clear signage should be displayed on the main and connecting roads to the facility. Colour coding could be used for clarity at larger facilities.
11. A fluorescent fire exit plan should be considered where appropriate. Tactile pathways should be made for visually incapacitated visitors.
12. Clear access for vehicles and ambulances should be maintained, especially near the Emergency department. Inside the hospital premises, there should be an open space available in line with the average expected load of vehicles for parking. Wherever possible, separate parking spaces should be allotted for staff parking and visitor parking.
13. The infrastructure being created or renovated should meet the requirements for isolating critical care and emergency services in view of existing or future pandemics or outbreaks. Thus, various wings and critical care areas can have separate entry or exit to maintain isolation, if required.
14. For easy access of non-ambulant (wheelchair, stretcher), semi-ambulant, visually disabled and elderly people, infrastructural norms in line with the 'Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons' of the Government of India should be followed. **Provisions of the 'Persons with Disability Act' should be implemented.**

15. The flooring of circulation areas such as corridors, lifts, ramps, staircases and other common spaces should be anti-skid and non-slippery. The size of corridors, ramps, and stairs should enable easy manoeuvrability of wheeled equipment, minimum width of corridors should be **as per the prevailing norms**.
16. Structural and non- structural earthquake proof measures (in line with the state Govt. Guidelines) should be incorporated, especially in high seismicity earthquake prone areas. This includes simple non-structural measures like fastening of shelves, almirahs and movable equipment, as appropriate.
17. Compliance as per state and central government Guidelines for fire regulations should be ensured while planning for a health facility.
18. A separate drainage system for effluents being generated from various service areas to Effluent Treatment Plant (ETP) needs to be in place, so that all effluents are treated before discharge.
19. Collection, transportation, treatment and disposal of bio-medical waste should be as per the latest BMWM Rules.
20. Permanent Water, Sewer & Electrical Power connection needs to be facilitated by the State Govt as per requirements.
21. The Critical Care Block must have MGPS which can be utilized for supply of oxygen from a storage tank or an oxygen generation plant to bed side or critical care units like OT, labour room, emergency and other critical beds. A definite area for “manifold” to be designated in the facility as per ‘Gas cylinder rule 1981, ISO 7396-1:2016 and Indian Explosive Acts, 1984. Manifold should be in a cool, clean area that is constructed of fire resistant materials. Conductive flooring must be present but is not required if non inflammable gases are stored. Adequate ventilation to allow leaking gases to escape, safety labels and separate places for empty and full cylinders to be ensured.
22. The isolation rooms, HDU and ICU areas should be separated, have negative air pressure. At least 6 air changes per hour in Isolation Room, and 12 air changes in HDU/ICU and 20 air changes in OT needs to be maintained. Air Handling Units equipped with HEPA filters should be placed in all critical services areas such as OT, HDU, ICU etc.
23. Only essential personnel should enter such rooms with standard infection control precautions. These include basic hand hygiene, use of personal protective equipment, respiratory etiquettes, and environmental disinfection. Dedicated or disposable equipment should be used. If equipment is to be used for more than one patient, it should be cleaned and disinfected before use on another patient.



**C.5. HUMAN RESOURCE SUPPORT**

1. The following HR support is as defined under IPHS and will depend on the number of beds:

*Table 3 Norms for Human Resource*

<b>HR Norms</b>	<b>Specialists</b> - round the clock for OT, ICU, Emergency, delivery unit and other areas as per IPHS.
	<b>GDMO</b> - 1 for 10 beds - critical care area and 1 for 20 beds non critical area
	<b>Nurses</b> - 1:1 ICU; 1:2 Step Down Unit; 1:6 wards and other areas; OT - 2 per OT per shift; 1 nurse round the clock for delivery unit
	<b>Support staff</b> - as per IPHS/GoI Guidelines

2. Support for HR requirement for these components will be provided only up to the scheme period, i.e. up to **FY 25-26** and after that, states would be responsible for maintaining the facilities including Human Resources. The State to **take into consideration that the recurring HR expenditure will not be available beyond the scheme period.** Recurring cost breakup for 100, 75 and 50 bedded critical care blocks is annexed at the end of these Guidelines note.
3. States have the flexibility for fixing the remuneration/ salary structure for hiring of HR. The State may propose the numbers of positions to be engaged for CCBs as per their local context. It is suggested that at least the minimum necessary additional positions as per the norms prescribed in these Guidelines should be proposed. Support for the HR component will be up to the limit of support for recurring component as indicated in these Guidelines.
4. The State has to commit that it shall create and fill up the regular posts in the required places, to manage and ensure that the assets created under the PM-ABHIM are kept fully functional even beyond the scheme period.
5. Under PM-ABHIM, support will be provided for only contractual/outsourced Human Resource. However, if the State Government appoints permanent human resources either on its own or by virtue of orders of Hon'ble Court, then the State Government shall be liable to maintain the same at its own cost, and the liability of the Central Government will strictly be only to the extent of agreed and approved PM-ABHIM Plan.
6. The State Health Society is responsible for appointment (contractual/ conditional/ permanent) of employees, their transfers/termination of services, payment of wages, salary, remuneration, etc. There would be no privity of contract between the Central Government and the employees appointed by the State Health Society.

## **D. LIST OF EQUIPMENT**

An indicative list for equipment required in the critical care block is placed at Annexure 2. However, this is not an exhaustive list and may vary as per local requirement.

## **E. IMPLEMENTATION MECHANISM**

Implementation of components under PMABHIM will be undertaken as per the framework provided in Operational Guidelines. The States/UTs should adhere to the procurement rules/norms/ guidelines prevailing in the respective States/UTs.

A brief summary of the steps is also placed below:

1. MoU to be signed between state and MoHFW
2. Selection of site as per criteria mentioned in the Guidelines
3. Site survey
4. Preparation of DPR & Layout plans
5. DPR Finalization including preliminary estimated cost as per state process
6. Tender
7. Initiation of work

## **F. MONITORING**

1. District Health Society in the District will be monitoring the implementation of all the components sanctioned in the District under PMABHIM, against the approvals on a periodic basis.
2. Additional Chief Secretary/Principal Secretary/Secretary (Health) in the States/UTs as the chairperson of EC of the State Health Society, will be responsible for monitoring the progress and implementation status of various components of PMABHIM under the scheme.
3. At the national Level, the Ministry, under the NHM Framework, will monitor the progress of implementation of various components across the country. Overall, oversight will be provided by the Mission Steering Group (MSG).
4. The States have to prepare the proposals as per the format given in the Operational Guidelines on PMABHIM and send along with the required annexures.
5. States/UTs shall submit Monthly progress on the implementation of various CSS components of the Scheme to the Ministry, as prescribed, from time to time and the same have to be updated in the Progress Monitoring System, developed for PMABHIM. States/UTs have to collect the progress from all the Districts and Institutions and same have to be submitted and updated on regular basis. States/UTs have to establish a

mechanism for collecting and compiling the reports and will ensure entry of the progress on a regular basis. The NHM-PMS system will also be used for the regular up-dation of the progress, which would be essential for release of subsequent instalments of grants. For effective Quality Control measures and ‘Structural Design vetting’, Third Party Quality Assurance (TPQA) may be engaged by the State Govt.

6. As the PM-ABHIM is a CSS scheme, the central share will be released based on fulfilment of necessary conditions such as submission of UCs and expenditure reports as per extant Rules and instructions of the Central Government in this regard. The conditions for release of funds will be the same as under the National Health Mission.

## G. NECESSARY CLEARANCES

1. All the Statutory Acts, rules and regulations like Building Plans, Fire NOC and Occupancy Certificate, etc., shall be facilitated by the State Govt and strictly adhered to. It will be the responsibility of relevant officials to comply with these along with ensuring a regular monitoring and feedback mechanism. All applicable and necessary clearances must be taken by the implementation agency.

## H. COSTS

1. The estimated unit cost for critical care units is given below:

Table 4 Estimated Unit Cost

Type of critical care units	Capital Cost (in Rs.)	Recurring Cost* (in Rs.)
<b>100 bedded</b>	44.50 Cr	7.912 Cr
<b>75 bedded</b>	36.35 Cr	5.844 Cr
<b>50 bedded</b>	23.75 Cr	4.592 Cr
<b>50 bedded in Medical Colleges</b>	23.75 Cr	Recurring cost to be borne by state government from their own resources.

2. The recurring cost is inclusive of HR support, Equipment maintenance, Oxygen refilling, teleconsultation, drugs, consumables like reagents, diagnostic kits, infection prevention-masks, gloves, etc., bio medical wastes, etc.

### H.1. COST BREAK UP

Table 5 Cost Break-up (Detailed cost breakup is given in Annexure 3)

S. No.	Particulars	50 bedded CCB (4250 sq. m .)	75 bedded CCB (6375 sq. m .)	100 bedded CCB (8500 sq. m.)
1	Cost of Construction	Rs. 16.63 Cr	Rs. 24.95 Cr	Rs. 30.55 Cr
2	Cost of Equipment	Rs. 7.12 Cr	Rs. 11.40 Cr	Rs. 13.95 Cr
3	<b>One Time Fixed Cost (1+2)</b>	<b>Rs. 23.75 Cr</b>	<b>Rs. 36.35 Cr</b>	<b>Rs. 44.5 Cr</b>
4	Recurring Cost	Rs. 4.592 Cr	Rs. 5.844 Cr	Rs. 7.912 Cr

Note:

1. The above costs are normative and only indicative.
2. The estimated cost should be carefully worked out at the stage of preparation of DPR. Factors such as site conditions, availability of existing structures, if any, gaps in availability of equipment etc. should be duly considered at the stage of DPR preparation.
3. The actual cost shall be discovered through an open and transparent bidding/tendering process.
4. Support for a critical care block, shall be limited to the extent of the normative unit cost as given in Table 4 & 5.
5. If the discovered cost for a critical care block is more than the normative unit cost, any additional funds shall be provided by the State/UT government from its own resources.

ANNEXURE 1

SUGGESTIVE LAYOUT



GROUND FLOOR PLAN

Figure 2 Layout 100 bedded - Ground Floor

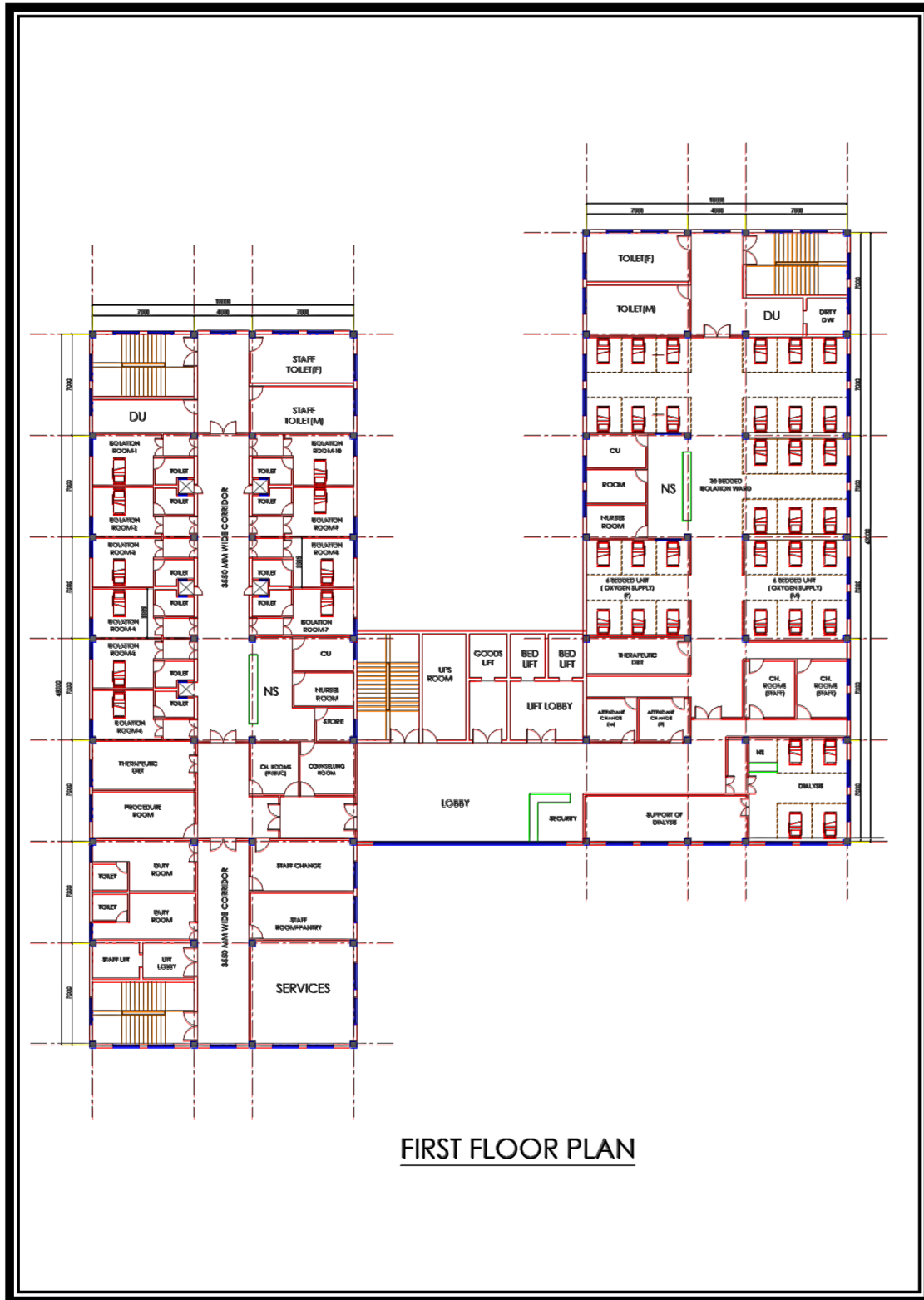


Figure 3 Layout 100 bedded - First Floor



Figure 4 Layout 100 bedded - Second Floor



Figure 5 Layout 100 bedded - Third Floor



## ANNEXURE 2

### LIST OF EQUIPMENT

The following list is only indicative. States may decide the actual equipment based on gap analysis.

<b>A) 100 BEDDED CRITICAL CARE BLOCK</b>		
<b>Sl. no.</b>	<b>Equipment</b>	<b>Quantity</b>
<b>ICU-20 bed</b>		
1	MOTORIZED ICU BED 4 SECTION WITH MATTRESS	20
2	BEDSIDE LOCKER	20
3	OVERBED TABLE	20
4	IV STAND WITH SS ROD AND CASTOR BASE	5
6	BED SIDE STOOL	5
7	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	20
8	MULTI PARA MONITOR WITH CENTRAL STATION	20
9	ICU VENTILATOR	20
10	SYRINGE PUMP	20
11	INFUSION PUMP	5
12	LARYNGOSCOPE	2
13	THERMOMETER- INFRARED TYPE	5
14	AMBU BAG ADULT	5
15	ANEROID BP APPARTUS	2
16	OPHTHALMOSCOPE	2
17	ECG MACHINE 12 CHANNEL	1
18	PORTABLE VENTILATOR	1
19	PORTABLE X RAY	1
20	PORTABLE ULTRASOUND	1
22	BIPHASIC DEFIBRILLATOR	2
23	ABG MACHINE WITH ISE	1
24	ELECTRONIC WEIGHING SCALE- ADULT	2
25	ELECTRICAL SUCTION APPARATUS	4
26	PATIENT STRETCHER (FULLY SS)	2
27	WHEEL CHAIR - FOLDABLE	2
28	CRASH CART	1
29	DRESSING TROLLEY	1
30	DRUG TROLLEY/MEDICINE CART	2
31	ECG MACHINE TROLLEY	2

32	INSTRUMENT TROLLEY	2
33	OXYGEN CYLINDER TROLLEY	2
34	GLUCOMETER	4
35	STETHOSCOPE	4
<b>HDU 20 bed</b>		
1	MANUAL BED 4 SECTION WITH MATTRESS	20
2	BEDSIDE LOCKER	20
3	OVERBED TABLE	20
4	IV STAND WITH SS ROD AND CASTOR BASE	10
6	BED SIDE STOOL	20
7	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	20
8	MULTI PARA MONITOR	20
9	SYRINGE PUMP	5
10	INFUSION PUMP	5
11	LARYNGOSCOPE	2
12	THERMOMETER- INFRARED TYPE	5
13	AMBU BAG ADULT	5
14	ANEROID BP APPARTUS	4
15	OPHTHALMOSCOPE	2
16	ECG MACHINE 12 CHANNEL	1
17	PORTABLE VENTILATOR	2
18	BIPHASIC DEFIBRILLATOR	1
19	ELECTRONIC WEIGHING SCALE- ADULT	2
20	ELECTRICAL SUCTION APPARATUS	3
21	PATIENT STRETCHER (FULLY SS)	1
22	WHEEL CHAIR - FOLDABLE	1
23	CRASH CART	1
24	DRESSING TROLLEY	1
25	DRUG TROLLEY/MEDICINE CART	1
26	ECG MACHINE TROLLEY	1
27	INSTRUMENT TROLLEY	1
28	OXYGEN CYLINDER TROLLEY	1
29	GLUCOMETER	2
30	STETHOSCOPE	2
<b>OPERATION THEATRE-2</b>		
1	OT TABLE	2
2	OT LIGHT	2
3	ANESTHESIA WORK STATION	2
4	SURGICAL DIATHERMY	2
5	SYRINGE PUMP	2

6	INFUSION PUMP	2
7	BLOOD FLUID WARMER	2
8	BIPHASIC DEFIBRILLATOR	2
9	INSTRUMENT SET	2
10	FOOT STEP-DOUBLE	2
11	LARYNGOSCOPE	2
12	Radiant Warmer	2
13	THERMOMETER- INFRARED TYPE	2
14	AMBU BAG ADULT	2
15	ELECTRICAL SUCTION APPARATUS	2
16	PATIENT STRETCHER (FULLY SS)	1
17	WHEEL CHAIR - FOLDABLE	1
18	CRASH CART	1
19	DRUG TROLLEY/MEDICINE CART	2
20	INSTRUMENT TROLLEY	2
21	OXYGEN CYLINDER TROLLEY	2
22	MAYO TROLLEY	2
23	GLUCOMETER	2
24	STETHOSCOPE	2
<b>EMERGENCY UNIT 10 bed</b>		
1	MANUAL BED 4 SECTION WITH MATTRESS	10
2	BEDSIDE LOCKER	10
3	OVERBED TABLE	10
4	IV STAND WITH SS ROD AND CASTOR BASE	5
5	FOOT STEP-DOUBLE	5
6	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	10
7	MULTI PARA MONITOR	10
8	ICU VENTILATOR	4
9	SYRINGE PUMP	5
10	INFUSION PUMP	5
11	LARYNGOSCOPE	2
12	THERMOMETER- INFRARED TYPE	2
13	AMBU BAG ADULT	5
14	ANEROID BP APPARTUS	4
15	OPHTHALMOSCOPE	2
16	ECG MACHINE 12 CHANNEL	1
17	PORTABLE MONITOR	1
18	PORTABLE VENTILATOR	1
19	PORTABLE X RAY	1
20	BIPHASIC DEFIBRILLATOR	1

21	ELECTRONIC WEIGHING SCALE- ADULT	2
23	ELECTRICAL SUCTION APPARATUS	2
24	PATIENT STRETCHER (FULLY SS)	1
25	WHEEL CHAIR - FOLDABLE	1
26	CRASH CART	1
27	DRESSING TROLLEY	2
28	DRUG TROLLEY/MEDICINE CART	2
29	ECG MACHINE TROLLEY	1
30	INSTRUMENT TROLLEY	2
31	OXYGEN CYLINDER TROLLEY	2
32	GLUCOMETER	4
33	STETHOSCOPE	2
<b>ISOLATION ROOM- 12 bed</b>		
1	MANUAL BED 4 SECTION WITH MATTRESS	12
2	BEDSIDE LOCKER	12
3	OVERBED TABLE	12
4	IV STAND WITH SS ROD AND CASTOR BASE	5
6	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	12
7	PORTABLE MONITOR	1
8	SYRINGE PUMP	5
9	INFUSION PUMP	5
10	LARYNGOSCOPE	1
11	THERMOMETER- INFRARED TYPE	5
12	AMBU BAG ADULT	5
13	ANEROID BP APPARTUS	2
14	OPHTHALMOSCOPE	1
15	ECG MACHINE 12 CHANNEL	1
17	ELECTRONIC WEIGHING SCALE- ADULT	2
18	ELECTRICAL SUCTION APPARATUS	2
19	PATIENT STRETCHER (FULLY SS)	1
20	WHEEL CHAIR - FOLDABLE	1
21	CRASH CART	1
22	DRESSING TROLLEY	1
23	DRUG TROLLEY/MEDICINE CART	1
24	ECG MACHINE TROLLEY	1
25	INSTRUMENT TROLLEY	1
26	OXYGEN CYLINDER TROLLEY	1
27	GLUCOMETER	2
28	STETHOSCOPE	2
<b>DIALYSIS- 4 bed</b>		

1	MANUAL BED 4 SECTION WITH MATTRESS	4
2	BEDSIDE LOCKER	4
3	OVERBED TABLE	4
4	IV STAND WITH SS ROD AND CASTOR BASE	2
5	HEMO DIALYSIS MACHINE	4
6	CRRT MACHINE	1
7	RO PLANT SYSTEM	1
8	DIALYSIS REPROCESSOR	1
9	MULTI PARA MONITOR	4
10	SYRINGE PUMP	2
11	INFUSION PUMP	2
12	LARYNGOSCOPE	1
13	THERMOMETER- INFRARED TYPE	1
14	AMBU BAG ADULT	1
15	BIPHASIC DEFIBRILLATOR	1
16	ELECTRONIC WEIGHING SCALE- ADULT	1
17	WHEEL CHAIR - FOLDABLE	1
18	CRASH CART	1
19	DRESSING TROLLEY	1
20	DRUG TROLLEY/MEDICINE CART	1
21	GLUCOMETER	1
22	STETHOSCOPE	2
<b>ISOLATION WARD-30 bed</b>		
1	WARD BED ( 2 SECTION) WITH MATTRESS	30
2	BEDSIDE LOCKER	30
3	IV STAND WITH SS ROD AND CASTOR BASE	10
4	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	10
5	PORTABLE MONITOR	1
6	PULSE OXIMETER	2
7	CPAP/BIPAP MACHINE	5
8	SYRINGE PUMP	5
9	INFUSION PUMP	5
10	LARYNGOSCOPE	2
11	THERMOMETER- NON CONTACT TYPE	5
12	AMBU BAG ADULT	5
13	ANEROID BP APPARTUS	5
14	OPHTHALMOSCOPE	2
15	ECG MACHINE 12 CHANNEL	1
16	ELECTRONIC WEIGHING SCALE- ADULT	3
17	ELECTRICAL SUCTION APPARATUS	3

18	PATIENT STRETCHER (FULLY SS)	2
19	WHEEL CHAIR - FOLDABLE	2
20	CRASH CART	1
21	DRESSING TROLLEY	2
22	DRUG TROLLEY/MEDICINE CART	2
23	INSTRUMENT TROLLEY	2
24	OXYGEN CYLINDER TROLLEY	2
25	GLUCOMETER	4
26	STETHOSCOPE	4
<b>MCH Ward 06 Beds</b>		
1	WARD BED ( 2 SECTION) WITH MATTRESS	6
2	BEDSIDE LOCKER	6
3	IV STAND WITH SS ROD AND CASTOR BASE	6
4	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	3
5	CRASH CART	1
6	INSTRUMENT TROLLEY	2
7	GLUCOMETER	2
8	STETHOSCOPE	2
<b>LDR- 2 beds</b>		
1	LDR Bed	2
2	Foetal Doppler Machine	2
3	Radiant Warmer	2
4	BEDSIDE LOCKER	2
5	IV STAND WITH SS ROD AND CASTOR BASE	2
6	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	2
7	CRASH CART	1
8	INSTRUMENT TROLLEY	2
9	GLUCOMETER	2
10	STETHOSCOPE	2
<b>AHU</b>		
1	Air Handling Unit	5
<b>MGPS</b>		
1	MGPS SYSTEM FOR HOSPITAL	1
<b>ADMIN FURNITURE</b>		
1	ADMIN FURNITURE (Furniture for Nursing Station, duty room, doctor's room, doctor's examination area and other admin furniture)	1

**B)75 BEDDED CRITICAL CARE BLOCK**

Sl. no.	Short Description of Goods	Quantity
ICU-12 bed		
1	MOTORIZED ICU BED 4 SECTION WITH MATTRESS	12
2	BEDSIDE LOCKER	12
3	OVERBED TABLE	12
4	IV STAND WITH SS ROD AND CASTOR BASE	3
6	BED SIDE STOOL	3
7	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	12
8	MULTI PARA MONITOR WITH CENTRAL STATION	12
9	ICU VENTILATOR	12
10	SYRINGE PUMP	12
11	INFUSION PUMP	3
12	LARYNGOSCOPE	2
13	THERMOMETER- INFRARED TYPE	3
14	AMBU BAG ADULT	3
15	ANEROID BP APPARTUS	1
16	OPHTHALMOSCOPE	1
17	ECG MACHINE 12 CHANNEL	1
18	PORTABLE VENTILATOR	1
20	PORTABLE X RAY	1
22	PORTABLE ULTRASOUND	1
23	BIPHASIC DEFIBRILLATOR	1
24	ABG MACHINE WITH ISE	1
25	ELECTRONIC WEIGHING SCALE- ADULT	1
26	ELECTRICAL SUCTION APPARATUS	2
27	PATIENT STRETCHER (FULLY SS)	2
28	WHEEL CHAIR - FOLDABLE	2
30	CRASH CART	1
31	DRESSING TROLLEY	1
32	DRUG TROLLEY/MEDICINE CART	1
33	ECG MACHINE TROLLEY	1
34	INSTRUMENT TROLLEY	1
35	OXYGEN CYLINDER TROLLEY	2
36	GLUCOMETER	2
38	STETHOSCOPE	2
STEPDOWN ICU 12 bed		
1	MANUAL BED 4 SECTION WITH MATTRESS	12
2	BEDSIDE LOCKER	12
3	OVERBED TABLE	12
4	IV STAND WITH SS ROD AND CASTOR BASE	6
6	BED SIDE STOOL	12
7	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	12
8	MULTI PARA MONITOR	12

10	SYRINGE PUMP	3
12	INFUSION PUMP	3
14	LARYNGOSCOPE	2
15	THERMOMETER- INFRARED TYPE	3
16	AMBU BAG ADULT	3
17	ANEROID BP APPARTUS	2
18	OPHTHALMOSCOPE	1
19	ECG MACHINE 12 CHANNEL	1
21	PORTABLE VENTILATOR	1
22	BIPHASIC DEFIBRILLATOR	1
23	ELECTRONIC WEIGHING SCALE- ADULT	1
25	ELECTRICAL SUCTION APPARATUS	2
26	PATIENT STRETCHER (FULLY SS)	1
27	WHEEL CHAIR - FOLDABLE	1
28	CRASH CART	1
29	DRESSING TROLLEY	1
30	DRUG TROLLEY/MEDICINE CART	1
31	ECG MACHINE TROLLEY	1
32	INSTRUMENT TROLLEY	1
33	OXYGEN CYLINDER TROLLEY	1
34	GLUCOMETER	2
35	STETHOSCOPE	2
OPERATION THEATRE-2 nos		
1	OT TABLE	2
2	OT LIGHT	2
3	ANESTHESIA WORK STATION	2
4	SURGICAL DIATHERMY	2
5	SYRINGE PUMP	2
6	INFUSION PUMP	2
7	BLOOD FLUID WARMER	2
8	BIPHASIC DEFIBRILLATOR	2
10	INSTRUMENT SET	2
11	FOOT STEP-DOUBLE	2
12	LARYNGOSCOPE	2
13	Radiant Warmer	2
14	THERMOMETER- INFRARED TYPE	2
15	AMBU BAG ADULT	2
16	ELECTRICAL SUCTION APPARATUS	2
17	PATIENT STRETCHER (FULLY SS)	1
18	WHEEL CHAIR - FOLDABLE	1
19	CRASH CART	1
20	DRUG TROLLEY/MEDICINE CART	2
21	INSTRUMENT TROLLEY	2
22	OXYGEN CYLINDER TROLLEY	2
23	MAYO TROLLEY	2
24	GLUCOMETER	2
25	STETHOSCOPE	2
EMERGENCY UNIT 10 bed		



1	MANUAL BED 4 SECTION WITH MATTRESS	10
2	BEDSIDE LOCKER	10
3	OVERBED TABLE	10
4	IV STAND WITH SS ROD AND CASTOR BASE	5
5	FOOT STEP-DOUBLE	5
6	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	10
7	MULTI PARA MONITOR	10
8	ICU VENTILATOR	4
9	SYRINGE PUMP	5
10	INFUSION PUMP	5
11	LARYNGOSCOPE	2
12	THERMOMETER- INFRARED TYPE	2
13	AMBU BAG ADULT	5
14	ANEROID BP APPARTUS	4
15	OPHTHALMOSCOPE	2
16	ECG MACHINE 12 CHANNEL	1
17	PORTABLE MONITOR	1
18	PORTABLE VENTILATOR	1
19	PORTABLE X RAY	1
20	BIPHASIC DEFIBRILLATOR	1
21	ELECTRONIC WEIGHING SCALE- ADULT	2
23	ELECTRICAL SUCTION APPARATUS	2
24	PATIENT STRETCHER (FULLY SS)	1
25	WHEEL CHAIR - FOLDABLE	1
26	CRASH CART	1
27	DRESSING TROLLEY	2
28	DRUG TROLLEY/MEDICINE CART	2
29	ECG MACHINE TROLLEY	1
30	INSTRUMENT TROLLEY	2
31	OXYGEN CYLINDER TROLLEY	2
32	GLUCOMETER	4
33	STETHOSCOPE	2
<b>ISOLATION ROOM- 5 bed</b>		
1	MANUAL BED 4 SECTION WITH MATTRESS	5
2	BEDSIDE LOCKER	5
3	OVERBED TABLE	5
4	IV STAND WITH SS ROD AND CASTOR BASE	3
6	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	5
7	PORTABLE MONITOR	1
8	SYRINGE PUMP	3
9	INFUSION PUMP	3
10	LARYNGOSCOPE	1
11	THERMOMETER- INFRARED TYPE	2
12	AMBU BAG ADULT	2
13	ANEROID BP APPARTUS	1
14	OPHTHALMOSCOPE	1
15	ECG MACHINE 12 CHANNEL	1
17	ELECTRONIC WEIGHING SCALE- ADULT	1

19	ELECTRICAL SUCTION APPARATUS	1
20	PATIENT STRETCHER (FULLY SS)	1
21	WHEEL CHAIR - FOLDABLE	1
22	CRASH CART	1
23	DRESSING TROLLEY	1
24	DRUG TROLLEY/MEDICINE CART	1
25	ECG MACHINE TROLLEY	1
26	INSTRUMENT TROLLEY	1
27	OXYGEN CYLINDER TROLLEY	1
28	GLUCOMETER	1
29	STETHOSCOPE	1
DIALYSIS- 4 bed		
1	MANUAL BED 4 SECTION WITH MATTRESS	4
2	BEDSIDE LOCKER	4
3	OVERBED TABLE	4
4	IV STAND WITH SS ROD AND CASTOR BASE	2
6	HEMO DIALYSIS MACHINE	4
7	CRRT MACHINE	1
8	RO PLANT SYSTEM	1
9	DIALYSIS REPROCESSOR	1
10	MULTI PARA MONITOR	4
11	SYRINGE PUMP	2
12	INFUSION PUMP	2
13	LARYNGOSCOPE	1
14	THERMOMETER- INFRARED TYPE	1
15	AMBU BAG ADULT	1
16	BIPHASIC DEFIBRILLATOR	1
17	ELECTRONIC WEIGHING SCALE- ADULT	1
18	WHEEL CHAIR - FOLDABLE	1
19	CRASH CART	1
20	DRESSING TROLLEY	1
21	DRUG TROLLEY/MEDICINE CART	1
22	GLUCOMETER	1
23	STETHOSCOPE	2
ISOLATION WARD-30 bed		
1	WARD BED ( 2 SECTION) WITH MATTRESS	30
2	BEDSIDE LOCKER	30
3	IV STAND WITH SS ROD AND CASTOR BASE	10
5	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	10
6	PORTABLE MONITOR	1
7	PULSE OXIMETER	2
8	CPAP/BIPAP MACHINE	5
9	SYRINGE PUMP	5
10	INFUSION PUMP	5
11	LARYNGOSCOPE	2
12	THERMOMETER- NON CONTACT TYPE	5
13	AMBU BAG ADULT	5
14	ANEROID BP APPARTUS	5

15	OPHTHALMOSCOPE	2
16	ECG MACHINE 12 CHANNEL	1
18	ELECTRONIC WEIGHING SCALE- ADULT	3
19	ELECTRICAL SUCTION APPARATUS	3
20	PATIENT STRETCHER (FULLY SS)	2
21	WHEEL CHAIR - FOLDABLE	2
22	CRASH CART	1
23	DRESSING TROLLEY	2
24	DRUG TROLLEY/MEDICINE CART	2
25	INSTRUMENT TROLLEY	2
26	OXYGEN CYLINDER TROLLEY	2
27	GLUCOMETER	4
28	STETHOSCOPE	4
MCH Ward 4 Beds		
1	WARD BED ( 2 SECTION) WITH MATTRESS	4
2	BEDSIDE LOCKER	4
3	IV STAND WITH SS ROD AND CASTOR BASE	4
4	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	2
5	CRASH CART	1
6	INSTRUMENT TROLLEY	1
7	GLUCOMETER	1
8	STETHOSCOPE	1
LDR- 2 beds		
1	LDR Bed	2
2	Foetal Doppler Machine	2
3	Radiant Warmer	2
4	BEDSIDE LOCKER	2
5	IV STAND WITH SS ROD AND CASTOR BASE	2
6	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	2
7	CRASH CART	1
8	INSTRUMENT TROLLEY	2
9	GLUCOMETER	2
10	STETHOSCOPE	2
AHU		
1	AHU	5
MGPS		
1	MGPS SYSTEM FOR HOSPITAL -	1
ADMIN FURNITURE		
1	ADMIN FURNITURE (Furniture for Nursing Station, duty room, doctor's room, doctor's examination area and other admin furniture	1

**C) 50 BEDDED CRITICAL CARE BLOCK**

<b>Sl. no.</b>	<b>Short Description of Goods</b>	<b>Quantity</b>
<b>Hybrid (ICU/HDU-16 bed Unit)</b>		
1	MOTORIZED ICU BED 4 SECTION WITH MATTRESS	10
2	MANUAL BED 4 SECTION WITH MATTRESS	6
3	BEDSIDE LOCKER	16
4	OVERBED TABLE	16
6	IV STAND WITH SS ROD AND CASTOR BASE	4
7	BED SIDE STOOL	4
8	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	16
9	MULTI PARA MONITOR WITH CENTRAL STATION	16
10	ICU VENTILATOR	10
11	SYRINGE PUMP	16
12	LARYNGOSCOPE	3
13	THERMOMETER- INFRARED TYPE	1
14	AMBU BAG ADULT	4
15	ANEROID BP APPARTUS	2
16	OPHTHALMOSCOPE	2
17	ECG MACHINE 12 CHANNEL	1
18	PORTABLE ULTRASOUND	1
19	BIPHASIC DEFIBRILLATOR	1
20	ABG MACHINE WITH ISE	1
21	ELECTRONIC WEIGHING SCALE- ADULT	2
22	ELECTRICAL SUCTION APPARATUS	2
23	PATIENT STRETCHER (FULLY SS)	1
24	WHEEL CHAIR - FOLDABLE	1
25	CRASH CART	1
26	DRESSING TROLLEY	1
27	DRUG TROLLEY/MEDICINE CART	1
28	ECG MACHINE TROLLEY	1
29	INSTRUMENT TROLLEY	1
30	OXYGEN CYLINDER TROLLEY	1
31	GLUCOMETER	2
32	STETHOSCOPE	2
<b>OPERATION THEATRE-1</b>		
1	OT TABLE	1
2	OT LIGHT	1
3	ANESTHESIA WORK STATION	1
4	SURGICAL DIATHERMY	1
5	SYRINGE PUMP	1
6	INFUSION PUMP	1
7	BIPHASIC DEFIBRILLATOR	1
8	INSTRUMENT SET	1
9	LARYNGOSCOPE	1
10	AMBU BAG ADULT	1
11	ELECTRICAL SUCTION APPARATUS	1

12	PATIENT STRETCHER (FULLY SS)	1
13	WHEEL CHAIR - FOLDABLE	1
14	CRASH CART	1
15	DRESSING TROLLEY	1
16	DRUG TROLLEY/MEDICINE CART	1
17	INSTRUMENT TROLLEY	1
18	OXYGEN CYLINDER TROLLEY	1
19	MAYO TROLLEY	1
20	GLUCOMETER	1
21	STETHOSCOPE	1
<b>Minor OT-1</b>		
1	OT TABLE	1
2	OT LIGHT	1
3	SYRINGE PUMP	1
4	DRESSING TROLLEY	1
<b>EMERGENCY UNIT 5 bed</b>		
1	MANUAL BED 4 SECTION WITH MATTRESS	5
2	BEDSIDE LOCKER	5
3	IV STAND WITH SS ROD AND CASTOR BASE	2
4	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	5
5	MULTI PARA MONITOR	2
6	ICU VENTILATOR	1
7	SYRINGE PUMP	2
8	LARYNGOSCOPE	2
9	THERMOMETER- INFRARED TYPE	2
10	AMBU BAG ADULT	2
11	ANEROID BP APPARTUS	1
12	OPHTHALMOSCOPE	1
13	ECG MACHINE 12 CHANNEL	1
14	PORTABLE MONITOR	1
15	PORTABLE VENTILATOR	1
16	BIPHASIC DEFIBRILLATOR	1
17	ELECTRONIC WEIGHING SCALE- ADULT	1
18	ELECTRICAL SUCTION APPARATUS	1
19	PATIENT STRETCHER (FULLY SS)	1
20	WHEEL CHAIR - FOLDABLE	1
21	CRASH CART	1
22	DRESSING TROLLEY	1
23	DRUG TROLLEY/MEDICINE CART	1
24	ECG MACHINE TROLLEY	1
25	INSTRUMENT TROLLEY	1
26	OXYGEN CYLINDER TROLLEY	1
27	GLUCOMETER	1
28	STETHOSCOPE	2
<b>DIALYSIS ROOM- 2 bed</b>		
1	MANUAL BED 4 SECTION WITH MATTRESS	2

2	BEDSIDE LOCKER	2
3	OVERBED TABLE	2
4	IV STAND WITH SS ROD AND CASTOR BASE	2
5	HEMO DIALYSIS MACHINE	2
6	RO PLANT SYSTEM	1
7	DIALYSIS REPROCESSOR	1
8	MULTI PARA MONITOR	1
9	SYRINGE PUMP	1
10	LARYNGOSCOPE	1
11	THERMOMETER- INFRARED TYPE	1
12	AMBU BAG ADULT	1
13	ELECTRONIC WEIGHING SCALE- ADULT	1
14	WHEEL CHAIR - FOLDABLE	1
15	CRASH CART	1
16	DRESSING TROLLEY	1
17	DRUG TROLLEY/MEDICINE CART	1
18	GLUCOMETER	1
19	STETHOSCOPE	1
<b>MCH-02 Beds</b>		
1	WARD BED ( 2 SECTION) WITH MATTRESS	2
2	BEDSIDE LOCKER	2
3	IV STAND WITH SS ROD AND CASTOR BASE	2
4	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	1
5	INSTRUMENT TROLLEY	1
6	GLUCOMETER	1
7	STETHOSCOPE	1
<b>LDR-1 Bed</b>		
1	LDR Bed	1
2	Foetal Doppler Machine	1
3	Radiant Warmer	1
4	BEDSIDE LOCKER	1
5	IV STAND WITH SS ROD AND CASTOR BASE	1
6	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	1
7	CRASH CART	1
8	INSTRUMENT TROLLEY	1
9	GLUCOMETER	1
10	STETHOSCOPE	1
<b>WARD-24 bed</b>		
1	WARD BED ( 2 SECTION) WITH MATTRESS	24
2	BEDSIDE LOCKER	24
3	IV STAND WITH SS ROD AND CASTOR BASE	5
5	BIOMEDICAL WASTE BIN- SMALL -SET OF 3	24
6	PULSE OXIMETER	1
7	SYRINGE PUMP	2
8	LARYNGOSCOPE	2
9	THERMOMETER- NON CONTACT TYPE	1
10	AMBU BAG ADULT	3

11	ANEROID BP APPARTUS	3
12	ELECTRONIC WEIGHING SCALE- ADULT	1
13	ELECTRICAL SUCTION APPARATUS	1
14	PATIENT STRETCHER (FULLY SS)	1
15	WHEEL CHAIR - FOLDABLE	2
16	CRASH CART	1
17	DRESSING TROLLEY	1
18	DRUG TROLLEY/MEDICINE CART	1
19	INSTRUMENT TROLLEY	1
20	OXYGEN CYLINDER TROLLEY	1
21	GLUCOMETER	2
22	STETHOSCOPE	2
<b>AHU</b>		
1	Air Handling Unit	3
<b>MGPS</b>		
2	MGPS SYSTEM FOR HOSPITAL -	1
<b>ADMIN FURNITURE</b>		
3	ADMIN FURNITURE	1

**ANNEXURE 3:****Recurring Cost Breakup for 100 Bedded Critical Care Block**

<b>100 bedded Critical Care Block</b>		
<b>SNo</b>	<b>Particulars</b>	<b>Total Cost (in Rs.)</b>
<b>1</b>	<b>Non HR Recurring Cost</b> (including Equipment maintenance, Oxygen refilling, teleconsultation, drugs, consumables like reagents, diagnostic kits , infection prevention- masks, gloves etc., bio medical wastes etc. )	5,000,000
<b>2</b>	<b>Human resource*</b>	
<b>2.1</b>	Specialists-7 (At round the clock)	8400000
<b>2.2</b>	GDMO-19 (At least 6-7 round the clock)	13680000
<b>2.3</b>	Nurses-129 (At least 43 round the clock)	46440000
<b>2.4</b>	Allied Health Professional-9 (At least 3 round the clock)	2700000
<b>2.5</b>	Support Staff-12 (At least 4 round the clock)	2880000
<b>Sub-total</b>	<b>HR Cost per Year</b>	7,41,00,000
<b>Sub-total</b>	<b>Non-HR Recurring Cost</b>	50,00,000
	<b>Total Recurring Cost (Non-HR + HR)</b>	<b>7,91,00,000</b>
<b>Note for HR Calculation</b>	Specialists - round the clock for OT, ICU, Emergency and Other areas	
	GDMO - 1 for 10 beds - critical care area and 1 for 20 beds noncritical area	
	Nurses - 1:1 ICU; 1:2 Step Down Unit; 1:6 wards and other areas; OT - 2 per OT per shift	
	Support staff- as per IPHS/GoI Guidelines	

**\*The rates at which the HR costs are worked out are only indicative. The State/UT may fix the monthly remuneration based on their context. Support for cost of HR, however, is available only to the extent of the Total Recurring Cost indicated in the table above (Para C.5.3).**



### Recurring Cost Breakup for 75 Bedded Critical Care Block

<b>75 bedded Critical Care Block</b>		
SNo	Particulars	Total Cost (in Rs.)
<b>1</b>	<b>Non HR Recurring Cost</b> (including Equipment maintenance, Oxygen refilling, teleconsultation, drugs, consumables like reagents, diagnostic kits , infection prevention- masks, gloves etc., bio medical wastes etc. )	39,00,000
<b>2</b>	<b>Human resource*</b>	
<b>2.1</b>	Specialists-6 (At least 1 round the clock)	72,00,000
<b>2.2</b>	GDMO-14 (At least 4-5 round the clock)	1,00,80,000
<b>2.3</b>	Nurses-90 (At least 30 round the clock)	3,24,00,000
<b>2.4</b>	Allied Health Professional-9 (At least 3 round the clock)	27,00,000
<b>2.5</b>	Support Staff-9 (At least 3 round the clock)	21,60,000
<b>Sub-total</b>	<b>HR Cost per Year</b>	5,54,40,000
<b>Sub-total</b>	<b>Non HR Recurring Cost</b>	39,00,000
	<b>Total Recurring Cost (Non HR + HR)</b>	<b>5,84,40,000</b>
<b>Note for HR Calculation</b>	Specialists - round the clock for OT, ICU, Emergency and Other areas	
	GDMO - 1 for 10 beds - critical care area and 1 for 20 beds non critical area	
	Nurses - 1:1 ICU; 1:2 Step Down Unit; 1:6 wards and other areas; OT - 2 per OT per shift	
	Support staff- as per IPHS/GoI Guidelines	

**\*The rates at which the HR costs are worked out are only indicative. The State/UT may fix the monthly remuneration based on their context. Support for cost of HR, however, is available only to the extent of the Total Recurring Cost indicated in the table above (Para C.5.3).**

### Recurring Cost Breakup for 50 Bedded Critical Care Block

50 bedded Critical Care Block		
SNo	Particulars	Total Cost (in Rs.)
<b>1</b>	<b>Non HR Recurring Cost</b> (including Equipment maintenance, Oxygen refilling, teleconsultation, drugs, consumables like reagents, diagnostic kits, infection prevention- masks, gloves etc., bio medical wastes etc. )	26,60,000
<b>2</b>	<b>Human resource*</b>	
<b>2.1</b>	Specialists-5 (At least one round the clock)	60,00,000
<b>2.2</b>	GDMO - 12 (At least 3-4 round the clock)	86,40,000
<b>2.3</b>	Nurses- 66 (At least 20-22 round the clock)	2,37,60,000
<b>2.4</b>	Allied Health Professional-9 (At least 3 round the clock)	27,00,000
<b>2.5</b>	Support Staff-9 (At Least 3 round the clock)	21,60,000
<b>Sub-total</b>	<b>HR Cost per Year</b>	4,32,60,000
<b>Sub-total</b>	<b>Non HR Recurring Cost</b>	26,60,000
	<b>Total Recurring Cost (Non HR + HR)</b>	<b>4,59,20,000</b>
<b>Note for HR Calculation</b>	Specialists - round the clock for OT, ICU, Emergency and Other areas	
	GDMO - 1 for 10 beds - critical care area and 1 for 20 beds non critical area	
	Nurses - 1:1 ICU; 1:2 Step Down Unit; 1:6 wards and other areas; OT - 2 per OT per shift	
	Support staff- as per IPHS/GoI Guidelines	

\*The rates at which the HR costs are worked out are only indicative. The State/UT may fix the monthly remuneration based on their context. Support for cost of HR, however, is available only to the extent of the Total Recurring Cost indicated in the table above (Para C.5.3).

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