

Government of Karnataka



PARA MEDICAL BOARD

**Revised Syllabus
of
III Year Diploma in Health
Inspector**

2017

Teaching hours III DHI

Teaching program – IIIrd year: Max 400 hrs

- Theory – 04 hours per week
- Practicals – 04 hours per week
- Field visit –10 hours per week
- Seminars & tutorials – 2hours per week

Topic	Theory (in hrs)	Practical (in hrs)	Field visit (in hrs)
Communicable Disease	13	10	
Investigation of epidemics	02		
Non-Communicable Disease	07	10	
National health programme	08		
Preventive obstetrics, Pediatrics	07	20	
Demography of family planning	08	30	
Health education, Communication	10	25	
First Aid ,Legal medicine and Essential drugs	05		
Occupational health & Disaster management	08	10	
Hospital waste Management	06	05	
International health	01		
Organization & delivery of health care services in India including principles of administration	08		
Health care of the community	07		
Tutorials/Seminar	80		
Total	90	110	200

Grand total – 400 hours

Third Year Diploma in Health Inspector

PAPER-I

SECTION A

Q P Code : 6111

Sl. No	Chapter	Sub Topics	No of hours
1	Communicable Disease	Respiratory, Intestinal , Arthropod borne, Zoonosis, Contact Disease,	13 hrs
2	Investigation of epidemics	Types of Epidemic – Food/Vector borne diseases Steps in Investigation of epidemics .	02

Study of communicable diseases:

- Airborne droplet infections – chickenpox, measles, diphtheria, mumps, TB, ARI.
- Water-Food infections – diarrhoeal disease, polio, Hepatitis
- Zoonotic – rabies,
- Contact – scabies, pediculosis
- Tetanus, leprosy
- Arthropod borne diseases like malaria, filarial and dengue should be discussed in detail

Practicals:

- Outbreak investigations/reporting/practical suggestions
- Visit to isolation hospital
- Demonstration of disinfectant procedures for body fluids/discharges of persons suffering from communicable diseases.
- Involve in planning, conducting of an immunization session, comment on cold chain, report and recommend practical solutions.
- Demonstration of ORS preparation.

PAPER-I

SECTION B

Q P Code : 6112

1	Non-Communicable Disease	Diabetes Mellitus, Cancer, Blindness, Hypertension, Accidents, Obesity	08 hrs
2	National health programme	Include NHM	07 hrs

Non-Communicable Disease: Epidemiology, Risk factors and health education about CVS, DM,HTN, Obesity, Cancer, Blindness and Accidents

National health programmes- National Vector Borne Disease Control Programme, National Leprosy Eradication programme, Revised National Tuberculosis Control Programme , National AIDS Control Programme, National Programme for Control of Blindness, Iodine Deficiency Disorders Programme, National Immunization Programme, National Health Mission, Reproductive and Child Health Programme, National Programme for Prevention and Control of Cardiovascular Diseases and Stroke.

Field Visit

Health center, Anganwadi, Public Health Lab, Leprosy Hospital, RNTCP Cell ,DOTS Center, ICTC Centers, District Malaria Office, sewage treatment plant, water treatment plant.

PAPER-II

SECTION A

Q P Code : 6113

1	Preventive obstetrics, Pediatrics	Antenatal, Intra natal & Post natal, Growth chart, under -5's Clinic, ICDS, Breast feeding weaning, Juvenile delinquency, Child abuse, street Children, Handicapped children, Gender bias, Child guidance clinic, Child welfare agencies, School health services, Health of adolescents	08 hrs
2	Demography of family planning	Demography cycle, Trend, Fertility,	07 hrs

Preventive obstetrics, Pediatrics ;

Antenatal, Intra natal & Post natal, Growth chart, under -5's Clinic, ICDS, Breast feeding weaning,

Juvenile delinquency, Child abuse, street

Children, Handicapped children, Gender bias, Child guidance clinic, Child welfare agencies, School health services,

Health of adolescents

Demography of family planning;

Demography cycle, Trend, Fertility.

Eligible couple, Population policy, Contraceptive methods, MTP, Unmet needs, Community Needs Assessment Approach, Field Visit with ANM.

1	Health education, Communication	Types of Communication, Barriers of Communication, Content, Principles and Method in Health education,	10 hrs
2	First Aid ,Legal medicine and Essential drugs	Indian Public health Acts	05 hrs

HEALTH EDUCATION

Contents:

- Introduction of health education, definitions, scope
- Education in relation to environmental sanitation programme.
- Sanitary inspectors approach to village health problems for organising educational programme
- Principles underlying use of visual aids.
- Place of visual aids in education programme, importance of using visual aids
- Tools and techniques in health education
- Utilizing community resources for educational programme
- Education through primary health centre.

Practical:

- Demonstration of audio-visual aids: posters, flip-charts, flannel graphs, khaddar graphs, film strips, films, puppet shows etc.
- Preparing : bulletin boards, charts, flannel graphs
- Evaluating of teaching aids, organizing meetings
- Collecting information about resources available in the region
- Demonstration of group discussion and role play

Essential drugs & First Aid:

- Hazards in prescribing drugs without expert medical advice
- Drugs commonly used by health inspectors
- Anti-malarial and anti-filariasis , drugs for dysentery and diarrhea and deworming drugs
- Treatment of minor ailments and injuries
- Safely shifting of Injured victim etc.,.

Legal medicine ;

- Basics of legal medicine, Indian Public health Acts ,
- Role of health centre in health program
- Role of health inspector in a PHC
- Legal considerations – public health acts- ESI act, Indian Factories Act, Food Adulteration Act, Juvenile Delinquency Act, Birth and death registration Act, MTP act, PNNDT act, Disease notification Act.

PAPER-III

SECTION A

Q P Code : 6115

1	Occupational health & Disaster management	Occupational hazards, Pneuconiosis, ESI acts. Disaster Preparedness, Mitigation in health Sector	9 hrs
2	Hospital waste Management	Public health importance of Bio Medical waste, Universal precautions	5 hrs
3	International health	UNECEF, WHO, Red cross, FAO	1 hrs

Occupational health & Disaster management;

Ergonomics, Occupational hazards,

Pneumoconiosis & its Prevention

The Factories act, ESI act

Industries and trade

- Localization, ventilation, water supply, sanitation, lighting
- Control of dust and other hazardous substances
- Occupational risk factor and safety measures
- Legislative provisions

Practicals:

Visit to an industry and report

Management of health care waste

- Public health importance
- Diseases transmitted due to improper waste management
- Definitions/classifications
- Concepts in waste management:
 - o Point of generation
 - o Segregation
 - o Sanitary landfill
- Universal precautions to prevent HBV/HIV infections
- Methods of waste management

- Different types of waste and their recommended methods of management
- 3 hierarchies: reduction & recycling, final disposal including deep burial, sanitary landfill, incineration.
- Occupational hazards of waste handlers

Practicals:

Educating session: pourakarmikas/labourers regarding:

- Universal precautions
- Use of protective devices
- Hazards of improper waste managements

1	Organization & delivery of health care services in India including principles of administration,	Centre, state and local organizations , panchayat, Health centre.	05 hrs
2	Health care of the community	Functions of Primary Health Care , Role of ASHA, ANM, Health Worker	10 hrs

Public health administration

Contents:

- Centre, state and local organisations
- Relationship with other departments – education, agriculture, communications.
- International organizations and their co-operation in the field of health
- Rural development, , organization, local self-government, panchayat, co-operatives
- Health centre – concept, definition, organization, functions.
- Role of health centre in health program
- Role of health inspector in a PHC

Health care of the community;

Levels of Health Care,
Principles /Functions of Primary Health Care ,
MDGs/SDGs, Health Care System,
Primary Health Care in India,
Role of ASHA,ANM,Health Worker- male /Female.
Health services at Sub center

No. of hours for field visits (topic wise)

Theory in hrs	Practical (in hrs)	FIELD VISIT	(in hrs)
		Market survey	10
		Hotel inspection	10
		Corporation posting(Swimming pool visit , slaughter house ,bakery,theatre mall inspection)	5X20 (days) =100
		Industry	05
		Visit to isolation hospital	05
		Pilgrimage place	05
		(Microbiology Lab Posting for Stainin Technique)	5X6 (days)=30
		<ul style="list-style-type: none"> • (Sewage treatment plant) • (Milk dairy) School visit • Anganwad i • Counseling Center(ICTC) • RNTCP • Sub center • Water treatment plant 	5X 7(days)=35
90	110		200

GRAND TOTAL – T 90 +P 110 +F 200 = 400 HOURS

Reference Books

1. K. Park, Park's Text Book of preventive and social Medicine.
2. Sunderlal et al, Text book of community medicine,
3. Community Medicine with Recent advances By AH Suryakantha,
4. Text Books on Community Medicine – G N Prabhakar.
5. Text Book of Community Health Inspectors H.I.T. (JP Publishers, Delhi)
6. Text Book of Community Health for Nurses – Nursing Course (Pee Pee Pub., Delhi)
7. Lab Manual for technical courses-Paras Publications
8. Text book of Sociology
9. Text book of behavioural Science
- 10 Community Medicine practical manual –by Rajkumar patil

SUBJECT	SECTION	Question paper Code	MAX. MARKS
Paper - I	Section A	6111	50
	Section B	6112	50
Paper - II	Section A	6113	50
	Section B	6114	50
Paper - III	Section A	6115	50
	Section B	6116	50
Practical			100

THEORY EXAMINATION -100 MARKS

Section A : 50 Marks

II. Short Notes:

2. 5 marks X 4 questions = 20 marks (Answer any 4 out of 5 questions)

III. Short Answers:

3. 3 marks X 10 questions = 30 marks (Answer All 10 Questions)

Section B : 50 Marks

II. Short Notes:

5 marks X 4 questions = 20 marks (Answer any 4 out of 5 questions)

II. Short Answers:

2 marks X 10 questions = 30 marks (Answer All 10 Questions)

Practical examination- 100 marks

- I. Viva voce- 20 marks
- II. Board practical Exams- 80 marks
- III. Grand total = 400 marks