



International
Labour
Organization

Guidelines to Establish
Model Enterprise Clinic
At RMG Industries In Bangladesh



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Labour
Organization



Guidelines to Establish Model Enterprise Clinic at RMG Industries in Bangladesh

Implementing partners



Kingdom of the Netherlands

Knowledge partner



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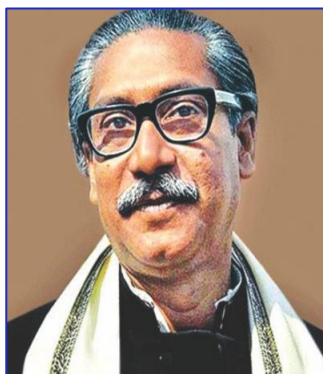
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“No nation can achieve sustainable development without the active participation and contribution of its labor force. Let us recognize and appreciate the invaluable role of workers in nation-building”

**Father of the Nation
Bangabandhu Sheikh Mujibur Rahman**



“Health is wealth, which can be attained only through the collective actions of government, health professionals, scientific community, the private sector and the international community Let us renew our commitment to “Health fo All” as an essential precondition to transforming people as human assets. Only then will we be able to promote human dignity and enhance their quality of life. This is surely what we owe to our peoples”

**Honorable Prime Minister
H.E. Sheikh Hasina**



**Honorable State Minister
Ministry of Labour and
Employment**

Message

I wanted to take a moment to express my deepest appreciation for the hard work and dedication in developing the handbook for Model Enterprise Clinics in Ready-Made Garments-RMG sector in Bangladesh. This commitment to excellence is evident on every page, and your unwavering attention to detail has resulted in a truly comprehensive and informative resource for all stakeholders in the industry.

Bangladesh is now marching ahead to implement vision 2041 under the restless and visionary leadership of Honorable Prime Minister Sheikh Hasina, who is the daughter of the Father of the Nation Bangabandhu Sheikh Mujibur Rahman. Her leadership Bangladesh has already upgraded to a developing country from the status of Least Developed Country-LDC. On achieving this status and to upgrade to the next level (i.e. the developed country) the government has been implementing a number of development activities in the industrial sectors. The Ministry of Labour and Employment along with its other ancillary departments especially the Department of Inspection for Factories and Establishments-DIFE is determined to achieve SDG goals by ensuring a compatible and safe workplace by 2030.

Implementing the Handbook on the Enterprise Clinics helps to ensure a productive workforce-which ultimately leads to national productivity. It helps in preventing diseases among workers and their families-thus reducing pressure on public healthcare infrastructure and reducing pressure on public expenditure for health. Apart from the provision of healthcare services, the Enterprise Clinics also create job opportunities for healthcare related staff (Doctors, nurses and others). This is another benefit for Government to enhance employment creation in the healthcare sector. Lastly and most importantly, the Enterprise Clinics can help Government to expand the health coverage of the population-which is a global commitment under SDGs.

I am confident that this handbook will serve as a valuable guide for improving the health and safety of workers in the garment industry, while also promoting greater efficiency and productivity in the workplace. I am grateful for the opportunity to work alongside in this initiative. This initiative will have a lasting impact on the lives of countless individuals and families in Bangladesh.

Joy Bangla, Joy Bangabandhu,
Joy Hok Banglar Mehonoti Manusher.

Begum Monnujan Sufian, MP



**Secretary
Ministry of Labour and
Employment**

Message

I am very happy to know that the handbook for Model Enterprise Clinics in the RMG sector is going to be published with details of the legal provisions and steps for establishing good quality healthcare facilities which readymade garments employers can apply for ensuring healthcare for their workers, which is equally beneficial for employers and for the government.

All the Government institutions and development partners are playing an important role to ensure a decent and safe workplace in every factory establishment in our country. For maintaining the international labor standard, the Ministry of Labour & Employment (MoLE) is bridging among the workers' organizations, owners, government and international organizations working as the major stakeholders. MoLE has been working continuously to ensure the appointment of labours, wagers, working hours, elimination of child labour, maternity benefits, and other welfare arrangements according to the Bangladesh Labour Act, 2006 and Bangladesh Labour Rules, 2015. Along with the regular labour inspection 515 Day Care centers have been established in different factories to ensure a women-friendly working environment. Apart from there, in FY 2021-2022, 1107 safety committees have been established to ensure decent and safe workplaces in different factories.

Now it is the time to ensure workers' health at their workplace. These enterprise clinics help in ensuring a healthy and fit workforce which ultimately leads to national productivity. It will help in preventing diseases among workers and their families- thus reducing pressure on public healthcare infrastructure and reducing pressure on public expenditure for health.

In the fitness of time, I would like to extend my heartiest wishes and gratefulness to all those associated with the publication of the Handbook on Model Enterprise Clinics.

Mr. Md. Ehsan-E-Elahi



**Director General
Directorate General of
Health and Services**

Message

I am very glad to know that the handbook for Model Enterprise Clinics in Readymade Garments Industries in Bangladesh incorporating the notable activities of establishing a model enterprise clinic is going to be published. As we know that Bangladesh has made remarkable progress in achieving millennium development goals (MDGs) and almost all human development indicators are improving including health. All those successes led us to obtain a middle-income country status in 2015. Such Historical achievement was possible due to the joint effort of all of us under the commendable leadership of the present Government. All success stories are now the inspiration for us to go ahead to achieve new targets set in line with our new expectations. We are now aiming to become an upper middle-income country by 2031, targeting universal health coverage (UHC) by 2030 as a part of sustainable development goals (SDGs) and also preparing our vision for 2041.

The Directorate General of Health Services (DGHS) in Bangladesh plays a crucial role in promoting preventive healthcare measures. The DGHS is responsible for formulating policies, implementing programs, and coordinating activities related to preventive healthcare across the country. Immunization Programs, Disease Surveillance and Control, Health Education and Awareness, Screening and Early Detection, Maternal and Child Health Programs, and Environmental health are the most key initiatives undertaken by the DGHS in the field of preventive healthcare. Through these and other initiatives, the DGHS in Bangladesh is actively engaged in promoting preventive healthcare measures to safeguard public health and reduce the burden of preventable diseases in the country. However, the increase in non-communicable diseases is alarming. Air pollution is the most common risk factor for such diseases, considering factory workers. The indoor air pollution within the factory premises is not well recognized yet. The case of hypertension and diabetes among RMG workers are also on the rise. The indoor environment of garment factories demonstrated that noise pollution is significantly high within such premises. Thus, indoor air and sound pollution in the factory premises demand to draw attention. But Following the Handbook can reduce the problems in a sufficient way.

The Bangladesh government has a clear vision for workplace health and safety, aiming to create safe, healthy, and productive working environments across the country. The government strives to ensure the safety of workers by implementing and enforcing occupational safety regulations and standards. This includes measures to prevent workplace accidents, provide proper training on safety protocols, and promote the use of personal protective equipment (PPE). The government aims to improve access to healthcare services for workers in various industries. This involves establishing healthcare facilities or clinics in industrial areas to provide timely medical assistance, conducting regular health check-ups, and addressing occupational health issues specific to different sectors. The government is committed to protecting the rights of workers, which includes ensuring their right to a safe and healthy work environment. It emphasizes the enforcement of labor laws, monitoring compliance with occupational health and safety standards, and taking action against violations to safeguard workers' well-being. The vision of the Bangladesh government for workplace health revolves around creating an environment where workers' health and safety are prioritized, ensuring their well-being, and contributing to

increased productivity and sustainable economic growth. population- which is a global commitment under Sustainable Development Goals (SDGs).

Health is everyone's right and no one should be deprived of health. The formulation of "Handbook for Model Enterprise Clinics in Readymade Garments Industries in Bangladesh" is a foundation stone in this regard as this guidebook can envision the quality health workforce for the health and wellbeing of the workers of garment factories. This guidebook will help to ensure a productive workforce- which leads to national productivity. Lastly, and most importantly, the Enterprise Clinics can help the Government to expand the health coverage of the population- which is a global commitment under Sustainable Development Goals (SDGs).



Professor Dr. Khurshid Alam



**Inspector General
(Additional Duty)
Department of Inspection
for Factories and
Establishments**

Message

I am happy to convey my appreciation for the publication of the Handbook for Model Enterprise Clinics in Ready Made Garments Industries in Bangladesh. It is an important step in supporting employers in building a "Model Enterprise Clinic" in their workplace and managing and putting it into practice in an efficient manner is crucial for lowering worker risks of disability, death, or long-term absenteeism.

With a view to ensuring a decent workplace in the factories and establishments, Department for Inspection of Factories and Enterprises (DIFE) has been providing online licensing service, e-filing, redressing labour unrest, and several motivational activities. A helpline (16357) centre is being run under the supervision of the DIFE head office. All the complaints received from the helpline get redressed within the shortest possible time. Labour Inspection Management Application (LIMA) has been introduced for conducting labour inspection digitally, sending the reports, and executing other related activities. The Labour Inspectors and other Officials of this department are being skillfully groomed with a view to making our Labour Inspection system proficient and dynamic by providing international standard training. Apart from these, DIFE is relentlessly working hard to make a child labour-free Bangladesh by 2025. Construction of the 13 Offices of the Deputy Inspector General is going on under the project named "Modernization and Strengthening of the Department of Inspection for Factories and Establishments and Establishment of 13 District Offices." Now DIFE focuses on the health of the workers and effective output.

I believe, a healthy and productive workforce is ensured through the Enterprise Clinics, which eventually boosts national output. It aids in the prevention of illnesses among employees and their families, lowering demand on the infrastructure of public healthcare and pressure on public expenditure for health by using this handbook. I convey my felicitation to the different officials and organizations who are involved in publishing the Handbook.

Mr. Saif Uddin Ahmed



**President
Bangladesh Employers
Federation**

Message

In ever-changing environment for doing Business, we are moving more towards doing social business than going for the profits alone. Our key stakeholders now take into account the social, economic, and environmental impacts of their daily operations. Among the crucial factors for achieving desired outcomes, health plays a pivotal role. The Handbook for Model Enterprise Clinics in Ready Made Garments (RMG) Industries in Bangladesh emphasizes the importance of effectively managing and implementing health measures to reduce the likelihood of disability, death, or prolonged absenteeism. Therefore, it is essential to promote the establishment of "Model Enterprise Clinics" within workplaces.

Since its founding in 1998, Bangladesh Employers' Federation (BEF) now stands as an all-country organization representing all sectors of industry, trade, and services. The Federation represents nearly 90 percent of the established employers in the private sector, all the Sector Corporations and autonomous bodies, such as Bangladesh Jute Mills Corporation, Bangladesh Power Development Board, etc., Individual enterprises, and sectoral line associations of specific industries, i.e., ready-made garments, leather, agro-processing, frozen food, etc.

BEF engages itself in a wide range of activities covering social, labour, employment, and economic issues. BEF is committed to driving the RMG industry in a manner that ensures its economic, social, and environmental sustainability. Their ambition lies in achieving more with less, thereby reducing the industry's environmental impact. This vision serves as a guiding principle for their actions.

BEF not only safeguards the rights and well-being of workers but also encourages all garment industries to actively participate in this positive movement. The author expresses sincere gratitude to the officials and organizations involved in creating the handbook. BEF remains dedicated to establishing a model enterprise clinic in the RMG industry, with the aim of improving individuals' lives.

Ardashir Kabir



**President
Bangladesh Garment
Manufacturers and
Exporters Association**

Message

In an eventful journey spanning over four decades, the readymade garment industry of Bangladesh has secured a strong and glorious position in the global market. Years of hard work and dedication by thousands of entrepreneurs and millions of workers have earned Bangladesh the fame of the second largest apparel exporter in the world. The standing of the industry has furthered strengthened with the vast progress made in the areas of workplace safety, environmental sustainability and workers' well-being. Our progress hasn't made us complacent, rather encourages to pursue more excellence. As we strive to further elevate the standards of our industry, we recognize the importance of prioritizing health and welfare of our workers since they are the main driving force behind the development of the sector.

As the apex trade body representing the RMG industry, the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) gives priority to the health and well-being of the workers for building a better and more sustainable RMG Industry because we know health is a very important part to keep our workers well, happy and productive. Most of our factories provide health care facilities to their workers. If we want enhance the industry's capacity and productivity, It's important to ensure workers' health and well-being because healthy workers are more productive.

As part of our efforts to promote workers' health and well-being, BGMEA has been actively involved various activities. BGMEA established its first healthcare centre in 1994 at Malibag. Currently the association runs 10 Health Centers that provide healthcare facilities and medicines to more garment workers at free of cost. Besides, a full-fledged hospital is operational in Chittagong, and a 100-bed hospital in Dhaka is under construction for the garment workers. With the support of the government, BGMEA is implementing a project to provide financial aid to lactating mothers working in its member factories BGMEA has also joined hands with UNICEF to implement Mothers@Work program to help working mothers care for their young children while working in garment factories.

BGMEA is happy to be a part of implementing the Model Enterprise Clinic initiative as I hope it would play an important role in developing capacity of garment factories in providing better health care services to their workers, thus ensuring accessible and quality medical services for them. I convey my earnest gratefulness and gratitude to the different officials and organizations who are involved in publishing the handbook BGMEA will continue its efforts to promote establishing a model enterprise clinic in the RMG Industry that has the capacity to transform lives for the better.

Faruque Hassan



**President
Bangladesh Knitwear
Manufacturers and
Exporters Association
(BKMEA)**

Message

In the modern business landscape, success is no longer solely measured by production and profit, but also by the social, economic, and environmental impact a company creates through its daily operations. However, achieving the desired outcomes requires prioritizing health as a crucial factor for improvement. It is essential to effectively manage and implement health measures to minimize the risks of disability, mortality, and prolonged absence. The introduction of the Model Enterprise Clinic in the RMG sector is a groundbreaking initiative that is revolutionizing healthcare by providing accessible and high-quality medical services to workers. This initiative aims to enhance their well-being and cultivate a healthier work environment. Consequently, the Model Enterprise Clinic is bringing about a significant shift in the healthcare landscape of the RMG industry, emphasizing the prioritization of the health and welfare of its invaluable workforce.

Bangladesh Knitwear Manufacturers & Exporters Association, BKMEA; the Apex Trade Body representing solely the Knitwear Sector of Bangladesh stands out in the global panorama with a distinct identity and stature. BKMEA started its journey in 1996 through the all-out efforts of a few knitwear manufacturers. Nowadays, BKMEA has given the highest priority in the specialization of resources. Today it is an organization of about 2000 knitwear manufacturers and exporters that represent the largest export-earning sector of the country.

BKMEA has also established a Healthcare Centre since 23 November 2009 at BSCIC, Fatulla, Narayanganj to treat the poor RMG workers of the knitwear sector. In average it receives 25 patients per day and it has treated more than 30,000 patients till date. Its existing activities are free consultancy service by a qualified registered Physician and a skilled Paramedic (Nurse) from 10 am to 5 pm except for Government Holidays, free medicines, minor surgeries like needle removal, management of burn and wound patients, and follow-up services.

BKMEA ensures health facilities in the workplace have better dividends for business competitiveness and productivity. Worker's health is an important component of Universal health coverage (UHC), as ensuring that workers have access to quality healthcare services and are able to maintain good health is essential for promoting economic growth and development. Thus Enterprise Clinic will help the workers who are the ultimate beneficiaries of the Enterprise Clinics as they get easy access to healthcare services within their workplace and that too, with no or low cost. Workers have better health for themselves. Easy access to healthcare takes away a lot of concerns and distractions from workers and creates comfort for them to a greater extent.

BKMEA has kept its efforts continued to drive the RMG industry in a manner to make it economically, socially, and environmentally sustainable. Our ambition is to achieve more with less at a reduced environmental footprint. This is the vision that guides our actions.

BKMEA not only ensures that the rights and well-being of workers are protected, but it also encourages all garment industries to be a part of this positive movement. The author expresses sincere

appreciation to the officials and organizations involved in creating the handbook. BKMEA remains committed to creating a model enterprise clinic in the RMG industry that can improve the lives of individuals.



A.K.M. Salim Osman, MP



NCCWE

**Member Secretary
National Coordination
Centre for Workers
Education**

Message

I am deeply honored and would like to take this opportunity to express my heartfelt gratitude for being involved in the publication of the handbook for Model Enterprise Clinics in the Ready Made Garments (RMG) industries of Bangladesh. The support provided to employers in establishing exemplary "Model Enterprise Clinics" within their workplaces and effectively implementing them is crucial in minimizing the risks of disability, mortality, and prolonged absenteeism among workers.

The purpose of this guideline is to improve the overall health conditions of workers in the RMG sector, ensure compliance with government regulations, and address the specific needs and challenges faced by RMG factories. It serves as a comprehensive resource, offering proper guidelines to factories regarding compliance with government regulations, addressing workplace health concerns, and understanding the requirements for establishing enterprise clinics. Furthermore, it aims to optimize operational costs while maintaining adequate services, suggest good practices for healthcare facilities within factories based on stakeholder input, and ensure the implementation of the Employment Injury Scheme and the enhancement of existing Enterprise Clinics in RMG factories. Ultimately, this brings about a win-win situation for all workers involved.

I firmly believe that the implementation of Enterprise Clinics guarantees a productive workforce, thereby enhancing the overall productivity of the country. By utilizing this handbook, companies can effectively prevent diseases among their employees and their families, leading to a reduction in strain on the public healthcare system and alleviating the burden on public health expenditures. I would like to extend my deepest appreciation and gratitude to all the officials and groups who contributed to the publication of this Handbook.

A handwritten signature in black ink, appearing to read 'Naimul Ahsan Jewel'.

Naimul Ahsan Jewel



**General Secretary
IndustriALL Bangladesh
Council**

Message

I am incredibly honored and want to take this chance to express my appreciation for helping to publish the manual for model enterprise clinics in Bangladesh's ready-made clothing sectors. It is critical for reducing worker risks of disability, death, or long-term absenteeism to assist companies in creating a "Model Enterprise Clinic" in their workplace and effectively managing and implementing it.

Over the years Bangladesh has made remarkable progress in the health sector in tandem with its socioeconomic growth. Impressive achievements have been made in improving the health status of the population, including increased life expectancy, reduced infant and child mortality, and control of communicable diseases, particularly the eradication of polio. But new challenges such as rising non-communicable diseases, increased risks associated with disasters, environmental threats, and health emergencies during disease outbreaks have emerged along with the existing challenges faced by the health systems and service delivery.

I believe the Enterprise Clinics ensure a productive workforce, which eventually increases the productivity of the country. Utilizing this manual, it helps to avoid disease among employees and their families, reducing demand on the system of public healthcare and strain on public health expenditures. I express my sincere appreciation and gratitude to the various officials and groups engaged in the publication of the Handbook.

Kutubuddin Ahmed



**Country Director
ILO Bangladesh**

Message

I am pleased to learn that the initiative to publish the Handbook for Model Enterprise Clinics in Ready Made garments Industries for ready-made garments. This handbook depicts that employee health directly correlates with productivity. Employees who are physically, mentally, socially and financially healthy and doing well in other dimensions of well-being are more likely to do their best work than employees who are struggling in these areas. Moreover, the health of workers is an essential prerequisite for household income, productivity and economic development.

The Government of Bangladesh, in collaboration with Employers and workers' organizations, is in the process of implementing an 'Employment Injury Scheme Pilot (EIS-Pilot)' to ensure the protection of workers against the impacts of workplace accidents and occupational diseases in line with the ILO Convention on Employment Injury Benefits, 1964 (No. 121).

Enterprise Clinics are considered one of the most important elements of 'Employee Injury Schemes' as they are the first responders in case of any workplace accident or occupational disease. The presence of an active Enterprise Clinic can reduce the risk of disability or death of workers in case of workplace accident or disease thus reducing the cost of compensation and lesser burden on the social security.

A modern and effective labour inspection system plays an important role in promoting and enforcing decent working conditions where fundamental principles and rights at work are respected. Bangladesh witnessed several industrial accidents over the past years. These unfortunate incidents are a sober reminder that occupational safety and health, fire and chemical safety require urgent attention and support.

I am very happy to see the Handbook covering comprehensively the legal requirements for establishing Enterprise Clinics in the factories as well as the aspirations of the key stakeholders for improving quality of health services. I also happily note that the draft Handbook was practically implemented in 30 RMG factories through our collaboration with BGMEA and BKMEA and that there was a significant improvement brought in Enterprise Clinics in these factories after training and checklist application.

I would like to thank the leadership and officials from all the organizations for their key contribution towards developing the Handbook and ensuring compliance with the labour law in Bangladesh.

The ILO would continue their work to ensure labour rights and safe workplaces for all Bangladeshis.

Tuomo Poutiainen



**Founder
CMED Health**

Message

I am happy that ILO has developed Handbook with checklist for Model Enterprise Clinics in the Ready Made Garments Industries. This handbook emphasizes the importance of employee health and its positive impact on productivity. When employees are healthy in all aspects of well-being, such as physical, mental, social, and financial, they are more likely to perform their duties effectively. Furthermore, workers' health is a crucial requirement for household income, productivity, and overall economic development.

The process of developing the factories' handbook and checklist began on November 23, 2022, with a national stakeholder consultation involving all important stakeholders. Following that, further consultations with stakeholders took place, including bilateral meetings and key informant interviews conducted both online and in person. A thorough review of existing labor laws, labor rules, and relevant literature was undertaken to create the content of the handbook. Feedback from stakeholders like Workers Association, Government institutes, research organizations were incorporated after a pre-validation seminar. Additionally, a sustainability guidebook was created in collaboration with employers from various factories.

To ensure practicality, the handbook, checklist, and sustainability guidebook were piloted in 30 RMG (Ready-Made Garments) factories through the joint efforts of ILO, BGMEA, BKMEA, and CMED. BGMEA and BKMEA implemented the handbook in 15 factories each in the Dhaka area, with dedicated trainers and coordinators assigned to each association. Officials from BGMEA/BKMEA received Training of Trainers (TOT) organized by ILO and CMED, equipping them to effectively facilitate the implementation of the handbooks and checklists in the selected factories. The initiative was successfully implemented in 30 industries, receiving positive feedback from factory owners. The handbook encompasses all research findings and potential outcomes for future reference.

Though it has been a challenging journey, the successful development of the handbook is a rewarding achievement. Moving forward, it is anticipated that the handbook and checklist will be disseminated to all RMG industries and subsequently to other 41 industrial sector in Bangladesh, promoting their adoption and implementation.

Thus, I want to express my gratitude to the leadership and officials of all the organizations involved in creating the Handbook and ensuring that it aligns with labor laws in Bangladesh. Their significant contributions to this project are highly appreciated.

Professor Khondaker A. Mamun, PhD

Preface

The International Labour Organization (ILO), in collaboration with the Ministry of Labour & Employment and employers' associations in Bangladesh, including BGMEA, BKMEA, and BEF, and workers organizations including NCCWE and IBC, is working to establish effective Enterprise Clinics within factories. CMED Health Limited as knowledge partner has developed a handbook with checklists to guide employers in creating and maintaining model enterprise clinics. This handbook provides guidelines for implementing Enterprise Clinics in factories. The guidelines are based on relevant provisions in Bangladesh Labour Act and Labour Rules and aim to ensure compliance with government regulations and also address the specific needs and challenges of each size category. The handbook with checklists offers stakeholders' suggestions as good practices for healthcare facilities within factories, emphasizing the importance of aligning with government regulations and considering the unique requirements of different production processes. The ready-made garment sector in Bangladesh is the primary focus of this initiative due to its significant contribution to the country's exports and being exemplary for other 41 sectors.

To ensure the well-being and safety of workers in Bangladesh, the implementation of the Employment Injury Scheme and the enhancement of Enterprise Clinics in RMG factories are essential. A collective approach based on industrial solidarity can help reduce costs. Gaps between large and small factories in terms of healthcare facilities, availability of doctors, and knowledge regarding workplace diseases and injuries can be minimized through innovative solutions, collaborations, and capacity building for healthcare staff are necessary for the success of Enterprise Clinics and the overall improvement of workers' health conditions in the ready-made garment sector.

The active participation and contribution of implementing partners Bangladesh Garment Manufacturers and Exporters Association (BGMEA), the Bangladesh Knitwear Manufacturers and Exporters Association (BKMEA), and the Department of Inspection for Factories and Establishments (DIFE) under the Ministry of Labour & Employment (MoLE), workers organizations including NCCWE and IBC, in the development and review of the handbook have been useful. The incorporation of their insights, industry knowledge, and expertise has greatly enhanced the handbook's practicality and relevance. While developing the Handbook on Model Enterprise Clinics, other key stakeholders including Directorate General of Health Services (DGHS), Central Fund- MoLE, Department of Labour (DoL), World Health Organization (WHO), United Nations Development Programme (UNDP), Bangladesh Employers Federation (BEF), German Technical Corporation Agency (GIZ), Business for Social Responsibilities (BSR), Change Associates, PRIMARK, Centre for Disability in Development (CDD), Centre for rehabilitation of the Paralysed (CRP), Research and Policy Integration for Development (RAPID), Policy Research Institute (PRI), Gonoshasthaya Kendra (GSK), Swisscontact, MSF and several physicians and compliance managers working at different RMG industries were engaged in a detailed bilateral discussion to get their perspective on Enterprise Clinics. Their suggestions on major elements of Enterprise Clinics as well as other perspectives are included in the relevant part in the guidelines section.



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Abbreviation

Abbreviation	Full Form
AAAQ	Availability, Accessibility, Acceptability and Quality),
AI	Artificial Intelligence
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal Care
ATS	Anti Tetanus Serum
BADAS	Diabetic Association of Bangladesh
BBDN	Bangladesh Business and Disability Network
BDT	Bangladesh Taka
BEF	Bangladesh Employers' Federation
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BILS	Bangladesh Institute of Labour Studies
BKMEA	Bangladesh Knitwear Manufacturers and Exporters Association
BLA	Bangladesh Labour Act
BLF	Bangladesh Labour Foundation
BLR	Bangladesh Labour Rules
BLS	Basic Life Support
BMDC	Bangladesh Medical & Dental Council
BNC	Bangladesh Nursing Council
BP	Blood Pressure
BSR	Business for Social Responsibility
BTEB	Bangladesh Technical Education Board
CDD	Centre for Disability in Development
COO	Chief Operating Officer
COVID	Coronavirus Disease
CRP	Centre for the Rehabilitation of the Paralysed
CSR	Corporate Social Responsibility
DGHS	Directorate General of Health Services
DIFE	Department of Inspection for Factories and Establishments
DM	Diabetes Mellitus
DOL	Department of Labor
EC	Enterprise Clinic
EIS	Employment Injury Scheme
ENT	Ear, Nose, and Throat
ER	Emergency Room
FGW	Federation of Garments Workers
FY	Fiscal Year
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GM	General Manager
GSK	Gonoshasthaya Kendra (GSK)
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HR	Human Resources
HTN	Hypertension
IBC	IndustriALL Bangladesh Council (IBC)
ID	Identity
IDHP	Integrated Digital Healthcare Platform

IHD	Ischemic Heart Disease
ILO	International Labour Organization (ILO)
IPD	In-Patient Department
IV	Intravenous
JSC	Junior School Certificate
LDC	Least Developed Country
LIMA	Labour Inspection Management Application
MATS	Medical Assistant Training School
MFA	Multi-Fibre Agreement
MP	Member of Parliament
MSF	Médecins Sans Frontières
MSK	Musculoskeletal
NCCWE	National Coordination Centre for Workers Education
NCDC	Non Communicable Disease Control
NSI	Needlestick and Sharp Injuries
Obs	Obstetrics
OCP	Oral Contraceptive Pills
OHS	Occupational Health and Safety
OPD	Out-Patient Department
ORS	Oral Rehydration Solutions
PA	Public Address
PCR	Polymerase Chain Reaction
PNC	Postnatal Care
POCD	Point-of-Care Diagnostics
PPD	Partners in Population and Development
PPE	Personal Protective Equipment
PRI	Policy Research Institute
RAPID	Research and Policy Integration for Development
RMG	Ready-made Garment
ROI	Return on investment
SDG	Sustainable Development Goals
SL	Serial
TAT	Turn Around Time
TOT	Training of Trainers
TT	Tetanus Toxoid
TTC	Tripartite Technical Committee
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
US	United States
USAID	United States Agency for International Development
USD	US Dollar
USG	Ultrasonography
WHO	World Health Organization

Handbook on ‘Model Enterprise Clinics at RMG Industries’ in Bangladesh

Introduction

The Government of Bangladesh, in collaboration with Employers’ and Workers’ organizations, is in process of implementing an ‘Employment Injury Scheme Pilot (EIS-Pilot)’ to ensure protection of workers against the impacts of workplace accidents and occupational diseases in line with ILO Convention on Employment Injury Benefits, 1964 (No. 121).

Enterprise Clinics are considered one of the most important elements of ‘Employment Injury Schemes’ as they are the first responders in case of any workplace accident or occupational diseases. Presence of an active Enterprise Clinic can reduce the risk of disability or death of workers in case of workplace accident or disease – thus reducing cost of compensation and lesser burden on the social security.

The Bangladesh Labour Rules (Rule 77 and 78) provide for establishment of factory-based health facilities commonly called ‘Enterprise Clinics’. Different types of Enterprise Clinics are prescribed for different size of factories (based on number of workers in factories) – which are explained in detail in this handbook.

The literature review indicates that the current situation of Enterprise Clinics in RMG Factories varies among different size of factories – due to a number of contributing factors. Requirements and inspection by international Brands, presence of trade unions in factory, level of awareness among employers and workers, and extent of success in business, are some of the factors influencing the quality of enterprise clinics in factories.

It is important to support Employers to fully understand their responsibility for developing a ‘Model Enterprise Clinic’ in their workplace and to manage and implement it in an effective way to reduce risks for disability, death, or long-term absenteeism for the workers.

Development of this Handbook is supported by the International Labour Organization (ILO) as part of its project on ‘Implementation of a Pilot of Employment Injury Scheme in Bangladesh’ funded by the Embassy of Netherlands. The Project works closely with the Ministry of Labour & Employment in Government of Bangladesh as well as with Employers’ organizations including Bangladesh Employers Federation (BEF), Bangladesh Garments Manufacturers’ and Exporters’ Association (BGMEA) and Bangladesh Knitwear Manufacturers’ and Exporters’ Association (BKMEA), and Workers’ organizations notably National Coordination Council for Workers’ Education (NCCWE) and Industry All Bangladesh Council (IBC). Project also collaborates closely with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) for implementing EIS-Pilot. Project has engaged CMED Health Limited as a knowledge partner to develop this handbook with checklist and sustainability guidelines.

Understanding context – RMG Sector in Bangladesh

The Ready-Made Garment Sector (RMG) employs around four million workers distributed across 4,320 production centres (2015)¹. The RMG Sector accounts for 82.01% of Bangladesh's exports 28.110 billion USD from a total of 34.3 billion USD exports.²

The RMG Sector in Bangladesh mainly falls in two major categories, Garment and Knitwear, and the industries are organized in two major Associations, i.e., Bangladesh Garment Manufacturers and Exporters' Association (BGMEA) and Bangladesh Knitwear Manufacturers & Exporters Association (BKMEA).

The Bangladesh Garment Manufacturers and Exporters Association (BGMEA) is the major trade association in Bangladesh representing the readymade garment industry. Starting its journey in 1983 today BGMEA takes care of an industry that is at the backbone of Bangladesh's economy. Since the inception, BGMEA is dedicated to promote and facilitate the apparel industry through policy advocacy to the government, services to members, ensuring workers' rights and social compliance at factories. BGMEA collaborates with local and international stakeholders, including brands and development partners to pave the way for development of Bangladesh apparel industry. Currently, BGMEA has around four thousand registered garment factories.

Similarly, Bangladesh Knitwear Manufacturers & Exporters Association (BKMEA) is the apex trade body to represent solely the Knitwear Sector of Bangladesh. BKMEA started its journey in 1996 by the efforts of few knitwear manufacturers. Nowadays, BKMEA has given highest priority in the specialization of resources. Today it is an organization of about 2000 knitwear manufacturers and exporters that represent the largest export earning sector of the country.

Consequently, the pioneers of the sector agreed that it is necessary to guide the progressive industry in a planned manner so that it could flourish with full potentials. BGMEA and BKMEA organize policy advocacy and dialogues to maintain harmonious industrial relationship, explore new markets, and participate in trade negotiations. The associations provides skills training and job placement to address the skill shortage of the industry. Additionally, they monitors member factories to ensure compliance with social standards. Currently, BGMEA is working to promote green and clean production and conserve nature and resources through energy efficient production, sustainable use of resources and green building, employment injury scheme. BGMEA & BKMEA undertakes regular activities and projects to ensure workers' rights, social and environmental compliance and welfare, such as the tri-partite agreement, group insurance, arbitration facilities, worker fairs, building codes, fire drills, food rationing, skill development programs, and health services within factories. BGMEA and BKMEA recognizes the fundamental rights of the workers, particularly access to healthcare facilities.

¹ <https://bgmea.com.bd/> (10/2022)

² https://www.bgmea.com.bd/page/Export_Performance (10/2022)

Recognizing Healthcare support for RMG workers

Ensuring health facility in the workplace have better dividends business competitiveness and productivity. Workers health is an important component of Universal health coverage (UHC), as ensuring that workers have access to quality healthcare services and are able to maintain good health is essential for promoting economic growth and development. Promoting workers health is vital for achieving Sustainable Development Goal (SDG), as healthy workers are better able to lead fulfilling lives and contribute to the overall well-being of their communities.

BGMEA has established its first Healthcare Centre on 1994 at Malibag. Apart from supporting individual factories to establish Enterprise Clinics, as part of its Corporate Social Responsibility (CSR) activities and regulatory requirements, BGMEA runs 12 Health Centers that provide healthcare facilities and medicines to more than 60,000 garment workers per year at free of cost. The annual expenditure of these centers is around USD 3,00,000 which is funded by BGMEA's own resources. The centers also provide awareness program on HIV/AIDS, tuberculosis, reproductive health and use of contraceptives⁶. Besides, for RMG workers, a full-fledged hospital is operational in Chittagong, and a 100-bed hospital in Dhaka is under construction. The hospital will provide all kinds of outdoor and indoor healthcare facilities to garment workers at free of cost or at heavily subsidized charges. In addition, BGMEA has set up a PCR lab in collaboration with BBDN (BADAS) at Chandra Tongi and Narayanganj to conduct Covid-19 tests of garment workers.

BKMEA has also established a Healthcare Centre since 23 November 2009 at BSCIC, Fatulla, Narayanganj to treat the poor RMG workers of the knitwear sector. In average it receives 25 patients per day and it has treated more than 30, 000 patients till date. Its existing activities are free consultancy service by a qualified registered Physician and a skilled Paramedic (Nurse) from 10 am to 5 pm except Government Holidays, free medicines, minor surgeries like needle removal, management of burn and wound patients, and follow up services.

This indicates the individual employers as well as the major Employer Associations are fully cognizant of the fact that providing healthcare service to their workers is a smart investment.

However, due to lack of trained healthcare professionals in Bangladesh, the country's current healthcare systems are unable to fully protect RMG workers. For instance, the nurse to population ratio is 1:7788 and the doctor to population ratio is 1:46457. It would be difficult to produce a sufficient number of public- and private-sector healthcare providers in the short term. Also, the working hours of many workers also constrain them from availing external health services during normal operating hours of public facilities.³

In this context, the Enterprise Clinics in RMG Factories are playing a very important and crucial role to provide much needed healthcare facilities to workers within their workplaces and without incurring additional expenditure – which needs to be fully appreciated and fully supported for further improvement.

³ BSR, Healthcare Delivery in RGM Factories in Bangladesh

Employment Injury Scheme Pilot in Bangladesh

An Employment Injury Scheme (EIS) ensures prevention, adequate compensation, medical care and rehabilitation of the workers. Occupational safety & Health and enterprise clinics at the workplace are two major components of prevention. EIS also effectively protects employers from massive financial and reputational loss, and in extreme cases, closure of business, caused by industrial accidents. ILO Employment Injury Benefits Convention, 1964 (No. 121) provides key principles and guidelines for adopting EIS in a country.

Since 2013, the Government of Bangladesh and industry partners are trying to improve working conditions in Bangladesh's Readymade Garments (RMG) sector. Major foundations have been built for improved labour rights and working conditions in the industry, paving the way as the economy grows for similar conditions to be enjoyed incrementally by other local and export industries as well.

In 2021, ILO and GIZ supported the Ministry of Labour & Employment, employers' and workers' organizations to develop a framework for Employment Injury Scheme Pilot (EIS-Pilot) as a transformative approach. The Pilot will run for five (5) years and will mainly implement two interventions, i.e.,

- a. Provision of top-up compensation for workers' death or disability due work-related accidents, in shape of long-term benefits, and
- b. Data collection on workplace accidents and resulting injuries, fatalities, and disabilities

As of June 2023, the EIS Pilot has been fully operationalized with a tripartite EIS Governance Board in-place, an EIS Special Unit in Central Fund functioning, and all governance rules and procedures developed. First batch of beneficiaries are approved for long-term compensation by a tripartite subcommittee. EIS Pilot receives financial contribution from international Brands which is used for compensating workers and their families. As of June 2023, a total of 15 Brands have signed up for the EIS-Pilot.

As part of the EIS-Pilot Project, ILO is undertaking an initiative to develop Handbook with checklists for employers to establish model enterprise clinics. The handbook was tested in 30 factories and their results are included in the Handbook to make more aligned with ground realities.

Current situation of Enterprise Clinics in RMG Factories – literature review

There are multiple organisations working to improve the health condition of the RMG workers. Of them, Common Health provides free phone-based consultation service and plans to scale to serve 100,000 people. Mamoni Digital Healthcare Solution by USAID is providing free doctor consultation with a free insurance package with up to BDT 20,000 free health cashback and serving ~150,000 people. Carrefour Foundation is providing an insurance scheme for factory workers priced at a yearly premium of BDT 575 per worker, of which BDT 375 comes from Carrefour Foundation, a non-profit organisation working against exclusion. The remainder is divided between the workers and factory owners. Moner Bondhu is focused on only mental health issues.

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) has developed 'Curriculum for health professionals working in Bangladesh's RMG industries to learn how to deal with

common work-related and occupational diseases'. They have found occurrence of hand injury, respiratory/ pulmonary illness, musculoskeletal pain, back-pain, dysuria, skin disease, and mental illnesses are common among RMG workers. They also identified that healthcare professionals including nurses and doctors are insufficiently prepared to respond to emergencies. Female healthcare workers be preferred to improve services for women workers. Health education and awareness on health-related matters and malnutrition can be helpful. Shortage of fulltime healthcare workers, lack of appropriate training, and lack of preventive screening & treatment service are other major challenges in the area.

The USAID's 'Evidence Project' (implemented by BSR/HerProject) has developed 'Health Facility Management Guidelines and Management Benchmarks' – which includes, AAAQ Framework (key Issues of implementing health facilities in factories, Health Services Guidelines and Indicators, Management Systems Areas of Focus, Corporate Leadership Area of Focus, and Management/Leadership Guidelines and Indicators.

The Levi Strauss Foundation has also developed a guide on 'Managing Health at the Workplace' which includes: a Business Case for Health at workplace, tools & approaches, common concerns and misunderstandings, the full capacities of nurses, indicators for health management systems, indicators for corporate leadership, and indicators for health services along with action steps.

However, a good numbers of factory owners not yet able to utilise innovative digital healthcare technology to resolve the issues and improve the performance. Unique features should be offered for both workers and the management to ensure the quality of service through monitoring & evaluation utilising technology. The number of digital health organisations providing quality healthcare service for the RMG workers is low. There is much room for growth in this sector.

In nutshell, the following key factors about the current situation of enterprise clinics arise out of the literature review:

- In large (exporting) factories, situation of enterprise clinics is comparatively better in terms of quality and services but in medium and small factories, situation of Enterprise Clinics needs attention
- Availability of full time Doctors is a major challenge to ensure good quality services. In most cases, nurses or paramedics are treating patients.
- In most of enterprise clinics in medium and small factories, only basic medicines are available with healthcare staff.
- Healthcare staffs are neither fully qualified nor trained to work in factory environment and to deal with factory-based emergencies.
- Healthcare staffs have inadequate knowledge about workplace diseases & common injuries.
- In factories, where there are trade unions, the situation is comparatively better.
- Labour Inspectors do not understand technical issues in healthcare facilities and their checklists are inadequate to provide a clear picture of Enterprise Clinics
- Doctors and nurses do not see career growth in factories
- Prescription medicines and diagnostic equipments are beyond affordability for Employers

- Employers have extra burden to properly manage health facilities – in addition to looking after their normal business.
- Creative solutions are required to support Employers – including adoption of technology, develop collaborations, reducing costs by using economy of scales, and improving capacity of healthcare staffs.

Stakeholder perspective on Enterprise Clinics

While developing the Handbook on Model Enterprise Clinics, a total of eighteen (18) key stakeholders including Government, Employers, Workers, Brands, UN agencies and related technical organizations were engaged in a detailed bilateral discussion to get their perspective on Enterprise Clinics. These stakeholders include Directorate General of Health Services (DGHS), Department of Labour (DOL), Department for Inspection of Factories and Enterprises (DIFE), World Health Organization (WHO), Bangladesh Garment Manufacturers and Exporters Association (BGMEA), Bangladesh Knitwear Manufacturers' and Exporters' Association (BKMEA), Bangladesh Employers Federation (BEF), German Technical Corporation Agency (GIZ), Business for Social Responsibilities (BSR), Change Associates, Primark, Centre for Disability in Development (CDD), Centre for rehabilitation of the Paralysed (CRP), Gonoshasthaya Kendra (GSK), Swisscontact and other technical organizations. Their perspectives on major elements of Enterprise Clinics are presented here and these perspectives are included in the relevant elements of Enterprise Clinics in the guidelines section.

► Benefits of 'Enterprise Clinics'

Stakeholder agreed that employee health directly correlates with productivity. Employees who are physically and mentally healthy and doing well in other dimensions of well-being are more likely to do their best work than those who are struggling in these areas. Moreover, the health of workers is an essential prerequisite for their household income, productivity and economic development. The countrywide economic burden of poor employee health includes not only medical and pharmaceutical expenses but also health-related productivity. The Enterprise Clinics can be real game changers in providing much needed inclusive healthcare support to people – particularly the working people of Bangladesh, given the challenges in the government healthcare system. All stakeholders have consensus that Enterprise Clinics are win-win for Government, Employers and Workers.

► Benefits for Government

Stakeholders were also of the same opinion that the Enterprise Clinics help in ensuring a healthy workforce – which ultimately leads to the national productivity. It helps in preventing disabilities or diseases among workers – thus reducing pressure on Government healthcare infrastructure and reducing pressure on public expenditure for health. Apart from provision of healthcare services, the Enterprise Clinics also create job opportunities for healthcare staffs (Doctors, nurses, paramedics, and others). This is another benefit for Government to enhance employment creation in healthcare sector. Lastly, and the most importantly, the Enterprise Clinics can help Government to expand health coverage of population – which is a global commitment under Sustainable Development Goals (SDGs).

▶ **Benefits for Employers**

Stakeholders further opined that employers get a major part of benefits from Enterprise Clinics in terms of having a healthy and happy workforce, less disease prevalence among workers, less absenteeism, less staff turnover, and increased productivity. In addition, Employers get an updated information about types of diseases or injuries occurring in their workplace which will help them take preventive measures to keep their workers safe. Employee health records has significant impact in the HR management of the organizations. Happy workers have higher degree of motivation and dedication for work and relationship between Employer and workers remains positive. In high-, middle- and low-income countries, companies that create a “culture of health” earn a return on investment. According to the 2011 World Economic Report on Workplace Health: “Workplace wellness can yield significant benefits. A recent Harvard meta-analysis (of US companies) found upto three dollar return on investment (ROI) for every dollar spent on wellness programs. Increase in productivity can be achieved across countries.” Moreover, preventing workplace injuries and timely effective interventions to manage acute injuries through Enterprise Clinics will significantly reduce cost of compensation and rehabilitation.

▶ **Benefits for Workers**

Stakeholders also agreed that workers are the ultimate beneficiaries of the Enterprise Clinics as they get easy access to healthcare service within their workplace and that too, with no or low cost. Workers have better health for themselves. Easy access to healthcare takes away a lot of concerns and distractions from workers and creating comfort for them to a greater extent. Access to healthcare also results in workers’ positive relationship with their employers, more dedication towards their work, and a better industrial relation in the workplace. Access to good healthcare also means a good coverage in social security. Preventive healthcare services will help workers to take timely measures to prevent any major health problem for themselves Through awareness creation by the workers, their family will also be the benefited. Good health also ensures good social life and relationship with other communities.

▶ **Major challenges with workplace healthcare in Bangladesh**

Stakeholders have a consensus that establishing and managing a healthcare facility within the factory is not an easy task. There is appreciation for employers who are managing good quality Enterprise Clinics at their workplace despite a number of challenges. Major challenges are categorized as follows:

- At Policy level, there is a lack of clarity and harmonization between different Government Ministries and Employers’ Associations – thus entire burden is on individual employers
- Lack of contribution from Government in the establishment and operations of ‘Enterprise Clinics’
- No contact between Enterprise Clinics with mainstream healthcare institutions
- No reporting mechanism from Enterprise Clinics in Health Information System or DIFE
- Engaging quality human resources for Enterprise Clinics – particularly female Doctors and nurses/ dressers

- Maintaining detailed and up to date record of health issues
- Higher operational costs of Enterprise Clinics
- Problems in establishing referral system for complicated healthcare cases
- In absence of full-time Doctor, Enterprise Clinics are depending on Nurses and paramedics
- No specific follow up from Government inspection system to establish Model Enterprise Clinic
- Lack of guidance from Buyers to establish Model Enterprise Clinic
- Need of specific guidelines about availability of different health products, prescription drugs
- Less focus on reproductive health issues for female workers
- Less encouragement from HR and production staffs of RMG to avail health services from existing facility.
- Poor communication among workers about health education and secondary referral.
- No recognition for factory owners to run a quality and model Enterprise Clinic
- Lack of strong career incentives for health professionals
- Retention of appropriately qualified professionals is even bigger challenge.
- Provisions for supporting individuals with visual, speech and hearing impairments, musculoskeletal diseases, etc. require improvement
- Occupational therapy is of higher significance than General Medication in the current context
- Lack of preventive healthcare culture which adds extra burden on healthcare facilities
- Lack of individual health record management and healthcare monitoring of individual workers
- Lack of clarity among employers and workers on the services provision and quality of benefits
- Lack of accountability for ensuring quality services in existing healthcare facilities
- Absence of economic incentives for Employers to establish Model Enterprise Clinics

► Why is it more an Employers' issue?

While Enterprise Clinics are established in compliance with Government's Regulations and major beneficiaries are all three stakeholders (Government, Employers, and Workers), however, as a matter of fact, establishing a 'Model Enterprise Clinic' is mainly a concern for employers because they have to provide everything for this facility. They will provide a separate space, adequate equipments/ consumables/ medicine/ furnitures, hire healthcare staffs, and ensure proper management and service delivery to workers. All these responsibilities are in addition to running their own business in a competitive environment. Therefore, the major focus of this handbook is to facilitate Employers to perform this additional responsibility in a positive manner and to ensure sufficient clarity about their specific responsibilities – according to the size of their enterprise. The handbook is expected to work as a knowledge-tool for Employers to understand different elements of an Enterprise Clinic, quality parameters for each element, legal requirements for each element, and some important practical tips and guidelines to meet quality standards for different elements of Enterprise Clinics.

Methodology

This Handbook was developed through a participatory process with all relevant stakeholders. The process started with a national stakeholder consultation held on 23rd November 2022 – with presence of all important stakeholders comprising Government (MoLE, Central Fund, DoL, DIFE, DGHS), Owners associations (BGMEA, BKMEA, BEF), Workers organizations (NCCWE, IBC, BLF, FGW), research organizations and/or social enterprises working with RMG sectors (GSK, GIZ, BSR, Change Associates, CRP, CDD, RAPID, PRI, BILS, BBDN, Swisscontact) and international organizations (WHO, UNDP, UNFPA, MSF), individual owners and clinical staffs from different RMG factories. The broader objectives and outcomes were discussed with stakeholders and their feedback was incorporated in the broader plan.

After the consultation, detailed bilateral sessions (key informant interviews) were held with all important stakeholders to have a structured discussion on all important elements of designing and implementing a 'Model Enterprise Clinics' in RMG Industries. A detailed questionnaire for the structured discussion was prepared.

Apart from stakeholder discussions, a thorough review of existing Labour Law & Rules regarding Enterprise Clinics was undertaken to develop a better understanding of key characteristics of a 'Model Enterprise Clinic' in RMG Industry.

A pre-validation seminar on the draft handbook and checklist took place with the relevant stakeholders as mentioned above on the 21st of March 2023. Following the seminar, all the feedback of stakeholders were incorporated into the handbook and checklist. Hence, the handbook provides guidelines for establishing Model Enterprise Clinics in RMG factories – based on the national law and inputs of key stakeholders.

To make this Handbook and checklist more practical and closer to the ground realities, the draft guidelines were implemented in 30 RMG Factories in Bangladesh through collaboration with BGMEA and BKMEA from April to June 2023. For this purpose, a formal collaboration between ILO and BGMEA & BKMEA was established whereby BGMEA & BKMEA provided Focal Persons / Trainers to implement handbook in 15 factories each. Each Association engaged a team of three Trainers and one Coordinator (4 persons each). ILO and CMED organized a 2-day Training of Trainers (TOT) on 12 and 13 April 2023 for these Trainers of BGMEA and BKMEA. After TOT, Trainers facilitated implementation of Handbook and checklists in selected 30 factories. The knowledge partners also organized an orientation and enrolment program to train the management officials and clinical staffs of 22 Factories of BKMEA.

Trainers of BGMEA and BKMEA generated reports regarding implementation of Handbook on a regular basis to all implementing partners, knowledge partners and ILO. On the basis of those reports, relevant feedbacks incorporated within the Handbook with Checklist. A dissemination program also arranged in order to publish the handbook and checklist among the stakeholders.

How to use the Handbook

This handbook is divided into three major parts. Part-1 is mostly the introduction and background of this document. Part-2 comprises of stakeholder perspectives on a 'Model Enterprise Clinic' – which are considered in developing Guidelines for different sizes of

Enterprise Clinics. Part-3 comprises of set of Guidelines for different size of Enterprise Clinics. While major parts of the Guidelines are common for all Enterprise Clinics – elements which have distinction for different size of factories, are explained separately in relevant sections. Based on relevant provisions in Bangladesh Labour Law 2006 and 2018, and Bangladesh Labour Rules 2015 and 2022, Enterprise Clinics at factories are divided into seven groups depending on size of workers and separate instructions are provided for each size as follows:

- a. Type-1 - Employee size 1-299
- b. Type-2 - Employee size 300- 499
- c. Type 3 - Employee Size 500- 1199
- d. Type-4 - Employee size 1200- 2999
- e. Type 5 - Employee size 3000- 4999
- f. Type-6 – Employee size 5000-7500
- g. Type-7 – Employee size 7501 and above

Employers can easily find their relevant size of Factory in relevant Tables and make their Enterprise Clinic fully aligned with Government regulations and ground realities. Different nomenclatures have been used in government documents at different sections to mention about healthcare facilities within factories like sick room, treatment room, treatment unit, medical room, treatment room/ treatment unit/ medical room with dispensary, permanent medical Center, which are synonymous to Enterprise Clinics used within handbook with checklist and sustainability guidelines.

All suggestions mentioned within this documents are stakeholder’s suggestions or advices as best practice and not a regulatory requirements of BLA/ BLR. There are six basic types of production process considered as RMG factories like spinning, Textile (knit/ woven/ denim/ wool), garments, dying and washing, accessories and packaging. So, Textile and dying/ washing industries comprising any number of employees to follow enterprise clinic type 5 as best practice, considering presence of large size compressor/ boiler at their own premises and high scope of accidental chemical spillage.

► **A step by step approach to implement Handbook in factory**

Based on learning from Pilot in 30 factories, following process is proposed to implement Handbook on Model Enterprise Clinics:

a. Step-1: Organize orientation meeting with Management of factory.

BGMEA and BKMEA Trainers are fully trained to organize a brief (maximum one-hour) orientation meeting with factory management to brief them about the purpose and benefits of this handbook and briefly explain its implementation process – to get their concurrence and approval.

Trainer will provide two copies of Handbook to the factory – one to the factory management, while another one to the Head of Enterprise Clinic.

b. Step-2: Establish a Health Committee

In each factory, a six (6) member bipartite Health Committee is required to implement this Handbook. The composition of committee is as follows:

- i. A representative from factory management
- ii. Welfare Officer of factory
- iii. Head of Enterprise Clinic (Doctor or Paramedic)
- iv. Three representatives from workers – with at least one woman

c. Step-3: Orientation meeting with Health Committee

Trainer will organize a detailed presentation to the Health Committee on Handbook and Checklist for their relevant size of factories. After detailed orientation session, Trainer will divide responsibilities among the six members to implement different parts of the checklist.

d. Step-4: Application of checklist

Trainer will help the Health Committee to review the existing situation of Enterprise Clinic through the relevant Checklist. Services and facilities will be marked either as 'Available and Compliant', 'Available but not Compliant', or 'Not Available'.

e. Step-5: Analysis of checklist

After filling out the Checklist, the Health Committee will review all the components and will identify those elements which are either '**Available but not Compliant**' or '**Not Available**'. All such items will be separately listed as areas that needs improvement.

f. Step-6: Action Plan

Based on checklist analysis and identifying areas that need improvement, the Trainer will help Health Committee to develop an Action Plan to achieve full compliance in all areas for a Model Enterprise Clinic.

Some actions would require financial inputs while others would only require administrative action without cost. Different actions will be identified to implement financial approvals and administrative solutions.

Responsibilities will be assigned to specific persons for undertaking each action. Timelines will be discussed and a reasonable and fair timeline will be assigned to each activity for completion.

For activities requiring financial inputs, a fair estimate of costs will be identified in the Action Plan for consideration by factory management. Where applicable, source of funds could be diversified or innovative solutions could be identified to reduce cost impact of activities – and meeting required standards within lesser resources.

g. Step-7: Follow-up on Action Plan

Trainer will facilitate Health Committee to meet at least once in a month to review Action Plan, discuss actions taken as per Plan and to revise timelines on actions that could not be implemented within given time frame. Reasons for such delays will be recorded. If needed, any new intervention can be included in the Action Plan to further improve Enterprise Clinic. BGMEA/BKMEA Trainers should participate in follow-up meetings and help them review their Action Plans and agree on timelines.

h. Step-8: Document result of actions

Trainer would help Health Committee to document their achievements by taking photos of Pre- and Post-activity situations in the Enterprise Clinic – as well as develop brief narrative updates on each action. Trainer will also help Health Committee to regularly

update their Action Plan and provide feedback for improving quality of services.

i. Step-9: Data Management

Trainer would help Health Committee to establish a file to maintain record of all meetings, Action Plans (updated with different dates), key achievements, photographs of achievements, and all other relevant information.

Key Elements for establishing ‘Model Enterprise Clinics’

These Guidelines are based on the existing Government Regulations, i.e., Bangladesh Labour Rules 2015 and the stakeholder perspectives for establishing Model Enterprise Clinics in RMG factories. In following sections all important elements for Model Enterprise Clinics – as per size of factory – are identified along with the reference to the relevant regulatory provisions. In some cases, the elements identified by key stakeholders are also mentioned to improve quality of services and make Enterprise Clinics aligned with standards.

► Important elements of ‘Enterprise Clinics’

The regulatory provisions and stakeholders recommendations have been classified in five (5) major categories:

1. Size, location, and infrastructure of Enterprise Clinic

This part identified those fixed assets and fixtures required by the legal provisions – mostly relating to the infrastructure. The size of clinic is suggested in the regulatory provisions. It is also generally advised to keep the enterprise clinic away from the production area – to avoid noise and other forms of irritants which are not permissible for ailing and injured workers.

2. Services offered in Enterprise Clinic

This part looks at the type of services offered in the enterprise clinic. This part largely varies for different size of factories.

3. Equipment and material in Enterprise Clinic

This part deals with the type and quantity of different medical equipments, diagnostic tools, and other necessary material for the enterprise clinics. For emergency purpose, a certain number of equipment and material will be required.

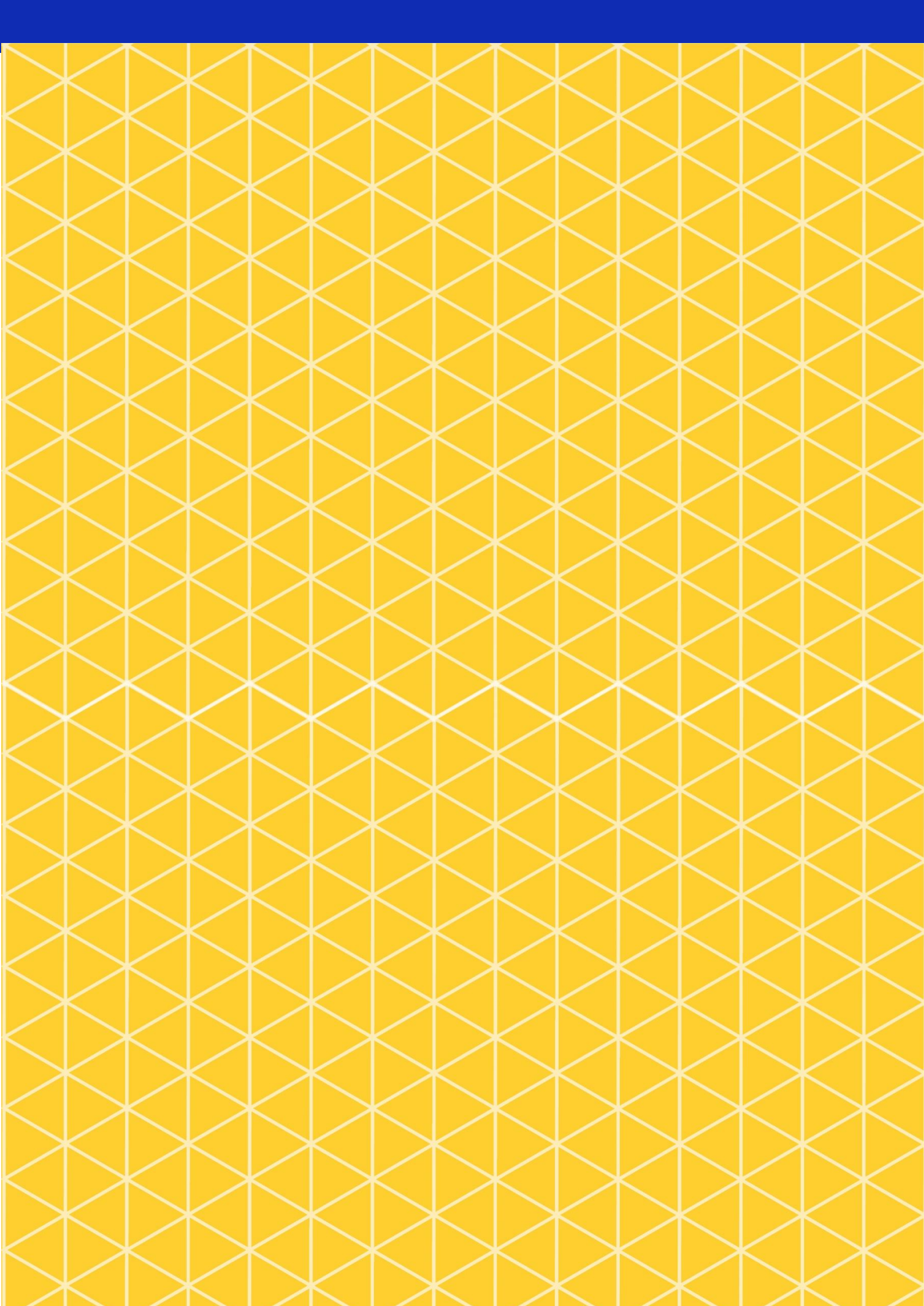
4. Human Resource requirements for Enterprise Clinic

This part deals with the human resources in the enterprise clinics. Different size of clinics require different levels of healthcare workers, with different responsibilities, competencies, and experience.

5. Data-management and Reporting of services provided

Each enterprise clinic needs is providing a worthwhile service to the workers – and it needs to maintain a detailed record keeping – preferably on two dimensional records:

- a. Develop a personal file for each worker to maintain a record of his/her medical record
- b. Maintain a record of daily OPD along with a data of daily number of patients and types of medical issues





Handbook for Model Enterprise Clinics at

RMG Industries

Key requirements for Type-1 Model Enterprise Clinic for Factories up to 299 Workers

As per BLA 89 and BLR 76, in every establishment, a Primary Aid Box/ first aid box or Cupboard/Almirah shall be provided to be readily accessible during all working hours in each department, section and floor. The box or cupboard must be marked with Red Crescent or Cross symbol. There is no provision of medical room or permanent medical center with or without dispensary up to 299 workers as per BLA & BLR

► Health Services

Attributes	According to BLA & BLR	Reference
Preventive Care (Health screening, risk assessment & intervention)	Uses of disinfectant for general use	BLR 41 (KA) (GA)
	Ensuring protective eye gear for employees with risk of vision impairment	BLR 64 (2), BLR 67 (2)
	Ensuring ear plug/ muffs for employees with risk of hearing impairment	BLR 67 (2)
Primary Care	Primary Aid or first aid	BLR 76 (1)
Service Hours	During all working hours	BLA 89 (3)
Tracking health services, injuries, and accidents	Fitness during dangerous operation register	BLR 68

Attributes	Stakeholders' Suggestions Considered As Good Practice
Preventive Care (Health screening, risk assessment & intervention)	Eye screening for those employees who are at risk of vision impairment
	Hearing screening for those employees who are at risk of hearing impairment
Preventive Care (Healthy living and well-being through education & counselling)	<p>Clinic can undertake regular preventive measures using any of the following methods:</p> <ul style="list-style-type: none"> • Counselling • Leaflet Distribution • Awareness Visual • Awareness Session • PA Announcement <p>Issues to be covered as as follows – but can be other issues as well:</p> <ul style="list-style-type: none"> • Family Planning • Nutrition • Reproductive Health • Use Of Sanitary Napkins Among Female Employees • Danger Signs Of Pregnancy

Attributes	Stakeholders' Suggestions Considered As Good Practice
	<ul style="list-style-type: none"> • Benefits Of Exclusive Breastfeeding • Primary Aid • Physical Exercise Within Work <p>Ensure awareness visuals to be available at each floor/ section/ department</p> <p>Organize regular awareness programmes on important health issues</p>
Primary Care	Primary aid related to OHS, pre and post-delivery care and common illness
Service Hours	Around the clock coverage through digital health/ assisted telemedicine for employee
Occupational Health and Safety	<p>Primary aid regarding NSI, MSK pain, vision impairment, hearing impairment, excessive smoke, burn, cut injury, fracture (secondary referral, if necessary)</p> <p>List of Occupational Diseases: https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safe_work/documents/publication/wcms_125137.pdf</p>
Tracking health services, injuries, and accidents	<ul style="list-style-type: none"> • Maintain a list of pregnant workers with regular check-up and follow-up • Maintain a list of workers injured in work related accidents with follow-up • Maintain a list of workplace accidents occurred in the factory (with date/time)
Diagnostic Services	<ul style="list-style-type: none"> • Maintain a list of hospital/ clinic/ diagnostic center as secondary referral • Establish a good communication with such medical facilities for referral • Make a written Agreement with all secondary referral centers <p>Criteria of hospital/ clinic/ diagnostic centers as secondary referral 24/7 ER, OPD, IPD with on-call medicine specialist, surgery specialist/ orthopedics, gynaecologist, eye specialist, ENT specialist, pathology investigation, radiology (X-ray and ultrasound)</p>
Transport / Ambulance	Any suitable transport – ensuring full time availability
Referral service/ OHS flow chart	<p>Contact number, address and name of hospital mentioned at entry gate or notice board</p> <p>Contact number and name of factories entitled for referral services also at hospitals/ clinics/ diagnostic centers</p> <p>Contact number of the HR officer if there is any challenge of having referral service</p>

▶ **Enterprise Clinic Service Charter**

Stakeholders Suggestion Considered As Good Practice

Based on stakeholders' suggestions considered as good practice, every Enterprise Clinic should prepare a 'Service Charter'. Service charter need to be available at the entry gate of the factory or at the door of Enterprise Clinic and other easily visible places of the factory, containing following key information:

- 24/7 telemedicine number (if available)
- Service hours as per working hours of the factory
- Emergency Contact Number & Name of designated person for primary aid
- 24/7 ambulance: contact name and phone number
- Referral center: Contact name, Phone number & Address
- Name & Contact Number of HR officer to notify if service is not satisfactory

For a sample Service Charter, please see Annex- 1

▶ **Furniture**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Primary Aid Cupboard/Almirah marked with Red Crescent or Cross symbol 	BLR 76(1)

Stakeholders Suggestion Considered As Good Practice

- 1 wheelchair

▶ **Medicine, Equipment, First Aid Consumables**

List of equipment within the primary aid box/ first aid box, cupboard, and Almirah. Quantity of consumables will vary based on number of workers:

According to BLA & BLR	Reference
<p>A. Number of workers ≤ 10</p> <ul style="list-style-type: none"> • 6 small sterile bandages • 3 packets of disinfected cotton, weighing 0.5 ounce each • 3 medium sized disinfected bandages • 3 large sized sterile bandages • 3 large sized sterile bandages that are used in case of burns • 1 bottle of Hibisol or Hexasol, weighing 1 ounce • 1 bottle of rectified Spirit, weighing 1 ounce • 1 pair of scissors • 1 copy of leaflet regarding primary aid • Analgesic and antacid type of tablets, • ointments used ointments for eyes and antiseptic solution • appropriate for surgery and for burnt parts • 3 packs of edible saline (ORS) • 1 copy of leaflet regarding primary aid 	BLR 76 (2)

According to BLA & BLR	Reference
<p>B. Number of workers 11- 50</p> <ul style="list-style-type: none"> • 12 small sized sterile bandages • 6 medium sized packs of disinfected cotton; • 6 large sized sterile bandages • 6 large sized sterile bandages that are used in case of burns • 6 packs of disinfected cotton, weighing 0.5 ounces each • 1 bottle of Hibisol or Hexasol, weighing 2 ounces • 1 bottle of rectified Spirit, weighing 2 ounces • Instruments of clogging/stopping bleeding such as Turnicate • 1 roll of adhesive plaster; • 1 pair of scissors • 1 copy of leaflet regarding primary aid • Analgesic and antacid type of tablets, • ointments used for burnt parts • ointments for eyes and antiseptic solution appropriate for surgery and for burnt parts • 6 packs of edible saline (ORS) • 1 copy of leaflet regarding primary aid 	BLR 76 (3)
<p>C. Number of workers > 50</p> <ul style="list-style-type: none"> • 12 packs of disinfected cotton, weighing 0.5 ounces each • 12 medium sized packs of disinfected cotton • 12 large sized packs of disinfected cotton • 24 small sized disinfected bandages: • 12 large sized packs of sterile bandages used in case of burns • 12 roller bandages, having breadth of 4 inches; 12 roller bandages, having breadth of 2 inches • 6 triangular bandages; • Instruments of stopping bleeding such as Turnicate; • 1 bottle of Alcoholic solution, bearing 2% of iodine, weighing 4 ounces; • 1 pair of scissors; • 1 bottle of rectified Spirit, weighing 4 ounces; • 2 packs of safety pin; • 12 slices of bamboo or wood, which is used in case of bone fracture; • Analgesic and antacid type of tablets, • Ointments for eyes and antiseptic solution appropriate for surgery and for burnt parts • 12 packs of edible saline (ORS) • 1 copy of leaflet regarding primary aid 	BLR 76 (4)
<p>The number of such box or cupboard shall not be less than 1 for every 150 workers</p>	BLA 89 (2)
<p>The person employed for the supervision of the box or almirah and the relevant accessories and supplies must test the usefulness of the materials at least once in every 3 month's period. In addition, the relevant materials have to be replaced one month before the expiry of them</p>	BLR 76 (5)

According to BLA & BLR	Reference
The factory shall preserve/store the additional supplies that are ordered by the inspector from time to time	BLR 76 (6)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> Smart POCD devices (Thermometer, Pulse oximeter, BP monitor, Glucometer)
<ul style="list-style-type: none"> 1 electric hand torch

If an industry has an enterprise clinic with adequate supply of appropriate materials or all necessary materials are already stored at cupboard/ almirah of that enterprise clinic then preserving the minimum requirements within a primary aid box for number of workers < 10 will be adequate for each department, section and floor.

Reference: BLR 76 (6)

▶ **Human Resources & Qualifications**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> A responsible person who is trained in first aid treatment and who shall be available during all working hours for every first aid box or cupboard 	BLA 89 (3)
<ul style="list-style-type: none"> A notice shall be affixed in every workroom stating the name of such person 	BLA 89 (4)
<ul style="list-style-type: none"> Such person shall wear a badge so as to facilitated his identification 	BLA 89 (4)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> 1 paramedic/ Nurse as designated person trained in primary aid

▶ **Competency Development**

Stakeholders suggestion considered as good practice
<ul style="list-style-type: none"> Training for designated person for primary aid and BLS by DGHS/ BGMEA / BKMEA as and when required

▶ **Healthcare Committee**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Formation of Subcommittee focusing on OHS within the safety committee 	BLR 81 (5)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> Formation of Healthcare committee comprising 1 HR officer, one responsible person designated in primary aid and two members of existing safety committee for effective operation.

▶ Empowering Compliance / HR/ Welfare Officer

Stakeholders Suggestion Considered As Good Practice

- Empowering of HR/ Compliance/ Welfare Officer through refresher training as and when needed

▶ Service Data/ Health Record

Stakeholders Suggestion Considered As Good Practice

- Update personal file of each worker taking first aid or visited secondary referral center with history of illness and injuries and treatments
- Digital prescription and record keeping by telemedicine through IDHP
- Digital Reporting through IDHP

▶ Reports and Monitoring

Stakeholders Suggestion Considered As Good Practice

- Maintaining Checklist & action planning as per Handbook
- Preparing Key performance indicators of EC for owners
- Data management & monitoring through IDHP
- Digital Reporting through IDHP
- Inclusion of designated person for primary aid's signature at DIFE Checklist

▶ Compliance and Social Awareness

Stakeholders Suggestion Considered As Good Practice

- Each and every RMG factory comprising more than 50 employees shall form a safety committee. It is recommended to form a subcommittee for health naming healthcare committee comprising minimum two members of existing safety committee, one responsible person for primary aid and one HR/ welfare officer

Key requirements for Model Enterprise Clinics, Type-2: 300-499 workers, Type-3: 500-1,199 workers, Type-4: 1,200-2,999 workers

► Size and Location of Model Enterprise Clinics

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Enterprise Clinics are required to be sufficiently spaced room and conveniently located at accessible location for workers – where they can be easily examined, diagnosed and counselled by the clinical staff 	BLA 89 (3), BLR 77

► Size of Clinic

According to BLA & BLR	Reference
The Clinic size should be in between 120 - 180 sq ft. excluding the toilet	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA), (PA) (VA)

► Suggested Design

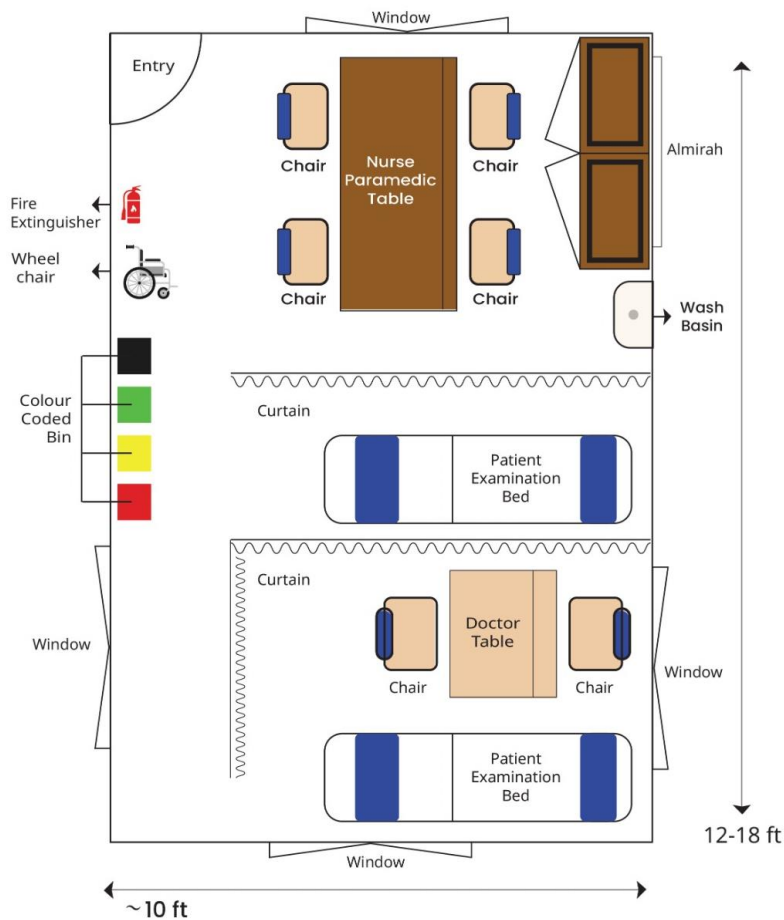


Figure 1: Sample EC Type 2, 3, & 4 Structure

► **Location**

According to BLA & BLR	Reference
The Clinic must be separate from all other parts of the institute as much as possible and it should be away from the production sections with a high level of noise or to be established in a noise proof room.	BLR 77 (2)

Stakeholders' Suggestions Considered As Good Practice

Clinic can be established preferably on the ground floor with wheelchair accessibility

► **Provisions related to infrastructure**

Attributes	According to BLA & BLR	Reference
Floor	The floor of the Clinic must be smooth, impervious, and strong	BLR 77 (4)
Wall	1.50 meters of the walls from the floor shall be impervious	BLR 77 (4)
Ventilation & Illumination	Clinic must have adequate air ventilation facilities and it should have natural and artificial light facilities for illumination	BLR 77 (4)
OPD	Clinic must have an outpatient department (OPD) room with medicines dispensary	BLR 77 (1)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Wall	Impervious with tiles/ waterproof paint/ other suitable maneuver
Toilet	Separate toilets for Male and Female with signage and shower facility
Handwash	The arrangement of soap, germicide, nail brush in applicable cases, and other appropriate arrangements for cleaning nails must be included in washing facilities. These facilities must remain easily reachable, clean, and orderly
Bodywash	Tap-controlled shower or fountain within toilet beside EC to manage chemical spillage

► **Utilities**

According to BLA & BLR	Reference
Bio medical waste management through four color coded bins, Black one for general dry waste, Yellow one for clinical waste, Green one for organic and wet waste, Red one for sharp waste	BLR 40 (2), BLR 47 (1)

Stakeholders' Suggestions Considered As Good Practice

- Full-time generator facility
- Hot and Cold clean drinking water facility

► **Health Services**

Attributes	According to BLA & BLR	Reference
Preventive Care (Health screening, risk assessment & intervention)	Use of disinfectant with chemical name and amount for clinical use and general use	BLR 41 (KA) (GA)
	Ensuring protective eye gear for employees with risk of vision impairment	BLR 64 (2), BLR 67 (2)
	Ensuring ear plug/ muffs for employees with risk of hearing impairment	BLR 67 (2)
Preventive Care (Healthy living and well-being through education & counselling)	Awareness creation regarding family planning, and reproductive health, use of sanitary napkins among female employees	BLR 78 (1) (GHA) (EA)
Primary Care	Pre and post-delivery (ANC, PNC)	BLR 78 (1) (GHA) (OI)
	Primary care for common illness/ communicable diseases of adult male and female	BLR 78 (2) (KA)
	Primary care as well as provision of taking rest	BLR 77 (5)
Service Hours	All working hours (Regular & Overtime)	BLR 78 (1) (KA)
	Industries working 3 shifts will keep paramedic/ medical assistant with Diploma certification to ensure service in stead of Doctor for night shift	S. R. O No. 284-Law/2022 (30)
Occupational Health and Safety	Advise Physical therapy related to deformities due to fracture, cut injury, burn as workplace accidents by doctors	BLR 78 (1) (GHA) (OO)
Tracking health services, injuries, and accidents	Register of all employees taking services (workplace injuries/ common illness) through EC (Sample at annex)	BLR 77 (7)
	Fitness during dangerous operation register	BLR 68
Diagnostic Services	Maintain a list of hospital/ clinic/ diagnostic center as secondary referral	BLR 78 (1) (UMA)
	Make written Agreement with all secondary referral centers	BLR 78 (1) (GHA) (O)
Transport / Ambulance	Any suitable transport	BLR 77 (6)

Attributes	According to BLA & BLR	Reference
Referral service/ OHS flow chart	Contact number, address and name of hospital mentioned at entry gate or notice board	BLR 78 (1) (UMA)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Preventive Care (Health screening, risk assessment & intervention)	Uses of disinfectant should be determined by the clinical staff of the enterprise clinic considering both sizes of workers and the type of work of that factory for clinical use and general use
	Eye Screening for employees who are at risk of vision impairment
	Hearing Screening for employees who are at risk of hearing impairment
	Advice for deworming by doctors twice a year
	Nutritional Anaemia Screening
Preventive Care (Healthy living and well-being through education & counselling)	<p>Clinic can undertake regular preventive measures using any of the following methods:</p> <ul style="list-style-type: none"> • Counselling • Leaflet Distribution • Awareness Visual • Awareness Session • PA Announcement <p>Issues to be covered as as follows – but can be other issues as well:</p> <ul style="list-style-type: none"> • Family Planning • Nutrition • Reproductive Health • Use Of Sanitary Napkins Among Female Employees • Use Of Sanitary Napkins Among Female Employees • Danger Signs Of Pregnancy • Benefits Of Exclusive Breastfeeding • Primary Aid • Physical exercise within work

Attributes	Stakeholders' Suggestions Considered As Good Practice
	Ensure awareness visuals are available at Clinic/ each floor/ section/ department
	Organize regular awareness programs on health issues
Primary Care	Primary management of non-communicable Diseases (HTN, DM, Thyroid disease, Mental health)
	Nutrition-related to common illness, Anti-Natal Care (ANC), Post-Natal Care (PNC), post occupational injury management, healthy vision and hearing, non-communicable Diseases (DM, HTN, IHD etc.,) through the doctor
	Immunisation related to ANC
Service Hours	Around the clock coverage through digital health/ assisted telemedicine for employee
Occupational Health and Safety	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, excessive smoke, burn, cut injury, fracture (primary care only and secondary referral, if necessary)
	Advise of Physical exercises for employees working at continuous sitting position
	List of Occupational Diseases: https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/publication/wcms_125137.pdf
Tracking health services, injuries, and accidents	<ul style="list-style-type: none"> • List of all workers availing health services in the Clinic • List of pregnant workers for follow-up • List of injured workers as result of work-related accidents • List of accidents (date and time)
	Keeping all records digitally through Integrated Digital Health Care Platform (IDHP)
Diagnostic Services	Criteria of hospital/ clinic/ diagnostic centers as secondary referral -24/7 ER, OPD, IPD with on-call medicine specialist, surgery specialist/ orthopedics, gynaecologist, eye specialist, ENT specialist, pathology investigation, radiology (X-ray and ultrasound)
Transport / Ambulance	24/7 on call ambulance service
Referral service/ OHS flow chart	Contact number and name of factories entitled for referral services also at hospitals/ clinics/ diagnostic centers
	Contact number of the Welfare officer if there is any challenge of having referral service
	OHS flowchart at EC
Service Benefits For Health Issues	Clinical Staffs at EC as a core member of the healthcare committee will validate required medical documents to expedite recommendations to achieve maternity benefits/ pregnancy benefits/ day-care facility enrolment/ benefits to the nominee if dies during delivery.

▶ **Enterprise Clinic Service Charter**

Stakeholders Suggestion Considered As Good Practice

Based on stakeholders' suggestions considered as good practice, every Enterprise Clinic should prepare a 'Service Charter'. Service charter need to be available at the entry gate of the factory or at the door of Enterprise Clinic and other easily visible places of the factory, containing following key information:

- 24/7 telemedicine number (if available)
- Service hours as per working hours of the factory
- Emergency Contact Number & Name of designated person for primary aid
- 24/7 ambulance: contact name and phone number
- Referral center: Contact name, Phone number & Address
- Name & Contact Number of HR officer to notify if service is not satisfactory

For a sample Service Charter, please see Annex- 1

▶ **Furniture**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 1 table measuring 1.85 X 1.10 meters with smooth surface • 2 beds (Patient examination bed) • 2 stretcher • 1 wheelchair • 12 wooden 'choti' of general type, measuring 91.44 cm X 10.16 cm X 0.63cm • 12 wooden 'choti' of general type, measuring 35.56 cm X 7.62 cm X 0.63cm • 6 wooden 'choti' of general type, measuring 25.40 cm X 5.08 cm X 0.63cm • 6 woolen blankets • 3 chairs • 1 curtain • 1 almirah with necessary equipment for primary aid 	BLR 77 (5)

Stakeholders Suggestion Considered As Good Practice

- Instead of one 6 feet into 3 feet table, two 3 feet X 2 feet tables may be considered
- 12 plaster of Paris roll 6 inches and 12 plaster of Paris roll 4 inches instead of wooden choti

► **Equipment**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 1 coated pots for hot and cold water • Arrangement of disinfecting equipment's • 2 buckets or pots with closely fitted lids • 1 kettle for boiling water and Spiritstove or any other appropriate arrangement • 1 pair of artery forceps • 2 middle sized sponges • 6 hand towels • 4 trays • 2 glass pots • 2 thermometers • Several hypodermic syringes • Glass measurement tools and teaspoons • 1 electric hand torches • Instruments for stopping bleeding, for example Tourniquets • Eyewash equipment • 1 Almirah with necessary equipment for primary aid 	BLR 77 (5)
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice

<ul style="list-style-type: none"> • 1 Stethoscopes for each doctor and nurses • 1 BP Machine/ Smart POCD BP monitor for each doctor and nurses • 1 Weight Scale/ Smart POCD fat scale • 1 Height Scale • 1 Pulse Oximeters/ Smart POCD Pulse Oximeter for each doctor and nurses • 1 Nebulizer • 1 oxygen Cylinder
--

► **Medicine & Supplements**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Adequate supply of serum that is preventive of Tetanus (ATS/ TT) • Analgesic and antacid type of tablets • Ointments used for burnt parts • Ointments for eyes and • Antiseptic solution appropriate for surgery 	BLR 77 (5)
<ul style="list-style-type: none"> • The medication that are issued by Inspector from time to time must be preserved in the dispensary in accordance with the directions 	BLR 77 (8)
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice

- Prescriptions drugs selected by doctors at EC from list of Bangladesh Essential Health Service Package, MoHFW
- Multivitamins and nutrients pack selected by doctors at EC
- Adequate IV antibiotics (eg. 1st generation cephalosporin)
- Adequate IV fluid (Cholera saline/ 0.9% Normal Saline)

► First Aid and Consumables

Specification for first aid box or Almirah at EC

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 4 carbolic soaps • 1 bottle (1 Liter) of 1:20 carbolic lotion • 1 bottle of Alcoholic solution, bearing 2% of iodine, weighing 4 ounces • 1 bottle of rectified Spirit, weighing 4 ounce • 12 packs of disinfected cotton, weighing 0.5 ounces each • 12 medium sized packs of disinfected cotton • 12 large sized packs of disinfected cotton • 24 small sized disinfected bandages • 12 large sized packs of sterile bandages used in case of burns • 12 roller bandages, having breadth of 4 inches • 12 roller bandages, having breadth of 2 inches • 6 triangular bandages • 12 wood and bamboo stick to manage bone fracture • 12 packets safety pins • 1 pair of scissors • 1 leaflet about primary aid 	BLR 76 (4)
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

**If an industry has an enterprise clinic with adequate supply of appropriate materials or all necessary materials are already stored at cupboard/ almirah of that enterprise clinic then preserving the minimum requirements within a primary aid box for number of workers < 10 will be adequate for each department, section and floor.

Reference BLR 76 (6)

▶ **Health Products**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> 12 packs of edible saline (ORS) 	BLR 76 (4)

Stakeholders Suggestion Considered As Good Practice
<p>Employees are entitled to purchase different health products from dispensary at a subsidized cost will be as follows:</p> <ul style="list-style-type: none"> Sanitary pad

▶ **Human Resources**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Minimum 1 Doctor Minimum 1 Paramedic/ Dresser Minimum 1 Nurses Minimum 1 Support Staff 	BLR 77 (1)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> Availability of female doctor is preferable
<ul style="list-style-type: none"> EC type 2 (300-499 workers) can keep minimum 1 doctor as partial physical providing in person consultation 1 day per week
<ul style="list-style-type: none"> EC type 3 (500-1,199 workers) can keep minimum 1 doctor as partial physical providing in person consultation 3 days per week
<ul style="list-style-type: none"> Considering service number and employee size, 1 Nurse/Paramedic/Dresser will suffice for small (300-499 workers) and medium (500-1,199 workers) industries
<ul style="list-style-type: none"> Assisted telemedicine beyond working hours or to cover 24/7 service through Shastho Batayon 16263/ Digital Health Companies

▶ **Human Resource Qualifications**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Doctors with BMDC registration Trained Nurses Trained paramedics 	BLR 77 (1)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> Recruitment of doctors with minimum 6 months of post-graduate training at medicine/surgery/ orthopaedics/ gynae and obs
<ul style="list-style-type: none"> Nurses with midwifery registration/ BTEB certification/ BNC registration
<ul style="list-style-type: none"> Paramedics with more than two years hands-on training at hospital or clinic can be consider or state medical council certification/ BTEB certified diploma

▶ **Competency Development**

Stakeholders suggestion considered as good practice
• Refresher Training for doctors/ nurses/ paramedics on family planning, reproductive health as and when needed
• Refresher Training for doctors/ nurses/ paramedics for acute injury management/ OHS management/ ANC, PNC/ common illness/ Non communicable disease/ nutrition/ physical therapy/ mental health as and when needed through national clinical guidelines by DGHS/ BGMEA/ BKMEA
• Refresher training for HR officer/ production officer by health safety committee as and when needed
• Refresher Training for all members of healthcare committee through DIFE/ BGMEA/ BKMEA as and when needed

▶ **Career Path**

Stakeholders Suggestion Considered As Good Practice
• Recruitment of doctors with provision of post-graduate training
• Rearrangement of duty hours at roster for doctors (e.g., six hours instead of eight hours per day)
• Provision of OHS training at National Occupational Health and Safety Related Research and Training Institute, Rajshahi or nearby medical college hospital
• Provision of administration responsibilities along with clinical service for Doctor/ Nurse/ Paramedics

▶ **Clinical Staff Sourcing**

Stakeholders Suggestion Considered As Good Practice
• HR Firm
• Digital Health companies
• Regional nursing institute/ MATS

▶ **Healthcare Committee**

According to BLA & BLR	Reference
• Formation of Subcommittee focusing on OHS within the safety committee	BLR 81 (5)

Stakeholders Suggestion Considered As Good Practice
• Formation of Healthcare committee at EC Type 2 (300- 499 workers) comprising 1 HR officer, one doctor/one responsible nurse /paramedic working at EC and two members of safety committee for effective operation.
• Formation of Healthcare committee at EC Type 3 (500- 1,199 workers) & 4 (1,200-2,999) comprising 1 welfare officer, one doctor/one responsible nurse /paramedic working at EC

Stakeholders Suggestion Considered As Good Practice

and two members of safety committee for effective operation.

▶ Empowering Compliance / Welfare Officer

According to BLA & BLR	Reference
<ul style="list-style-type: none">1 welfare officer for each 2,000 employees and every additional fraction	BLR 79 (1)

Stakeholders Suggestion Considered As Good Practice

- Refresher Training for welfare/ HR/ compliance officer through DIFE/ BGMEA/ BKMEA as and when needed

▶ Service Data/ Health Record

According to BLA & BLR	Reference
<ul style="list-style-type: none">Register of all employees taking services (workplace injuries/ common illness) through EC (Sample at annex)	BLR 77 (7)

Stakeholders Suggestion Considered As Good Practice

- Digital prescription and record keeping through IDHP

▶ Reports and Monitoring

According to BLA & BLR	Reference
<ul style="list-style-type: none">All documents and records related to treatment history and workplace accident must be preserved at EC, if needed must show them to Inspector	BLR 77 (7)

Stakeholders Suggestion Considered As Good Practice

- Maintaining Checklist & action planning as per Handbook
- Preparing Key performance indicators of Enterprise Clinic for owners
- Data management & monitoring through IDHP
- Digital Reporting through IDHP
- Inclusion of Clinical staffs signature at DIFE Checklist

▶ Compliance and Social Awareness

Stakeholders Suggestion Considered As Good Practice

- Each RMG factory comprising more than 50 employees shall form a safety committee. It is recommended to form a subcommittee for health naming healthcare committee/Clinic Committee comprising minimum two members of existing safety committee, one doctor/ one responsible nurse or paramedic and one welfare officer to maintain an effective and efficient Enterprise Clinic

Key requirements for Type-5 Model Enterprise Clinic for Factories with 3000- 4999 Workers

► Size and Location of Model Enterprise Clinics

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Enterprise Clinics are required to be sufficiently spaced room and conveniently located at accessible location for workers – where they can be easily examined, diagnosed and counselled by the clinical staff 	BLR 77

► Size of Clinic

According to BLA & BLR	Reference
The Clinic size should be in between 240 sq ft. excluding the toilet	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA), (PA) (VA)

► Suggested Design

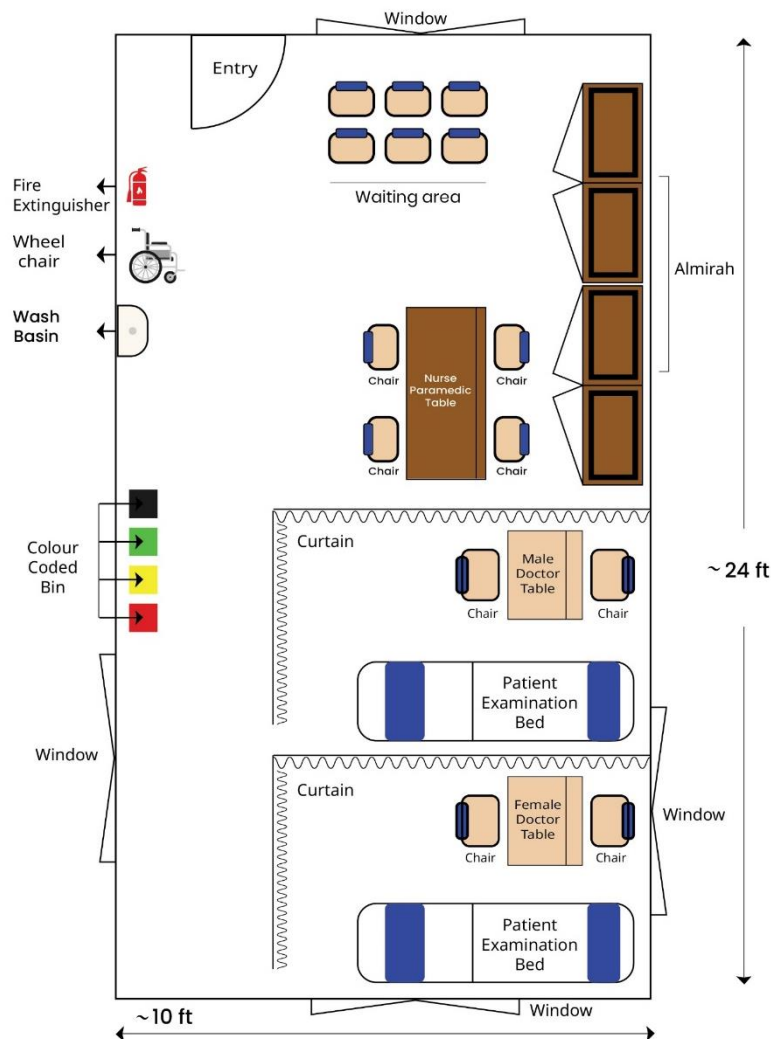


Figure 2: Sample EC Type 5 Structure

► **Location**

According to BLA & BLR	Reference
The Clinic must be separate from all other parts of the institute as much as possible and it should be away from the production sections with a high level of noise or to be established in a noise proof room.	BLR 77 (2)

Stakeholders' Suggestions Considered As Good Practice

Clinic can be established preferably on the ground floor with wheelchair accessibility

► **Provisions related to infrastructure**

Attributes	According to BLA & BLR	Reference
Floor	The floor of the Clinic must be smooth, impervious, and strong	BLR 77 (4)
Wall	1.50 meters of the walls from the floor shall be impervious	BLR 77 (4)
Ventilation & Illumination	It must have adequate air ventilation facilities and it should have natural and artificial light facilities for illumination	BLR 77 (4)
OPD	Clinic should have an Outpatient Department (OPD) room with medicines dispensary	BLR 77 (1)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Wall	Impervious with tiles/ waterproof paint/ other suitable maneuver
Toilet	Separate toilets for Male and Female with signage and shower facility
Handwash	The arrangement of soap, germicide, nail brush in applicable cases, and other appropriate arrangements for cleaning nails must be included in washing facilities. These facilities must remain easily reachable, clean, and orderly
Bodywash	Tap-controlled shower or fountain within toilet beside EC to manage chemical spillage

► **Utilities**

According to BLA & BLR	Reference
Bio medical waste management through four color coded bins, Black one for general dry waste, Yellow one for clinical waste, Green one for organic and wet waste, Red one for sharp waste	BLR 40 (2), BLR 47 (1)

Stakeholders' Suggestions Considered As Good Practice

- Full-Time Generator Facility
- Hot and Cold pure drinking water facility

► Health Services

Attributes	According to BLA & BLR	Reference
Preventive Care (Health screening, risk assessment & intervention)	Use of disinfectant with chemical name and amount for clinical use and general use	BLR 41 (KA) (GA)
	Ensuring protective eye gear for employees with risk of vision impairment	BLR 64 (2), BLR 67 (2)
	Ensuring ear plug/ muffs for employees with risk of hearing impairment	BLR 67 (2)
Preventive Care (Healthy living and well-being through education & counselling)	Awareness creation regarding family planning, and reproductive health, use of sanitary napkins among female employees	BLR 78 (1) (GHA) (EA)
Primary Care	Pre and post-delivery (ANC, PNC)	BLR 78 (1) (GHA) (OI)
	Common illness/ communicable diseases of adult male and female	BLR 78 (2) (KA)
	Primary care as well as provision of taking rest	BLR 77 (5)
Service Hours	All working hours (Regular & Overtime)	BLR 78 (1) (KA)
	Industries working 3 shifts will keep paramedic/ medical assistant with Diploma certification to ensure service in stead of Doctor for night shift	S. R. O No. 284-Law/2022 (30)
Occupational Health and Safety	Advise Physical therapy related to deformities due to fracture, cut injury, burn as workplace accidents by doctors	BLR 78 (1) (GHA) (OO)
Tracking health services, injuries, and accidents	Register of all employees taking services (workplace injuries/ common illness) through EC (Sample at annex)	BLR 77 (7)
	Fitness during dangerous operation register	BLR 2015- 68
Diagnostic Services	List of hospital/ clinic/ diagnostic center as secondary referral	BLR 78 (1) (UMA)
	Written Agreement with all secondary referral centers	BLR 78 (1) (GHA) (O)
Transport / Ambulance	Any suitable transport	BLR 77 (6)
Referral service/ OHS flow chart	Contact number, address and name of hospital mentioned at entry gate or notice board	BLR 78 (1) (UMA)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Preventive Care (Health screening, risk assessment & intervention)	Uses of disinfectant should be determined by the clinical staff of the enterprise clinic considering both sizes of workers and the type of work of that factory for clinical use and general use
	Eye Screening for employees who are at risk of vision impairment
	Hearing Screening for employees who are at risk of hearing impairment
	Advice for deworming by doctors twice a year
	Nutritional Anaemia Screening
	Screening for HBV, Non communicable diseases (HTN, DM)
Preventive Care (Healthy living and well-being through education & counselling)	<p>Clinic can undertake regular preventive measures using any of the following methods:</p> <ul style="list-style-type: none"> • Leaflet Distribution • Awareness Visual • Awareness Session • PA Announcement <p>Issues to be covered as as follows – but can be other issues as well:</p> <ul style="list-style-type: none"> • Family Planning • Nutrition • Reproductive Health • Use Of Sanitary Napkins Among Female Employees • Danger Signs Of Pregnancy • Benefits Of Exclusive Breastfeeding • Primary Aid • Physical Exercise Within Work
	Awareness visual at EC/ each floor/ section/ department
	Health awareness session incorporated with regular awareness program
Primary Care	Primary management of non-communicable Diseases (HTN, DM, Thyroid disease, Mental health)
	Nutrition-related to common illness, ANC, PNC, post occupational injury management, healthy vision and hearing, non- communicable Diseases (DM, HTN, IHD etc.,) through the doctor
	Immunisation related to ANC, hepatitis B
Service Hours	Around the clock coverage through digital health/ assisted telemedicine for employee
Occupational Health and	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, excessive smoke, burn, cut injury, fracture (primary care only and secondary referral, if necessary)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Safety	Advise of Physical exercises for employees working at continuous sitting position
	List of Occupational Diseases: https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/publication/wcms_125137.pdf
Tracking health services, injuries, and accidents	<ul style="list-style-type: none"> List of all workers availing health services in the Clinic List of pregnant workers for follow-up List of injured workers as result of work-related accidents List of accidents (date and time)
	Keeping all records digitally through Integrated Digital Health Care Platform (IDHP)
Diagnostic Services	Criteria of hospital/ clinic/ diagnostic centers as secondary referral -24/7 ER, OPD, IPD with on-call medicine specialist, surgery specialist/ orthopedics, gynaecologist, eye specialist, ENT specialist, pathology investigation, radiology (X-ray and ultrasound)
Transport / Ambulance	24/7 on call ambulance service
Referral service/ OHS flow chart	Contact number and name of factories entitled for referral services also at hospitals/ clinics/ diagnostic centers
	Contact number of the Welfare officer if there is any challenge of having referral service
	OHS flowchart at EC
Service Benefits For Health Issues	Clinical Staffs at EC as a core member of the healthcare committee will validate required medical documents to expedite recommendations to achieve maternity benefits/ pregnancy benefits/ day-care facility enrolment/ benefits to the nominee if dies during delivery.

► **Enterprise Clinic Service Charter**

Stakeholders Suggestion Considered As Good Practice
<p>Based on stakeholders' suggestions considered as good practice, every Enterprise Clinic should prepare a 'Service Charter'. Service charter need to be available at the entry gate of the factory or at the door of Enterprise Clinic and other easily visible places of the factory, containing following key information:</p> <ul style="list-style-type: none"> 24/7 telemedicine number (if available) Service hours as per working hours of the factory Emergency Contact Number & Name of designated person for primary aid 24/7 ambulance: contact name and phone number Referral center: Contact name, Phone number & Address Name & Contact Number of HR officer to notify if service is not satisfactory

For a sample Service Charter, please see Annex- 1

► Furniture

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 1 table measuring 1.85 X 1.10 meters with smooth surface • 2 beds (Patient examination bed) • 2 stretcher • 1 wheelchair • 12 wooden 'choti' of general type, measuring 91.44 cm X 10.16 cm X 0.63 cm • 12 wooden 'choti' of general type, measuring 35.56 cm X 7.62 cm X 0.63 cm • 6 wooden 'choti' of general type, measuring 25.40 cm X 5.08 cm X 0.63cm • 6 woolen blankets • 3 chairs • 1 curtain • 1 almirah with necessary equipment for primary aid 	BLR 77 (5)

Stakeholders Suggestion Considered As Good Practice

- Instead of one 6 feet into 3 feet table, two 3 feet X 2 feet tables may be considered
- 12 plaster of Paris roll 6 inches and 12 plaster of Paris roll 4 inches instead of wooden choti

► Equipment

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 1 coated pots for hot and cold water • Arrangement of disinfecting equipment's • 2 buckets or pots with closely fitted lids • 1 kettle for boiling water and Spiritstove or any other appropriate arrangement • 1 pair of artery forceps • 2 middle sized sponges • 6 hand towels • 4 trays • 2 glass pots • 2 thermometers • Several hypodermic syringes • Glass measurement tools and teaspoons • 1 electric hand torches • Instruments for stopping bleeding, for example Tourniquets • Eyewash equipment • 1 Almirah with necessary equipment for primary aid 	BLR 77 (5)
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice

- 1 Stethoscopes for each doctor and nurses
- 1 BP Machine/ Smart POCD BP monitor for each doctor and nurses
- 1 Weight Scale/ Smart POCD fat scale
- 1 Height Scale
- 1 Pulse Oximeters/ Smart POCD Pulse Oximeter for each doctor and nurses
- 1 Nebulizer
- 1 oxygen Cylinder

► Medicine & Supplements

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Adequate supply of serum that is preventive of Tetanus (ATS/TT) • Analgesic and antacid type of tablets • Ointments used for burnt parts • Ointments for eyes and • Antiseptic solution appropriate for surgery 	BLR 77 (5)
<ul style="list-style-type: none"> • The medication that are issued by Inspector from time to time must be preserved in the dispensary in accordance with the directions 	BLR 2015-77/8
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice

- Prescriptions drugs selected by doctors at EC from list of Bangladesh Essential Health Service Package, MoHFW
- Multivitamins and nutrients pack selected by doctors at EC
- Adequate IV antibiotics (eg. 1st generation cephalosporin)
- Adequate IV fluid (Cholera saline/ 0.9% Normal Saline)

► First Aid and Consumables

Specification for first aid box or Almirah at EC

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 4 carbolic soaps • 1 bottle (1 Liter) of 1:20 carbolic lotion • 1 bottle of Alcoholic solution, bearing 2% of iodine, weighing 4 ounces • 1 bottle of rectified Spirit, weighing 4 ounce • 12 packs of disinfected cotton, weighing 0.5 ounces each • 12 medium sized packs of disinfected cotton • 12 large sized packs of disinfected cotton • 24 small sized disinfected bandages • 12 large sized packs of sterile bandages used in case of burns • 12 roller bandages, having breadth of 4 inches 	BLR 76 (4)

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 12 roller bandages, having breadth of 2 inches • 6 triangular bandages • 12 wood and bamboo stick to manage bone fracture • 12 packets safety pins • 1 pair of scissors • 1 leaflet about primary aid 	
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

**If an industry has an enterprise clinic with adequate supply of appropriate materials or all necessary materials are already stored at cupboard/ almirah of that enterprise clinic then preserving the minimum requirements within a primary aid box for number of workers < 10 will be adequate for each department, section and floor.

Reference BLR 76 (6)

▶ Health Products

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 12 packs of edible saline (ORS) 	BLR 76 (4)

Stakeholders Suggestion Considered As Good Practice
Employees are entitled to purchase different health products from dispensary at a subsidized cost will be as follows: <ul style="list-style-type: none"> • Sanitary pad • Child Diaper • Contraceptives (OCP, Condoms)

▶ Human Resources

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Minimum 2 Doctor (1 Female is preferable) • Minimum 2 Paramedic/ Dresser • Minimum 2 Nurses • Minimum 2 Support Staff 	BLR 77 (1)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Assisted telemedicine beyond working hours or to cover 24/7 service through Shastho Batayon 16263/ Digital Health Companies • Incase of Paramedic/Dresser and Nurses, females are preferable

▶ Human Resource Qualifications

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Doctors with BMDC registration • Trained Nurses • Trained paramedics 	BLR 77 (1)

Stakeholders Suggestion Considered As Good Practice

- Recruitment of doctors with minimum 6 months of post-graduate training at medicine/surgery/ orthopaedics/ gynae and obs
- Nurses with midwifery registration/ BTEB certification/ BNC registration
- Paramedics with more than two years hands-on training at hospital or clinic can be consider or state medical council certification/ BTEB certified diploma

▶ Competency Development

Stakeholders Suggestion Considered As Good Practice

- Refresher Training for doctors/ nurses/ paramedics on family planning, reproductive health as and when needed
- Refresher Training for doctors/ nurses/ paramedics for acute injury management/ OHS management/ ANC, PNC/ common illness/ Non communicable disease/ nutrition/ physical therapy/ mental health as and when needed through national clinical guidelines by DGHS/ BGMEA/ BKMEA
- Refresher training for HR officer/ production officer by health safety committee as and when needed
- Refresher Training for all members of healthcare committee through DIFE/ BGMEA/ BKMEA as and when needed

▶ Career Path

Stakeholders Suggestion Considered As Good Practice

- Recruitment of doctors with provision of post-graduate training
- Rearrangement of duty hours at roster for doctors (e.g., six hours instead of eight hours per day)
- Provision of OHS training at National Occupational Health and Safety Related Research and Training Institute, Rajshahi or nearby medical college hospital
- Provision of administration responsibilities along with clinical service for Doctor/ Nurse/ Paramedics

▶ Clinical Staff Sourcing

Stakeholders Suggestion Considered As Good Practice

- HR Firm
- Digital Health companies
- Regional nursing institute/ MATS

▶ Healthcare Committee

According to BLA & BLR	Reference
<ul style="list-style-type: none">• Formation of Subcommittee focusing on OHS within the safety committee	BLR 81 (5)

Stakeholders Suggestion Considered As Good Practice

- Formation of Healthcare committee comprising 1 welfare officer, one doctor/one responsible nurse /paramedic working at EC and two members of existing safety committee for effective operation.

▶ Empowering Compliance / Welfare Officer

According to BLA & BLR	Reference
• 1 welfare officer for each 2,000 employees and every additional fraction	BLR 79 (1)

Stakeholders Suggestion Considered As Good Practice

- Inclusion of 1 welfare officer in Healthcare committee
- Refresher Training for welfare/ compliance officer through DIFE/ BGMEA/ BKMEA as and when needed

▶ Service Data/ Health Record

According to BLA & BLR	Reference
• Register of all employees taking services (workplace injuries/ common illness) through EC (Sample at annex)	BLR 77 (7)

Stakeholders Suggestion Considered As Good Practice

- Digital prescription and record keeping through IDHP

▶ Reports and Monitoring

According to BLA & BLR	Reference
• All documents and records related to treatment history and workplace accident must be preserved at EC, if needed must show them to Inspector	BLR 77 (7)

Stakeholders Suggestion Considered As Good Practice

- Maintaining Checklist & action planning as per Handbook
- Preparing Key performance indicators of EC for owners
- Data management & monitoring through IDHP
- Digital Reporting through IDHP
- Inclusion of Clinical staffs signature at DIFE Checklist

▶ Compliance and Social Awareness

Stakeholders Suggestion Considered As Good Practice

- Each and every RMG comprising more than 50 employees shall form a safety committee. It is high time to form a subcommittee for health naming healthcare committee comprising minimum two members of existing safety committee, one doctor/ one responsible nurse or paramedic and one welfare officer to maintain an effective and efficient EC

Key requirements for Type-6 Model Enterprise Clinic for Factories with 5,000-7,500 Workers

► Size and Location of Model Enterprise Clinics

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Enterprise Clinics are required to be sufficiently spaced room and conveniently located at accessible location for workers – where they can be easily examined, diagnosed and counselled by the clinical staff 	BLR 77

► Size of Clinic

According to BLA & BLR	Reference
The Clinic size should be in between 360 sq ft. excluding the toilet	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA), (PA) (VA)

► Suggested Design

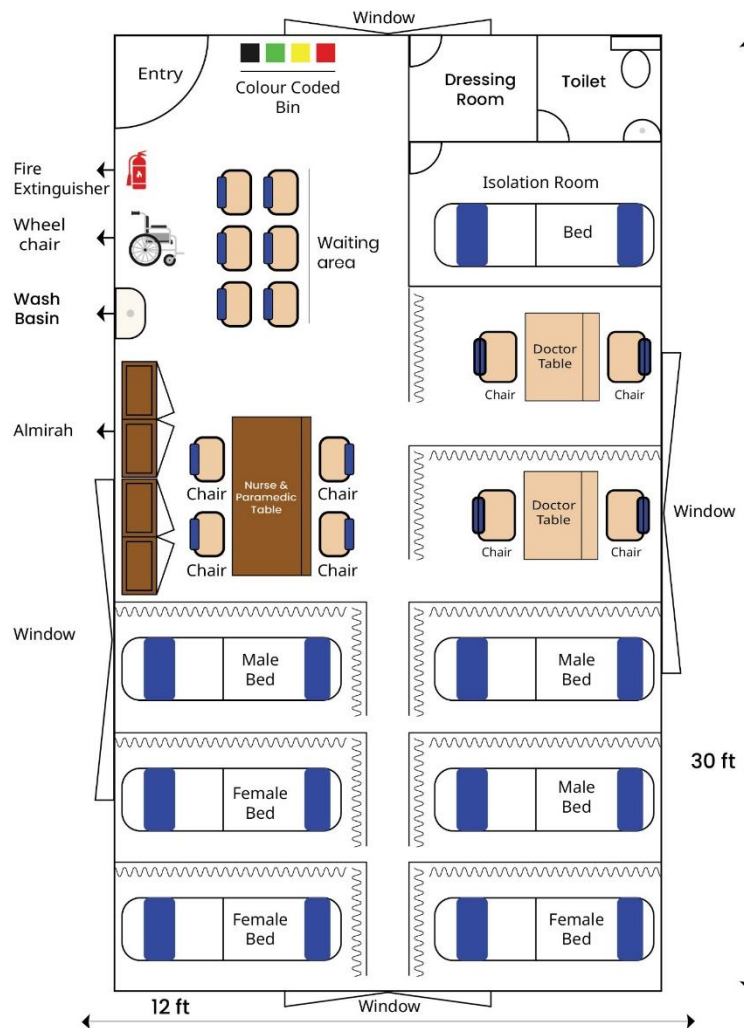


Figure 3: Sample EC Type 6 Structure

► **Location**

According to BLA & BLR	Reference
The EC must be separate from all other parts of the institute as much as possible and it should lie far off the sections that produces a high level of sound and noise/ in a noise proof room.	BLR 77 (2)

Stakeholders' Suggestions Considered As Good Practice

Clinic can be established anywhere of the premises preferably on the ground floor with wheelchair accessibility

► **Provisions related to infrastructure**

Attributes	According to BLA & BLR	Reference
Floor	The floor of the Clinic must be smooth, impervious, and strong	BLR 77 (4)
Wall	1.50 meters of the walls from the floor shall be impervious	BLR 77 (4)
Ventilation & Illumination	It must have adequate air ventilation facilities and it should have natural and artificial light facilities for illumination	BLR 77 (4)
Patient Bed	6 beds for first 5000 employees then additional 1 bed for each 1000 employees	BLR 78 (1) (KHA) (GA)
	Separate bed for male and female workers	BLR 78 (1) (GHA) (A)
Isolation Room	Separate room with toilet and shower facility for infectious disease management.	BLR 78 (1) (GHA) (AA)
OPD	Separate arrangements for outdoor patients along with sitting facilities	BLR 78 (1) (GHA) (E)
Patient Examination	Separate arrangements for examining patients privately	BLR 78 (1) (GHA) (EE)
Dressing	Dressing arrangements for minor operations	BLR 78 (1) (GHA) (U)
Medicine Store	Storing facility for preserving the medicines of dispensary	BLR 78 (1) (GHA) (UU)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Wall	Impervious with tiles/ waterproof paint/ other suitable maneuver
Toilet	Separate toilets for Male and Female with signage and shower facility
Handwash	The arrangement of soap, germicide, nail brush in applicable cases, and other appropriate arrangements for cleaning nails must be included in washing facilities. These facilities must remain easily reachable, clean, and orderly
Bodywash	Tap-controlled shower or fountain within toilet beside EC to manage chemical spillage

► Utilities

According to BLA & BLR	Reference
Bio medical waste management through four color coded bins, Black one for general dry waste, Yellow one for clinical waste, Green one for organic and wet waste, Red one for sharp waste	BLR 40 (2), BLR 47 (1)

Stakeholders' Suggestions Considered As Good Practice
<ul style="list-style-type: none"> • Full-Time Generator Facility • Hot And Cold Pure Drinking Water Facility

► Health Services

Attributes	According to BLA & BLR	Reference
Preventive Care (Health screening, risk assessment & intervention)	Use of disinfectant with chemical name and amount for clinical use and general use	BLR 41 (KA) (GA)
	Ensuring protective eye gear for employees with risk of vision impairment	BLR 64 (2), BLR 67 (2)
	Ensuring ear plug/ muffs for employees with risk of hearing impairment	BLR 67 (2)
Preventive Care (Healthy living and well-being thru education & counselling)	Awareness creation regarding family planning, and reproductive health, use of sanitary napkins among female employees	BLR 78 (1) (GHA) (EA)
Primary Care	Pre and post-delivery (ANC, PNC)	BLR 78 (1) (GHA) (OI)

Attributes	According to BLA & BLR	Reference
	Common illness/ communicable diseases of adult male and female	BLR 78 (2) (KA)
	Primary care as well as provision of taking rest	BLR 77 (5)
	Free of cost Medicine & food provided to employees taking treatment at patient bed	BLR 78 (1) (GHA) (REE)
Service Hours	All working hours (Regular & Overtime)	BLR 78 (1) (KA)
	Industries working 3 shifts will keep paramedic/ medical assistant with Diploma certification to ensure service in stead of Doctor for night shift	S. R. O No. 284- Law/2022 (30)
Occupational Health and Safety	Advise Physical therapy related to deformities due to fracture, cut injury, burn as workplace accidents by doctors	BLR 78 (1) (GHA) (OO)
Tracking health services, injuries, and accidents	Register of all employees taking OPD/IPD services through EC (Sample at annex)	BLR 78 (6)
	Fitness during dangerous operation register	BLR 68
Diagnostic Services	List of hospital/ clinic/diagnostic center as secondary referral	BLR 78 (1) (UMA)
	Written Agreement with all secondary referral centers	BLR 78 (1) (GHA) (O)
Transport / Ambulance	Any suitable transport	BLR 77 (6)
Referral service/ OHS flow chart	Contact number, address and name of hospital mentioned at entry gate or notice board	BLR 78 (1) (UMA)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Preventive Care (Health screening, risk assessment & intervention)	Uses of disinfectant should be determined by the clinical staff of the enterprise clinic considering both sizes of workers and the type of work of that factory for clinical use and general use
	Eye Screening for employees are at risk of vision impairment
	Hearing Screening for employees are at risk of hearing impairment
	Advice for deworming by doctors twice a year
	Nutritional Anaemia Screening
Preventive Care (Healthy living and well-being thru education & counselling)	Clinic can undertake regular preventive measures using any of the following methods: <ul style="list-style-type: none"> • Leaflet distribution • awareness visual • awareness session • PA announcement
	Issues to be covered as as follows – but can be other issues as well: <ul style="list-style-type: none"> • family planning • nutrition • reproductive health • use of sanitary napkins among female employees • danger signs of Pregnancy • benefits of exclusive breastfeeding • Primary aid • physical exercise within work
	Awareness visual at EC/ each floor/ section/ department
	Health awareness session incorporated with regular awareness program
Primary Care	Primary management of non-communicable Diseases (HTN, DM, Thyroid disease, Mental health)
	Nutrition-related to common illness, ANC, PNC, post occupational injury management, healthy vision and hearing, non-communicable Diseases (DM, HTN, IHD etc.,) through the doctor
	Immunisation related to ANC, hepatitis B
Service Hours	Around the clock coverage through digital health/ assisted telemedicine for employee
Occupational Health and Safety	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, excessive smoke, burn, cut injury, fracture (primary care only and secondary referral, if necessary)

Attributes	Stakeholders' Suggestions Considered As Good Practice
	Advise of Physical exercises for employees working at continuous sitting position
	List of Occupational Diseases: https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/publication/wcms_125137.pdf
Tracking health services, injuries, and accidents	List of all workers availing health services in the Clinic List of pregnant workers for follow-up List of injured workers as result of work-related accidents List of accidents (date and time)
	Keeping all records digitally through Integrated Digital Health Care Platform (IDHP)
Diagnostic Services	Criteria of hospital/ clinic/ diagnostic centers as secondary referral -24/7 ER, OPD, IPD with on-call medicine specialist, surgery specialist/ orthopedics, gynaecologist, eye specialist, ENT specialist, pathology investigation, radiology (X-ray and ultrasound)
Transport / Ambulance	24/7 on call ambulance service
Referral service/ OHS flow chart	Contact number and name of factories entitled for referral services also at hospitals/ clinics/ diagnostic centers
	Contact number of the Welfare officer if there is any challenge of having referral service
	OHS flowchart at EC
Service Benefits For Health Issues	Clinical Staffs at EC as a core member of the healthcare committee will validate required medical documents to expedite recommendations to achieve maternity benefits/ pregnancy benefits/ day-care facility enrolment/ benefits to the nominee if dies during delivery.

► **Enterprise Clinic Service Charter**

Stakeholders Suggestion Considered As Good Practice
<p>Based on stakeholders' suggestions considered as good practice, every Enterprise Clinic should prepare a 'Service Charter'. Service charter need to be available at the entry gate of the factory or at the door of Enterprise Clinic and other easily visible places of the factory, containing following key information:</p> <ul style="list-style-type: none"> • 24/7 telemedicine number (if available) • Service hours as per working hours of the factory • Emergency Contact Number & Name of designated person for primary aid • 24/7 ambulance: contact name and phone number • Referral center: Contact name, Phone number & Address • Name & Contact Number of HR officer to notify if service is not satisfactory

For a sample Service Charter, please see Annex- 1

► Furniture

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Table measuring 1.85 X 1.10 metres with smooth surface • 6 beds for lying (Patient bed) • 2 stretchers • 1 wheel chair • 12 wooden 'choti' of general type, measuring 91.44 cm X 10.16 cm X 0.63cm • 12 wooden 'choti' of general type, measuring 35.56 cm X 7.62 cm X 0.63cm • 6 wooden 'choti' of general type, measuring 25.40 cm X 5.08 cm X 0.63cm • 6 woollen blankets • 3 chairs • 3 curtain • 1 almirah 	BLR 77 (5)

Stakeholders Suggestion Considered As Good Practice

<ul style="list-style-type: none"> • Instead of one 6 feet into 3 feet table, two 3 feet X 2 feet tables may be considered
<ul style="list-style-type: none"> • 12 plaster of Paris roll 6 inches and 12 plaster of Paris roll 4 inches instead of wooden choti

► Equipment

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 1 coated pot for hot and cold water • Arrangement of disinfecting equipment • 2 buckets or pots with closely fitted lids • 1 kettle for boiling water and Spirit stove or any other appropriate arrangement • 1 pair of artery forceps • 2 middle-sized sponges • 6 hand towels • 4 trays • 2 glass pots • 2 thermometers • Several hypodermic syringes • Measurement Glass and teaspoons • 1 electric hand torches • Instruments for stopping bleeding, for example- Tourniquets • Eyewash Equipment • 1 Almirah with the necessary equipment for primary aid 	BLR 77 (5)

According to BLA & BLR	
<ul style="list-style-type: none"> All equipment, injections, medicines and consumables that are determined by the inspector in consultation with the Director of Public Health Department of Bangladesh must remain in EC 	BLR 78 (5)
<ul style="list-style-type: none"> Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> 1 Stethoscopes for each doctor and nurses 1 BP Machine/ Smart POCD BP monitor for each doctor and nurses 1 Weight Scale/ Smart POCD fat scale 1 Height Scale 1 Pulse Oximeters/ Smart POCD Pulse Oximeter for each doctor and nurses 1 Nebulizer 1 oxygen Cylinder

► **Medicine & Supplements**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Adequate supply of serum that is preventive of Tetanus (ATS/TT) Analgesic and antacid type of tablets Ointments used for burnt parts Ointments for eyes and Antiseptic solution appropriate for surgery 	BLR 77 (5)
<ul style="list-style-type: none"> All equipment, injections, medicines and consumables that are determined by the inspector in consultation with the Director of Public Health Department of Bangladesh must remain in EC 	BLR 78 (5)
<ul style="list-style-type: none"> Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> Prescriptions drugs selected by doctors at EC from list of Bangladesh Essential Health Service Package, MoHFW
<ul style="list-style-type: none"> Multivitamins and nutrients pack selected by doctors at EC
<ul style="list-style-type: none"> Adequate IV antibiotics (eg. 1st generation cephalosporin)
<ul style="list-style-type: none"> Adequate IV fluid (Cholera saline/ 0.9% Normal Saline)

► First Aid and Consumables

Specification for first aid box or Almirah at EC

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 4 carbolic soaps • 1 bottle (1 Liter) of 1:20 carbolic lotion • 1 bottle of Alcoholic solution, bearing 2% of iodine, weighing 4 ounces • 1 bottle of rectified Spirit, weighing 4 ounce • 12 packs of disinfected cotton, weighing 0.5 ounces each • 12 medium sized packs of disinfected cotton • 12 large sized packs of disinfected cotton • 24 small sized disinfected bandages • 12 large sized packs of sterile bandages used in case of burns • 12 roller bandages, having breadth of 4 inches • 12 roller bandages, having breadth of 2 inches • 6 triangular bandages • 12 wood and bamboo stick to manage bone fracture • 12 packets safety pins • 1 pair of scissors • 1 leaflet about primary aid 	BLR 76 (4)
<ul style="list-style-type: none"> • All equipment, injections, medicines and consumables that are determined by the inspector in consultation with the Director of Public Health Department of Bangladesh must remain in EC 	BLR 78 (5)
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

**If an industry has an enterprise clinic with adequate supply of appropriate materials or all necessary materials are already stored at cupboard/ almirah of that enterprise clinic then preserving the minimum requirements within a primary aid box for number of workers < 10 will be adequate for each department, section and floor.

Reference BLR 76 (6)

► Health Products

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 12 packs of edible saline (ORS) 	BLR 76 (4)

Stakeholders Suggestion Considered As Good Practice

Employees are entitled to purchase different health products from dispensary at a subsidized cost will be as follows:

- Sanitary pad
- Child Diaper
- Contraceptives (OCP, Condoms)

▶ **Human Resources**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Minimum 2 Doctor (1 Female is preferable) • Minimum 2 Paramedic/ Dresser • Minimum 2 Nurses • Minimum 2 Support Staff 	BLR 78 (1) (KA) (A)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Assisted telemedicine beyond working hours or to cover 24/7 service through Shastho Batayon 16263/ Digital Health Companies • Incase of Paramedic/Dresser and Nurses, females are preferable

▶ **Human Resource Qualifications**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Doctors with BMDC registration • Trained Nurses • Trained paramedics 	BLR 78 (1) (KA) (E)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Recruitment of doctors with minimum 6 months of post-graduate training at medicine/surgery/ orthopaedics/ gynae and obs
<ul style="list-style-type: none"> • Nurses with midwifery registration/ BTEB certification/ BNC registration
<ul style="list-style-type: none"> • Paramedics with more than two years hands-on training at hospital or clinic can be consider or state medical council certification/ BTEB certified diploma

▶ **Competency Development**

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Refresher Training for doctors/ nurses/ paramedics on family planning, reproductive health as and when needed
<ul style="list-style-type: none"> • Refresher Training for doctors/ nurses/ paramedics for acute injury management/ OHS management/ ANC, PNC/ common illness/ Non communicable disease/ nutrition/ physical therapy/ mental health as and when needed through national clinical guidelines by DGHS/ BGMEA/ BKMEA
<ul style="list-style-type: none"> • Refresher training for HR officer/ production officer by health safety committee as and when needed
<ul style="list-style-type: none"> • Refresher Training for all members of healthcare committee through DIFE/ BGMEA/ BKMEA as and when needed

▶ **Career Path**

Stakeholders Suggestion Considered As Good Practice
• Recruitment of doctors with provision of post-graduate training
• Rearrangement of duty hours at roster for doctors (e.g., six hours instead of eight hours per day)
• Provision of OHS training at National Occupational Health and Safety Related Research and Training Institute, Rajshahi or nearby medical college hospital
• Provision of administration responsibilities along with clinical service for Doctor/ Nurse/ Paramedics

▶ **Clinical Staff Sourcing**

Stakeholders Suggestion Considered As Good Practice
• HR Firm
• Digital Health companies
• Regional nursing institute/ MATS

▶ **Healthcare Committee**

According to BLA & BLR	Reference
• Formation of Subcommittee focusing on OHS within the safety committee	BLR 81 (5)

Stakeholders Suggestion Considered As Good Practice
• Formation of Healthcare committee comprising 1 welfare officer, one doctor/one responsible nurse /paramedic working at EC and two members of existing safety committee for effective operation.

▶ **Empowering Compliance / Welfare Officer**

According to BLA & BLR	Reference
• 1 welfare officer for each 2,000 employees and every additional fraction	BLR 79 (1)

Stakeholders Suggestion Considered As Good Practice
• Inclusion of 1 welfare officer in Healthcare committee
• Refresher Training for welfare/ compliance officer through DIFE/ BGMEA/ BKMEA as and when needed

▶ **Service Data/ Health Record**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> All responsible in-house medical officers/ nurses/ paramedics or dressers/ teleconsultation doctors preserving the medical records of each patient who has received treatment/notifiable disease records and submit report 	BLR 78 (6)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> Digital prescription and record keeping through IDHP
<ul style="list-style-type: none"> Digital Reporting through IDHP

▶ **Reports and Monitoring**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> All documents and records related to treatment history and workplace accident must be preserved at EC, if needed must show them to Inspector 	BLR 77 (7)

Stakeholders suggestion considered as good practice
<ul style="list-style-type: none"> Maintaining Checklist & action planning as per Handbook
<ul style="list-style-type: none"> Preparing Key performance indicators of EC for owners
<ul style="list-style-type: none"> Data management & monitoring through IDHP
<ul style="list-style-type: none"> Digital Reporting through IDHP
<ul style="list-style-type: none"> Inclusion of Clinical staffs signature at DIFE Checklist

▶ **Compliance and Social Awareness**

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> Each RMG factory comprising more than 50 employees shall form a safety committee. It is high time to form a subcommittee for health naming healthcare committee comprising minimum two members of existing safety committee, one doctor/ one responsible nurse or paramedic and one welfare officer to maintain an effective and efficient EC

Key Requirements for Type-7 Model Enterprise Clinic for Factories with more than 7,501 Workers

► Size and Location of Model Enterprise Clinics

According to BLA & BLR	Reference
<ul style="list-style-type: none"> Enterprise Clinics are required to be sufficiently spaced room and conveniently located at accessible location for workers – where they can be easily examined, diagnosed and counselled by the clinical staff 	BLR 77

► Size of Clinic

According to BLA & BLR	Reference
The Clinic size should be in between 360 sq ft. excluding the toilet	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA), (PA) (VA)

► Suggested Design

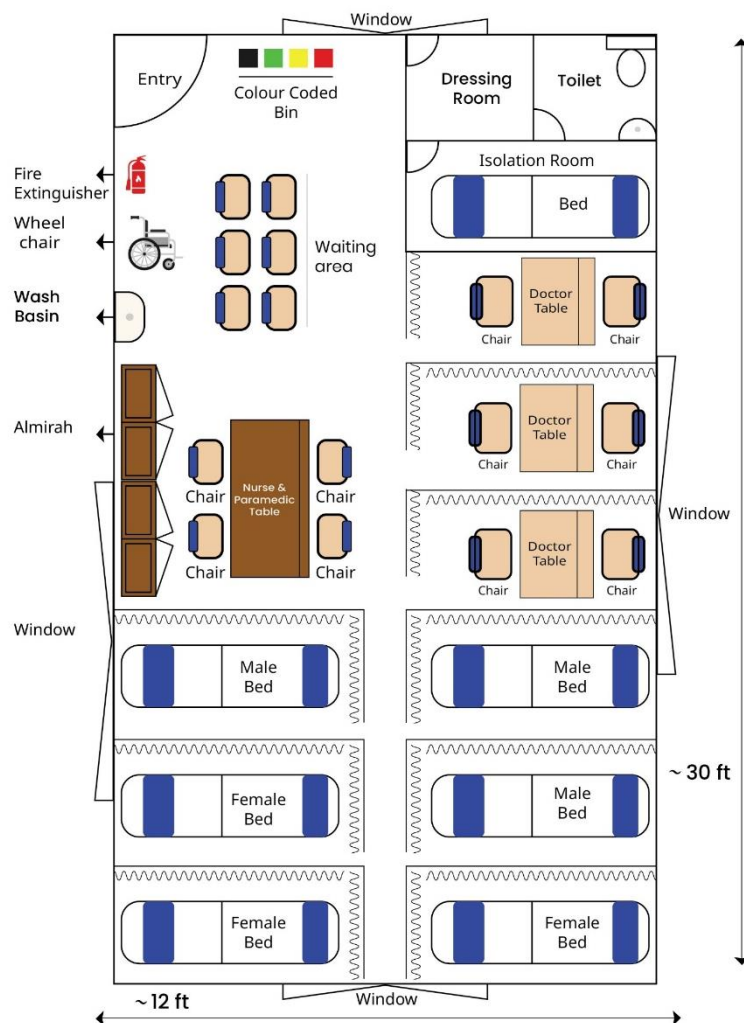


Figure 3: Sample EC Type 6 Structure

► **Location**

According to BLA & BLR	Reference
The EC must be separate from all other parts of the institute as much as possible and it should lie far off the sections that produces a high level of sound and noise/ in a noise proof room.	BLR 77 (2)

Stakeholders' Suggestions Considered As Good Practice

Clinic can be established anywhere of the premises preferably on the ground floor with wheelchair accessibility

► **Provisions related to infrastructure**

Attributes	According to BLA & BLR	Reference
Floor	The floor of the Treatment Unit must be smooth, impervious, and strong	BLR 77 (4)
Wall	1.50 meters of the walls from the floor shall be impervious	BLR 77 (4)
Ventilation & Illumination	It must have adequate air ventilation facilities and it should have natural and artificial light facilities for illumination	BLR 77 (4)
Patient Bed	6 beds for first 5000 employees then additional 1 bed for each 1000 employees	BLR 78 (1) (KHA) (GA)
	Separate bed for male and female workers	BLR 78 (1) (GHA) (A)
Isolation Room	Separate room with toilet and shower facility for infectious disease management.	BLR 78 (1) (GHA) (AA)
OPD	Separate arrangements for outdoor patients along with sitting facilities	BLR 78 (1) (GHA) (E)
Patient Examination	Separate arrangements for examining patients privately	BLR 78 (1) (GHA) (EE)
Dressing	Dressing arrangements for minor operations	BLR 78 (1) (GHA) (U)
Medicine Store	Storing facility for preserving the medicines of dispensary	BLR 78 (1) (GHA) (UU)

Attributes	Stakeholders' suggestions considered as good practice
Wall	Impervious with tiles/ waterproof paint/ other suitable maneuver
Toilet	Separate toilets for Male and Female with signage and shower facility
Handwash	The arrangement of soap, germicide, nail brush in applicable cases, and other appropriate arrangements for cleaning nails must be included in washing facilities. These facilities must remain easily reachable, clean, and orderly
Bodywash	Tap-controlled shower or fountain within toilet beside EC to manage chemical spillage

► Utilities

According to BLA & BLR	Reference
Bio medical waste management through four color coded bins, Black one for general dry waste, Yellow one for clinical waste, Green one for organic and wet waste, Red one for sharp waste	BLR 40 (2), BLR 47 (1)

Stakeholders' Suggestions Considered As Good Practice
<ul style="list-style-type: none"> • Full-time generator facility • Hot and Cold pure drinking water facility

► Health Services

Attributes	According to BLA & BLR	Reference
Preventive Care (Health screening, risk assessment & intervention)	Use of disinfectant with chemical name and amount for clinical use and general use	BLR 41 (KA) (GA)
	Ensuring protective eye gear for employees with risk of vision impairment	BLR 64 (2), BLR 67 (2)
	Ensuring ear plug/ muffs for employees with risk of hearing impairment	BLR 67 (2)
Preventive Care (Healthy living and well-being thru education & counselling)	Awareness creation regarding family planning, and reproductive health, use of sanitary napkins among female employees	BLR 78 (1) (GHA) (EA)
Primary Care	Pre and post-delivery (ANC, PNC)	BLR 78 (1) (GHA) (OI)
	Common illness/ communicable diseases of adult male and female	BLR 78 (2) (KA)
	Primary care as well as provision of taking rest	BLR 77 (5)

Attributes	According to BLA & BLR	Reference
	Free of cost Medicine & food provided to employees taking treatment at patient bed	BLR 78 (1) (GHA) (REE)
Service Hours	All working hours (Regular & Overtime)	BLR 78 (1) (KA)
	Industries working 3 shifts will keep paramedic/ medical assistant with Diploma certification to ensure service in stead of Doctor for night shift	S. R. O No. 284-Law/2022 (30)
Occupational Health and Safety	Advise Physical therapy related to deformities due to fracture, cut injury, burn as workplace accidents by doctors	BLR 78 (1) (GHA) (OO)
Tracking health services, injuries, and accidents	Register of all employees taking OPD/IPD services through EC (Sample at annex)	BLR 78 (6)
	Fitness during dangerous operation register	BLR 68
Diagnostic Services	List of hospital/ clinic/diagnostic center as secondary referral	BLR 78 (1) (UMA)
	Written Agreement with all secondary referral centers	BLR 78 (1) (GHA) (O)
Transport / Ambulance	Any suitable transport	BLR 77 (6)
Referral service/ OHS flow chart	Contact number, address and name of hospital mentioned at entry gate or notice board	BLR 78 (1) (UMA)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Preventive Care (Health screening, risk assessment & intervention)	Uses of disinfectant should be determined by the clinical staff of the enterprise clinic considering both sizes of workers and the type of work of that factory for clinical use and general use
	Eye Screening for employees are at risk of vision impairment
	Hearing Screening for employees are at risk of hearing impairment
	Advice for deworming by doctors twice a year
	Nutritional Anaemia Screening
	Screening for HBV, Non communicable diseases (HTN,DM), Breast cancer Screening

Attributes	Stakeholders' Suggestions Considered As Good Practice
Preventive Care (Healthy living and well-being thru education & counselling)	Clinic can undertake regular preventive measures using any of the following methods: <ul style="list-style-type: none"> • Leaflet distribution • awareness visual • awareness session • PA announcement
	Issues to be covered as as follows – but can be other issues as well: <ul style="list-style-type: none"> • family planning • nutrition • reproductive health • use of sanitary napkins among female employees • danger signs of Pregnancy • benefits of exclusive breastfeeding • Primary aid • physical exercise within work
	Awareness visual at EC/ each floor/ section/ department
	Health awareness session incorporated with regular awareness program
Primary Care	Primary management of non-communicable Diseases (HTN, DM, Thyroid disease, Mental health)
	Nutrition-related to common illness, ANC, PNC, post occupational injury management, healthy vision and hearing, non-communicable Diseases (DM, HTN, IHD etc.,) through the doctor
	Immunisation related to ANC, hepatitis B
Service Hours	Around the clock coverage through digital health/ assisted telemedicine for employee
Occupational Health and Safety	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, excessive smoke, burn, cut injury, fracture (primary care only and secondary referral, if necessary)
	Advise of Physical exercises for employees working at continuous sitting position
	List of Occupational Diseases: https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/publication/wcms_125137.pdf
Tracking health services, injuries, and accidents	Maintain list of all patients visiting Clinic for health service Maintain list of pregnant workers for follow-up Maintain list of injured workers as a result of work-related accident Maintain list of workplace accidents (date and time)
	Keeping all records digitally through Integrated Digital Health Care Platform (IDHP)

Attributes	Stakeholders' Suggestions Considered As Good Practice
Diagnostic Services	Criteria of hospital/ clinic/ diagnostic centers as secondary referral -24/7 ER, OPD, IPD with on-call medicine specialist, surgery specialist/ orthopedics, gynaecologist, eye specialist, ENT specialist, pathology investigation, radiology (X-ray and ultrasound)
Transport / Ambulance	24/7 on call ambulance service
Referral service/ OHS flow chart	Contact number and name of factories entitled for referral services also at hospitals/ clinics/ diagnostic centers
	Contact number of the Welfare officer if there is any challenge of having referral service
	OHS flowchart at EC
Service Benefits For Health Issues	Clinical Staffs at EC as a core member of the healthcare committee will validate required medical documents to expedite recommendations to achieve maternity benefits/ pregnancy benefits/ day-care facility enrolment/ benefits to the nominee if dies during delivery.

► **Enterprise Clinic Service Charter**

Stakeholders Suggestion Considered As Good Practice
<p>Based on stakeholders' suggestions considered as good practice, every Enterprise Clinic should prepare a 'Service Charter'. Service charter need to be available at the entry gate of the factory or at the door of Enterprise Clinic and other easily visible places of the factory, containing following key information:</p> <ul style="list-style-type: none"> • 24/7 telemedicine number (if available) • Service hours as per working hours of the factory • Emergency Contact Number & Name of designated person for primary aid • 24/7 ambulance: contact name and phone number • Referral center: Contact name, Phone number & Address • Name & Contact Number of HR officer to notify if service is not satisfactory

For a sample Service Charter, please see Annex- 1

► Furniture

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Table measuring 1.85 X 1.10 metres with smooth surface • 6 beds for lying (Patient bed) • 2 stretchers • 1 wheel chair • 12 wooden 'choti' of general type, measuring 91.44 cm X 10.16 cm X 0.63cm • 12 wooden 'choti' of general type, measuring 35.56 cm X 7.62 cm X 0.63cm • 6 wooden 'choti' of general type, measuring 25.40 cm X 5.08 cm X 0.63cm • 6 woollen blankets • 3 chairs • 3 curtain • 1 almirah 	BLR 77 (5)

Stakeholders Suggestion Considered As Good Practice

<ul style="list-style-type: none"> • Instead of one 6 feet into 3 feet table, two 3 feet X 2 feet tables may be considered
<ul style="list-style-type: none"> • 12 plaster of Paris roll 6 inches and 12 plaster of Paris roll 4 inches instead of wooden choti

► Equipment

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 1 coated pot for hot and cold water • Arrangement of disinfecting equipment • 2 buckets or pots with closely fitted lids • 1 kettle for boiling water and Spirit stove or any other appropriate arrangement • 1 pair of artery forceps • 2 middle-sized sponges • 6 hand towels • 4 trays • 2 glass pots • 2 thermometers • Several hypodermic syringes • Measurement Glass and teaspoons • 1 electric hand torches • Instruments for stopping bleeding, for example- Tourniquets • Eyewash Equipment • 1 Almirah with the necessary equipment for primary aid 	BLR 77 (5)
<ul style="list-style-type: none"> • All equipment, injections, medicines and consumables that are determined by the inspector in consultation with the Director of Public Health Department of Bangladesh must remain in EC 	BLR 78 (5)
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice

- 1 Stethoscopes for each doctor and nurses
- 1 BP Machine/ Smart POCD BP monitor for each doctor and nurses
- 1 Weight Scale/ Smart POCD fat scale
- 1 Height Scale
- 1 Pulse Oximeters/ Smart POCD Pulse Oximeter for each doctor and nurses
- 1 Nebulizer
- 1 oxygen Cylinder

► Medicine & Supplements

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Adequate supply of serum that is preventive of Tetanus (ATS/TT) • Analgesic and antacid type of tablets • Ointments used for burnt parts • Ointments for eyes and • Antiseptic solution appropriate for surgery 	BLR 77 (5)
<ul style="list-style-type: none"> • All injections, and medications that are determined by the inspector in consultation with the Director of Public Health Department of Bangladesh must remain in EC 	BLR 2015-78/5
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

Stakeholders Suggestion Considered As Good Practice

- Prescriptions drugs selected by doctors at EC
- Multivitamins and nutrients pack selected by doctors at EC
- Adequate IV antibiotics (eg. 1st generation cephalosporin)
- Adequate IV fluid (Cholera saline/ 0.9% Normal Saline)

► First Aid and Consumables

Specification for first aid box or Almirah at EC

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 4 carbolic soaps • 1 bottle (1 Liter) of 1:20 carbolic lotion • 1 bottle of Alcoholic solution, bearing 2% of iodine, weighing 4 ounces • 1 bottle of rectified Spirit, weighing 4 ounce • 12 packs of disinfected cotton, weighing 0.5 ounces each • 12 medium sized packs of disinfected cotton • 12 large sized packs of disinfected cotton • 24 small sized disinfected bandages • 12 large sized packs of sterile bandages used in case of burns • 12 roller bandages, having breadth of 4 inches • 12 roller bandages, having breadth of 2 inches • 6 triangular bandages • 12 wood and bamboo stick to manage bone fracture 	BLR 2015-76/4

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 12 packets safety pins • 1 pair of scissors • 1 leaflet about primary aid 	
<ul style="list-style-type: none"> • All equipment, injections, medicines and consumables that are determined by the inspector in consultation with the Director of Public Health Department of Bangladesh must remain in EC 	BLR 78 (5)
<ul style="list-style-type: none"> • Updated list of expiry equipment, medicine and consumables once in every three months, in addition, the relevant materials have to be replaced on month before the expiry of them 	BLR 76 (5)

**If an industry has an enterprise clinic with adequate supply of appropriate materials or all necessary materials are already stored at cupboard/ almirah of that enterprise clinic then preserving the minimum requirements within a primary aid box for number of workers < 10 will be adequate for each department, section and floor.
Reference BLR 76 (6)

▶ Health Products

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 12 packs of edible saline (ORS) 	BLR 76 (4)

Stakeholders Suggestion Considered As Good Practice

Employees are entitled to purchase different health products from dispensary at a subsidized cost will be as follows:

- Sanitary pad
- Child Diaper
- Contraceptives (OCP, Condoms)

▶ Human Resources

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Minimum 3 Doctor (1 Female is preferable) • Minimum 3 Paramedic/ Dresser • Minimum 3 Nurses • Minimum 3 Support Staff 	BLR 78 (1) (KA) (AA)

Stakeholders Suggestion Considered As Good Practice

- Assisted telemedicine beyond working hours or to cover 24/7 service through Shastho Batayon 16263/ Digital Health Companies
- In case of Paramedic/Dresser and Nurses, females are preferable

▶ Human Resource Qualifications

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Doctors with BMDC registration • Trained Nurses • Trained paramedics 	BLR 78 (1) (KA) (E)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Recruitment of doctors with minimum 6 months of post-graduate training at medicine/surgery/ orthopaedics/ gynae and obs
<ul style="list-style-type: none"> • Nurses with midwifery registration/ BTEB certification/ BNC registration
<ul style="list-style-type: none"> • Paramedics with more than two years hands-on training at hospital or clinic can be consider or state medical council certification/ BTEB certified diploma

▶ Competency Development

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Refresher Training for doctors/ nurses/ paramedics on family planning, reproductive health as and when needed
<ul style="list-style-type: none"> • Refresher Training for doctors/ nurses/ paramedics for acute injury management/ OHS management/ ANC, PNC/ common illness/ Non communicable disease/ nutrition/ physical therapy/ mental health as and when needed through national clinical guidelines by DGHS/ BGMEA/ BKMEA
<ul style="list-style-type: none"> • Refresher training for HR officer/ production officer by health safety committee as and when needed
<ul style="list-style-type: none"> • Refresher Training for all members of healthcare committee through DIFE/ BGMEA/ BKMEA as and when needed

▶ Career Path

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Recruitment of doctors with provision of post-graduate training
<ul style="list-style-type: none"> • Rearrangement of duty hours at roster for doctors (e.g., six hours instead of eight hours per day)
<ul style="list-style-type: none"> • Provision of OHS training at National Occupational Health and Safety Related Research and Training Institute, Rajshahi or nearby medical college hospital
<ul style="list-style-type: none"> • Provision of administration responsibilities along with clinical service for Doctor/ Nurse/ Paramedics

▶ **Clinical Staff Sourcing**

Stakeholders Suggestion Considered As Good Practice	
<ul style="list-style-type: none"> • HR Firm 	
<ul style="list-style-type: none"> • Digital Health companies 	
<ul style="list-style-type: none"> • Regional nursing institute/ MATS 	

▶ **Healthcare Committee**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • Formation of Subcommittee focusing on OHS within the safety committee 	BLR 81 (5)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Formation of Healthcare committee comprising 1 welfare officer, one doctor/one responsible nurse /paramedic working at EC and two members of existing safety committee for effective operation.

▶ **Empowering Compliance / Welfare Officer**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • 1 welfare officer for each 2,000 employees and every additional fraction 	BLR 79 (1)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Inclusion of 1 welfare officer in Healthcare committee
<ul style="list-style-type: none"> • Refresher Training for welfare/ compliance officer through DIFE/ BGMEA/ BKMEA as and when needed

▶ **Service Data/ Health Record**

According to BLA & BLR	Reference
<ul style="list-style-type: none"> • All responsible medical officers/ nurses/paramedic or dressers/ teleconsultation doctors of EC must preserve the medical records of each patient who has received treatment/ notifiable disease and report generation 	BLR 78 (6)

Stakeholders Suggestion Considered As Good Practice
<ul style="list-style-type: none"> • Digital prescription and record keeping through IDHP
<ul style="list-style-type: none"> • Digital Reporting through IDHP

▶ **Reports and Monitoring**

According to BLA & BLR	Reference
All documents and records related to treatment history and workplace accident must be preserved at EC, if needed must show them to Inspector	BLR 77 (7)

Stakeholders Suggestion Considered As Good Practice
• Maintaining Checklist & action planning as per Handbook
• Preparing Key performance indicators of EC for owners
• Data management & monitoring through IDHP
• Digital Reporting through IDHP
• Inclusion of Clinical staffs signature at DIFE Checklist

▶ **Compliance and Social Awareness**

Stakeholders Suggestion Considered As Good Practice
• Each RMG factory comprising more than 50 employees shall form a safety committee. It is high time to form a subcommittee for health naming health safety committee comprising minimum two members of existing safety committee, one doctor/ one responsible nurse or paramedic and one welfare officer to maintain an effective and efficient EC



Checklists for

Requirements of Model Enterprise Clinics at RMG

Industries in Bangladesh

Checklist-1 for Model Enterprise Clinic Type-1 (Upto 299 workers)

Reference: BLR 85 (Schedule 4) (4) (KA)

Please fill up the compliance level inside the relevant box with a (✓) tick mark

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
1	BLR 76 (1)	Primary Aid Box or Cupboard/ Almirah (marked with Red Crescent or Cross symbol) in each department, section and floor				
2	HEALTH SERVICES					
a	BLR 76 (1)	Primary aid or first aid				
b	Good practice	Any suitable transport arrangements to ensure secondary referral	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
3	REFERRAL SYSTEM FOR ACUTE PATIENTS					
a	Good practice	List of hospital/ clinic/diagnostic center as secondary referral	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
4	SERVICE CHARTER					
a	Good practice	Service charter available at the entry gate of factory and other easily visible places of the factory	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
5	FURNITURE					
a	BLR 76 (1)	Primary aid Cupboard/ Almirah marked with Red Crescent or Cross symbol				
b	Good practice	1 Wheelchair	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
6	MEDICINE, EQUIPMENT & FIRST AID CONSUMABLES					
a	BLR 76 (2) (3) (4)	Medicine, equipment & first aid consumables as per employee size				
7	HUMAN RESOURCES					
a	BLA 89 (3)	1 Designated person trained in primary aid				

1 Compliant means, 'all components are available as per law

2 If required components are available but not in the quantity or quality required by Labour Regulations

3 If required components are not available at all

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
b	BLA 89 (4)	Designated person wear a badge mentioning primary/first aid provider				
c	BLA 89 (4)	Notice available in every workroom stating name of designated person for primary/first aid provider				
d	Good practice	Refresher training for the designated person for primary aid and BLS as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
8	HEALTHCARE COMMITTEE					
a	Good practice	Subcommittee focusing on EC service Delivery within the existing safety committee/ Healthcare Committee				
9	COMPLIANCE AND SOCIAL AWARENESS					
a	Good practice	Refresher training for admin officer/ production officer by Healthcare Committee as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
10	CLEANLINESS & HYGIENE FOR HEALTHCARE WORKERS					
a	Good practice	Good quality of cleanliness maintained	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Adequate measures protocol to protect against infections (eg. Surgical mask distribution etc.) are practicing	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			

Checklist Summary (for BLA & BLR) on Visit Date

Attributes	Number	Remarks
Compliant elements		
Available but need improvement elements		
Not yet available elements		

Checklist Summary (for Stakeholder suggestion) on Visit Date

Attributes	Number	Remarks
Good practice already exists		
Good practice will be considered in future		

.....
Signature
 (Trainer)

.....
Signature
 (Healthcare Committee)

.....
Signature
 (HR/Compliance)

Checklist-2 for Model Enterprise Clinics Type- 2 (300- 499 workers), Type-3 (500- 1,199 workers) & Type-4 (1,200- 2,999 workers)

Reference: BLR 85 (Schedule 4) (4) (KA)

Please fill up the compliance level inside the relevant box with a (√) tick mark

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
1	SIZE					
a	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA), (PA) (VA)	Size in between 120 - 180 Sq ft				
2	LOCATION					
a	BLR 77 (2)	Located away from sections producing noise/or in a noise free room				
3	INFRASTRUCTURE					
a	BLR 77 (4)	The floor is smooth, impervious, and strong				
b	BLR 77 (4)	1.50 meters of the walls thereof shall be impervious with tiles/ waterproof paint/ other suitable maneuvers				
c	BLR 77 (4)	Adequate air ventilation				
d	BLR 77 (4)	Adequate natural light				
e	BLR 77 (4)	Adequate artificial light				
f	BLR 77 (1)	Medicine dispensary				
4	UTILITIES					
a	BLR 40 (2), BLR 47 (1)	Bio medical waste management through four color coded bins (Black, yellow, green & red)				
B	Good practice	Full time generator facility at EC	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
5	HEALTH SERVICES					
a	BLR 41 (KA)	Use of disinfectant with chemical name				

1 Compliant means, 'all components are available as per law

2 If required components are available but not in the quantity or quality required by Labour Regulations

3 If required components are not available at all

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
	(GA)	and amount for clinical use and general use				
b	BLR 78 (1) (GHA) (EA)	Awareness creation regarding family planning and reproductive health, use of sanitary napkin among female employees by feasible means (counseling/leaflet distribution/ awareness visual/ awareness session/ PA system announcement)				
c	BLR 77 (5)	Primary care as well as provision of taking rest				
d	BLR 78 (1) (GHA) (OI)	Pre and post delivery service (ANC and PNC), treatment of common illness at OPD				
E	Good practice	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, burn, cut injury, (primary care only and secondary referral if necessary) are available	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
f	BLR 78 (1) (GHA) (OO)	Advise of physical therapy related to OHS/ workplace accident given by doctors				
g	BLR 77 (7)	Register of all employees taking services (workplace injuries/ common illness) through EC (Sample at annex)				
h	BLR 68	Fitness during dangerous operation register				
i	BLR 77 (6)	Any suitable transport arrangement to ensure secondary referral				
6	REFERRAL SYSTEM FOR ACUTE PATIENTS					
a	BLR 78 (1) (UMA)	List of hospital/ clinic/ diagnostic center as secondary referral are available				
b	BLR 78 (1) (O)	Referral to Secondary Centre for physical therapy				
7	SERVICE CHARTER					
A	Good practice	Service charter available at both entry gate in front of EC and other easily visible places of factory	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
8	FURNITURE					
a	BLR 77 (5)	<ul style="list-style-type: none"> 1 Table Measuring 1.85 X 1.10 Meters With Smooth Surface 2 Beds (Patient Examination Bed) 				

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		<ul style="list-style-type: none"> • 2 Stretcher • 1 Wheelchair • 12 Wooden 'Choti' Of General Type, Measuring 91.44 Cm X 10.16 Cm X 0.63 Cm • 12 Wooden 'Choti' Of General Type, Measuring 35.56 Cm X 7.62 Cm X 0.63 Cm • 6 Wooden 'Choti' Of General Type, Measuring 25.40 Cm X 5.08 Cm X 0.63 Cm • 6 Woolen Blankets • 3 Chairs • 1 Curtain • 1 Almirah 				
9	Equipment					
a	BLR 77 (5)	<ul style="list-style-type: none"> • 1 Coated Pots For Hot And Cold Water • Arrangement Of Disinfecting Equipment's • 2 Buckets Or Pots With Closely Fitted Lids • 1 Kettle For Boiling Water And Spirit Stove Or Any Other Appropriate Arrangement • 1 Pair Of Artery Forceps • 2 Middle Sized Sponges • 6 Hand Towels • 4 Trays • 2 Glass Pots • 2 Thermometers • Several Hypodermic Syringes • Glass Measurement Tools And Teaspoons • 1 Electric Hand Torches • Instruments For Stopping Bleeding, For Example Tourniquets • Eyewash Equipment • 1 Almirah With Necessary Equipment For Primary aid 				
b.	Good practice	<ul style="list-style-type: none"> • 1 Stethoscope For Each Doctor And Nurse • 1 BP Machine For Each Doctor And Nurse • 1 Weight Scale 	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		<ul style="list-style-type: none"> • 1 Height Scale • 1 Pulse Oximeter For Each Doctor And Nurse • 1 Nebulizer • 1 Oxygen Cylinder 				
10	MEDICINE & CONSUMABLES					
a	BLR 77 (5)	<ul style="list-style-type: none"> • Adequate Supply Of Serum That Is Preventive Of Tetanus (ATS/ TT) • 4 Carbolic Soaps • 1 Bottle (1 Liter) Of 1:20 Carbolic Lotion • Analgesic And Antacid Type Of Tablets, • Ointments Used For Burnt Parts, • Ointments For Eyes • Antiseptic Solution Appropriate For Surgery And • 12 Packs Of Edible Saline (ORS) 				
b	BLR 76 (5)	Updated list of expiry medicines, consumables, equipment once in every three months, in addition relevant materials replaced one month before expiry of them				
c	Good practice	<ul style="list-style-type: none"> • Prescriptions Drugs Selected By Doctors At EC • Adequate IV Fluid (Cholera Saline/ 0.9% Normal Saline) 	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
d	Good practice	Several health Products (e.g., Sanitary pad) can be purchased by employee at subsidized price	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
11	HUMAN RESOURCES					
a	BLR 77 (1)	<ul style="list-style-type: none"> • Minimum 1 Doctor (Part-Time/ Full Time) • Minimum 1 Paramedic/ Dresser • Minimum 1 Nurses • Minimum 1 Support Staff 				
b	BLR 77 (1)	<ul style="list-style-type: none"> • Doctors With BMDC Registration • Trained Nurses • Trained Paramedics 				
c	Good practice	Refresher training for doctors/ nurses/ paramedics on OHS, family planning,	<input type="checkbox"/> Already exists			

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		and reproductive health as and when needed	<input type="checkbox"/> Will be considered in future			
12	HEALTHCARE COMMITTEE					
a	Good practice	Subcommittee focusing on EC service Delivery within the existing safety committee/ Healthcare committee				
13	SERVICE DATA / HEALTH RECORD					
a	BLR 77 (7)	All documents and records related to treatment history and workplace accident must be preserved at EC				
14	COMPLIANCE AND SOCIAL AWARENESS					
a	Good practice	Refresher training for admin officer/ production officer by health safety committee as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
15	CLEANLINESS & HYGIENE					
a	Good practice	Good quality of cleanliness maintained	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Adequate measures protocol to protect against infections (e.g., Handwash, Mask, etc.) are practiced among employees	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Adequate measures protocol to prevent spread of disease (like Chickenpox, covid, conjunctivitis) are practiced (e.g. Isolation bed or room, Handwash, spitters etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
16	PROTECTION FOR HEALTHCARE WORKERS					
a	Good practice	Healthcare workers use proper dress during duty (e.g., Apron, ID card)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Healthcare workers use proper PPE during service (e.g., Surgical Masks, gloves etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Healthcare workers take prevention against disease or infections to them (Immunization against covid, Hepatitis B etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
17**	WORKING & SERVICE CONDITIONS FOR HEALTHCARE WORKERS & EMPLOYEES					
a	Good practice	Clinical staff satisfied with service delivery conditions at EC	<input type="checkbox"/> Satisfied/ Aware <input type="checkbox"/> Few improvements required within service delivery			
b	Good	Employees are aware with service	<input type="checkbox"/> Satisfied/ Aware			

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
	practice	offering of EC	<input type="checkbox"/> Few improvements required within service delivery			

** Not applicable for small (Employee size 300-499) and medium (Employee size 500-1199) industries

Checklist Summary (for BLA & BLR) on Visit Date

Attributes	Number	Remarks
Compliant elements		
Available but need improvement elements		
Not yet available elements		

Checklist Summary (for Stakeholder suggestion) on Visit Date

Attributes	Number	Remarks
Good practice already exists		
Good practice will be considered in future		

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Signature
 (Trainer)

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Signature
 (Healthcare Committee)

.....
Signature
 (HR/Compliance)

Checklist-3 for Model Enterprise Clinic Type-5 (3000-4999 workers)

Reference: BLR 85 (Schedule 4) (4) (KA)

Please fill up the compliance level inside the relevant box with a (√) tick mark

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
1	SIZE					
a	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA), (PA) (VA)	Minimum Size 240 Sq ft				
2	LOCATION					
a	BLR 77 (2)	Located away from sections producing noise/or in a noise free room				
3	INFRASTRUCTURE					
a	BLR 77 (4)	The floor is smooth, impervious, and strong				
b	BLR 77 (4)	1.50 meters of the walls thereof shall be impervious with tiles/ waterproof paint/ other suitable maneuvers				
c	BLR 77 (4)	Adequate air ventilation				
d	BLR 77 (4)	Adequate natural light				
e	BLR 77 (4)	Adequate artificial light				
f	BLR 77 (1)	Medicine dispensary				
4	UTILITIES					
a	BLR 40 (2), BLR 47 (1)	Bio medical waste management through four color coded bins (Black, yellow, green & red)				
b	Good practice	Full time generator facility at EC	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
5	HEALTH SERVICES					
a	BLR 41 (KA) (GA)	Use of disinfectant with chemical name and amount for clinical use and general use				
b	BLR 78 (1) (GHA) (EA)	Awareness creation regarding family planning and reproductive health, use of sanitary napkin among female				

1 Compliant means, 'all components are available as per law

2 If required components are available but not in the quantity or quality required by Labour Regulations

3 If required components are not available at all

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		employees by feasible means (counseling/leaflet distribution/ awareness visual/ awareness session/ PA system announcement)				
c	BLR 77 (5)	Primary care as well as provision of taking rest				
d	BLR 78 (1) (GHA) (OI)	Pre and post delivery service (ANC and PNC), treatment of common illness at OPD				
e	Good practice	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, burn, cut injury, (primary care only and secondary referral if necessary) are available	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
f	BLR 78 (1) (GHA) (OO)	Advise of physical therapy related to OHS/ workplace accident given by doctors				
g	BLR 77 (7)	Register of all employees taking services (workplace injuries/ common illness) through EC (Sample at annex)				
h	BLR 68	Fitness during dangerous operation register				
i	BLR 77 (6)	Any suitable transport arrangement to ensure secondary referral				
6	REFERRAL SYSTEM FOR ACUTE PATIENTS					
a	BLR 78 (1) (UMA)	List of hospital/ clinic/diagnostic center as secondary referral are available				
b	BLR (78) (1) (O)	Referral to Secondary Centre for physical therapy				
7	SERVICE CHARTER					
a	Good practice	Service charter available at both entry gate in front of EC and other easily visible places of factory	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
8	FURNITURE					
a	BLR 77 (5)	<ul style="list-style-type: none"> 1 table measuring 1.85 X 1.10 meters with smooth surface 2 beds (Patient examination bed) 2 stretcher 1 wheelchair 12 wooden 'choti' of general type, measuring 91.44 cm X 10.16 cm X 0.63 				

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		cm <ul style="list-style-type: none"> • 12 wooden 'choti' of general type, measuring 35.56 cm X 7.62 cm X 0.63 cm • 6 wooden 'choti' of general type, measuring 25.40 cm X 5.08 cm X 0.63 cm • 6 woolen blankets • 3 chairs • 1 curtain • 1 almirah 				
9	EQUIPMENT					
a	BLR 77 (5)	<ul style="list-style-type: none"> • 1 coated pots for hot and cold water • Arrangement of disinfecting equipment's • 2 buckets or pots with closely fitted lids • 1 kettle for boiling water and Spirit stove or any other appropriate arrangement • 1 pair of artery forceps • 2 middle sized sponges • 6 hand towels • 4 trays • 2 glass pots • 2 thermometers • Several hypodermic syringes • Glass measurement tools and teaspoons • 1 electric hand torches • Instruments for stopping bleeding, for example Tourniquets • Eyewash equipment • 1 Almirah with necessary equipment for primary aid 				
B	Good practice	<ul style="list-style-type: none"> • 1 Stethoscope for each doctor and nurse • 1 BP Machine for each doctor and nurse • 1 Weight Scale • 1 Height Scale • 1 Pulse Oximeter for each doctor and nurse • 1 Nebulizer 	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		<ul style="list-style-type: none"> 1 oxygen Cylinder 				
10	MEDICINE & CONSUMABLES					
a	BLR 77 (5)	<ul style="list-style-type: none"> Adequate supply of serum that is preventive of Tetanus (ATS/ TT) 4 carbolic soaps 1 bottle (1 Liter) of 1:20 carbolic lotion Analgesic and antacid type of tablets, Ointments used for burnt parts, Ointments for eyes Antiseptic solution appropriate for surgery and 12 packs of edible saline (ORS) 				
b	BLR 76 (5)	Updated list of expiry medicines, consumables, equipment once in every three months, in addition relevant materials replaced one month before expiry of them				
c	Good practice	Prescriptions drugs selected by doctors at EC Adequate IV fluid (Cholera saline/ 0.9% Normal Saline)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
d	Good practice	Several health Products (e.g., Sanitary pad) can be purchased by employee at subsidized price	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
11	HUMAN RESOURCES					
a	BLR 77 (1)	<ul style="list-style-type: none"> Minimum 2 Doctor (Preferably 1 Female) Minimum 2 Paramedic/ Dresser Minimum 2 Nurses (Female preferably) Minimum 2 Support Staff 				
b	BLR 77 (1)	<ul style="list-style-type: none"> Doctors with BMDC registration Trained Nurses Trained Paramedics 				
c	Good practice	Refresher training for doctors/ nurses/ paramedics on OHS, family planning and reproductive health as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
12	HEALTHCARE COMMITTEE					
a	Good practice	Subcommittee focusing on EC service Delivery within the existing safety committee/ Healthcare committee	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
13	SERVICE DATA / HEALTH RECORD					
a	BLR 77 (7)	All documents and records related with treatment history and workplace accident must be preserved at EC				
14	COMPLIANCE AND SOCIAL AWARENESS					
a	Good practice	Refresher training for admin officer/ production officer by Healthcare committee as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
15	CLEANLINESS & HYGIENE					
a	Good practice	Good quality of cleanliness maintained	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Adequate measures protocol to protect against infections (e.g., Handwash, Mask, etc.) are practiced among employees	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Adequate measures protocol to prevent spread of disease (like Chickenpox, covid, conjunctivitis) are practiced (e.g. Isolation bed or room, Handwash, spitters etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
16	PROTECTION FOR HEALTHCARE WORKERS					
a	Good practice	Healthcare workers use proper dress during duty (e.g., Apron, ID card)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Healthcare workers use proper PPE during service (e.g., Surgical Masks, gloves etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Healthcare workers take prevention against disease or infections to them (Immunization against covid, Hepatitis B etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
17	WORKING & SERVICE CONDITIONS FOR HEALTHCARE WORKERS & EMPLOYEES					
a	Good practice	Clinical staff satisfied with service delivery conditions at EC	<input type="checkbox"/> Satisfied/ Aware <input type="checkbox"/> Few improvements required within service delivery			
b	Good practice	Employees are aware with service offering of EC	<input type="checkbox"/> Satisfied/ Aware <input type="checkbox"/> Few improvements required within service delivery			

Checklist Summary (for BLA & BLR) on Visit Date

Attributes	Number	Remarks
Compliant elements		
Available but need improvement elements		
Not yet available elements		

Checklist Summary (for Stakeholder suggestion) on Visit Date

Attributes	Number	Remarks
Good practice already exists		
Good practice will be considered in future		

.....
Signature
 (Trainer)

.....
Signature
 (Healthcare Committee)

.....
Signature
 (HR/Compliance)

Checklist-4 for Model Enterprise Clinic Type-6 (5,000 -7,500 workers)

Reference: BLR 85 (Schedule 4) (4) (KA)

Please fill up the compliance level inside the relevant box with a (√) tick mark

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
1	SIZE					
a	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA) (PA) (VA)	Size minimum 360 Sq ft excluding toilet				
2	LOCATION					
a	BLR 77 (2)	Located away from sections producing noise/or in a noise free room				
3	INFRASTRUCTURE					
a	BLR 77 (4)	The floor is smooth, impervious, and strong				
b	BLR 77 (4)	1.50 meters of the walls from ground there of shall be impervious with tiles/ waterproof paint/ other suitable maneuvers				
c	BLR 77 (4)	Adequate air ventilation				
d	BLR 77 (4)	Adequate natural light				
e	BLR 77 (4)	Adequate artificial light				
f	BLR 78 (1) (GHA) (AA)	1 isolation room for infectious disease comprising 1 bed				
g	BLR 78 (1) (GHA) (E)	Separate OPD with seating arrangements				
h	BLR 78 (1) (GHA) (EE)	Separate Private examination room				
i	BLR 78 (1) (GHA) (U)	Room for minor surgery and dressing				
j	BLR 78 (1) (GHA) (UU)	Store for medicine dispensary				
k	Good practice	Separate toilets for male and female with signage	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			

1 Compliant means, 'all components are available as per law

2 If required components are available but not in the quantity or quality required by Labour Regulations

3 If required components are not available at all

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
4	UTILITIES					
a	BLR (40) (2), BLR (47) (1)	Bio medical waste management through four color coded bins (Black, yellow, green & red)				
b	Good practice	Full time generator facility at EC	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
5	HEALTH SERVICES					
a	BLR 41 (KA) (GA)	Use of appropriate disinfectant with chemical name and amount for clinical use and general use				
b	BLR 78 (1) (GHA) (EA)	Awareness creation regarding family planning and reproductive health, use of sanitary napkin among female employees by feasible means (counseling/leaflet distribution/ awareness visual/ awareness session/ PA system announcement)				
c	BLR 78 (1) (GHA) (REE)	Free of cost Medicine & food provided to employees taking treatment at patient bed				
d	BLR 77 (5)	Primary care as well as provision of having rest				
e	BLR 78 (1) (GHA) (OI)	Pre and post delivery service (ANC and PNC), Treatment of common illness at OPD & IPD are available				
f	Good practice	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, burn, cut injury (primary care only and secondary referral, if necessary) are available	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
g	BLR 78 (1) (GHA) (OO)	Advise of physical therapy related to occupational health/ workplace accidents given by doctors				
h	BLR 68	Fitness during dangerous operation register				
i	BLR 78 (6)	Register of all employees taking OPD/IPD services through EC (Sample at annex)				

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
j	BLR 77 (6)	Any suitable transport arrangement to ensure secondary referral				
6. REFERRAL SYSTEM FOR ACUTE PATIENTS						
a	BLR 78 (1) (UMA)	List of hospital/ clinic/diagnostic center as secondary referral are available				
b	BLR 78 (1) (O)	Referral to Secondary Centre for physical therapy				
7. SERVICE CHARTER						
a	Good practice	Service charter available at entry gate, in front of EC and other easily visible places of factory	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
8. FURNITURE						
a	BLR 77 (5)	<ul style="list-style-type: none"> • Table measuring 1.85 X 1.10 meters with smooth surface • 6 beds for lying (Patient bed) • 2 stretchers • 1 wheelchair • 12 wooden 'choti' of general type, measuring 91.44 cm X 10.16 cm X 0.63 cm. • 12 wooden 'choti' of general type, measuring 35.56 cm X 7.62 cm X 0.63 cm. • 6 wooden 'choti' of general type, measuring 25.40 cm X 5.08 cm X 0.63 cm • 6 woolen blankets • 9 chairs • 3 curtain • 1 almirah 				
9. EQUIPMENT						
a	BLR 77 (5)	<ul style="list-style-type: none"> • 1 coated pots for hot and cold water • Arrangement of disinfecting equipment's • 2 buckets or pots with closely fitted lids • 1 kettle for boiling water and Spirit stove or any other appropriate arrangement • 1 pair of artery forceps 				

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		<ul style="list-style-type: none"> • 2 middle sized sponges • 6 hand towels • 4 trays • 2 glass pots • 2 thermometers • Several hypodermic syringes • Glass measurement tools and teaspoons • 1 electric hand torches • Instruments for stopping bleeding, for example Tourniquets • Eyewash equipment • 1 Almirah with necessary equipment for primary aid 				
b	Good practice	<ul style="list-style-type: none"> • 1 Stethoscope for each doctor and nurse • 1 BP Machine for each doctor and nurse • 1 Weight Scale • 1 Height Scale • 1 Pulse Oximeter for each doctor and nurse • 1 Nebulizer • 1 oxygen Cylinder 		<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future		
10. MEDICINE & CONSUMABLES						
a	BLR 77 (5)	<ul style="list-style-type: none"> • Adequate supply of serum that is preventive of Tetanus (ATS/TT) • 4 carbolic soaps • 1 bottle (1 Liter) of 1:20 carbolic lotion • Analgesic and antacid type of tablets, • Ointments used for burnt parts, • Ointments for eyes • Antiseptic solution appropriate for surgery and • 12 packs of edible saline (ORS) 				
b	BLR 76 (5)	Updated list of expiry medicines, consumables, equipment once in every three months, in addition				

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
		relevant materials replaced one month before expiry of them				
c	Good practice	<ul style="list-style-type: none"> Prescriptions drugs selected by doctors at EC Adequate IV fluid (Cholera saline/ 0.9% Normal Saline) 	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
d	Good practice	Several health Products (e.g., Sanitary pad) can be purchased by employee at subsidized price	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
11. HUMAN RESOURCES						
a	BLR 78 (1) (KA) (A)	<ul style="list-style-type: none"> Minimum 2 Doctor (Preferably 1 Female) Minimum 2 Paramedic/ Dresser Minimum 2 Nurses (Female preferably) Minimum 2 Support Staff 				
b	BLR 78 (1) (KA) (E)	<ul style="list-style-type: none"> Doctors with BMDC registration Trained Nurses Trained Paramedics 				
c	Good practice	Refresher training for doctors/ nurses/ paramedics on OHS, family planning and reproductive health as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
12. HEALTHCARE COMMITTEE						
a	Good practice	Subcommittee focusing on EC service Delivery within the existing safety committee/ Healthcare Committee				
13. SERVICE DATA / HEALTH RECORD						
a	BLR 78 (6)	All responsible in-house medical officers/ nurses/ paramedics or dressers/ teleconsultation doctors preserving the medical records of each patient who has received treatment/notifiable disease records and submit report				
14. COMPLIANCE AND SOCIAL AWARENESS						

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
a	Good practice	Refresher training for admin officer/ production officer by Healthcare Committee as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
15. CLEANLINESS & HYGIENE						
a	Good practice	Good quality of cleanliness maintained	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Adequate measures protocol to protect against infections (e.g., Handwash, Mask, etc.) are practiced among employees	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Adequate measures protocol to prevent spread of disease (like Chickenpox,covid, conjunctivitis) are practiced (e.g. Isolation bed or room, Handwash, spitters etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
16. PROTECTION FOR CLINICAL STAFF						
a	Good practice	Healthcare workers use proper dress during duty (e.g., Apron, ID card)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Healthcare workers use proper PPE during service (e.g., Surgical Masks, gloves etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Healthcare workers take prevention against disease or infections to them (Immunization against covid, Hepatitis B etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
17. WORKING AND SERVICE CONDITIONS FOR CLINICAL STAFF & EMPLOYEES						
a	Good practice	Clinical staff satisfied with service delivery conditions at EC	<input type="checkbox"/> Satisfied/ Aware <input type="checkbox"/> Few improvements required with in service delivery			
b	Good practice	Employees are aware with service offering of EC	<input type="checkbox"/> Satisfied/ Aware <input type="checkbox"/> Few improvements required with in service delivery			

Checklist Summary (for BLA & BLR) on Visit Date

Attributes	Number	Remarks
Compliant elements		
Available but need improvement elements		
Not yet available elements		

Checklist Summary (for Stakeholder suggestion) on Visit Date

Attributes	Number	Remarks
Good practice already exists		
Good practice will be considered in future		

.....
Signature
 (Trainer)

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Signature
 (Healthcare Committee)

.....
Signature
 (HR/Compliance)

Checklist-5 for Model Enterprise Clinic Type-7 (7501 and more workers)

Reference: BLR 85 (Schedule 4) (4) (KA)

Please fill up the compliance level inside the relevant box with a (√) tick mark

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
1	SIZE					
a	BLR 78 (1) (GA), BLR 77 (5) (KHA) (GHA) (PA) (VA)	Size 360+ Sq ft excluding toilet				
2	LOCATION					
a	BLR 77 (2)	Located away from sections producing noise/or in a noise free room				
3	INFRASTRUCTURE					
a	BLR 77 (4)	The floor is smooth, impervious, and strong				
b	BLR 77 (4)	1.50 meters of the walls from ground there of shall be impervious with tiles/ waterproof paint/ other suitable maneuvers				
c	BLR 77 (4)	Adequate air ventilation				
d	BLR 77 (4)	Adequate natural light				
e	BLR 77 (4)	Adequate artificial light				
f	BLR 78 (1) (GHA) (AA)	1 isolation room for infectious disease comprising 1 bed and attached toilet				
g	BLR 78 (1) (GHA) (E)	Separate OPD with seating arrangements				
h	BLR 78 (1) (GHA) (EE)	Separate Private examination room				
i	BLR 78 (1) (GHA) (U)	Room for minor surgery and dressing				
j	BLR 78 (1) (GHA) (UU)	Store for medicine dispensary				
k	Good practice	Separate toilets for male and female with signage	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			

1 Compliant means, 'all components are available as per law

2 If required components are available but not in the quantity or quality required by Labour Regulations

3 If required components are not available at all

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
4	UTILITIES					
a	BLR 40 (2), BLR 47 (1)	Bio medical waste management through four color coded bins (Black, yellow, green & red)				
b	Good practice	Full time generator facility at EC	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
5	HEALTH SERVICES					
a	BLR 41 (KA) (GA)	Use of appropriate disinfectant with chemical name and amount for clinical use and general use				
b	BLR 78 (1) (GHA) (EA)	Awareness creation regarding family planning and reproductive health, use of sanitary napkin among female employees by feasible means (counseling/leaflet distribution/ awareness visual/ awareness session/ PA system announcement)				
c	BLR 78 (1) (GHA) (REE)	Free of cost Medicine & food provided to employees taking treatment at patient bed				
d	BLR 77 (5)	Primary care as well as provision of having rest				
e	BLR 78 (1) (GHA) (OI)	Pre and post delivery service (ANC and PNC), Treatment of common illness at OPD & IPD are available				
f	Good practice	Acute injury management regarding NSI, MSK pain, vision impairment, hearing impairment, burn, cut injury (primary care only and secondary referral, if necessary) are available	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
g	BLR 78 (1) (GHA) (OO)	Advise of physical therapy related to occupational health/ workplace accidents given by doctors				
h	BLR 68	Fitness during dangerous operation register				
i	BLR 78 (6)	Register of all employees taking OPD/IPD services through EC (Sample at annex)				
j	BLR 77 (6)	Any suitable transport arrangement to ensure secondary referral				
6.	REFERRAL SYSTEM FOR ACUTE PATIENTS					
a	BLR 78 (1) (UMA)	List of hospital/ clinic/diagnostic center as secondary referral are available				
b	BLR 78 (1) (O)	Referral to Secondary Centre for physical therapy				

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
7.	SERVICE CHARTER					
a	Good practice	Service charter available at entry gate, in front of EC and other easily visible places of factory	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
8.	FURNITURE					
a	BLR 77 (5)	<ul style="list-style-type: none"> • Table Measuring 1.85 X 1.10 Meters With Smooth Surface • 6 Beds For Lying (Patient Bed) • 2 Stretchers • 1 Wheelchair • 12 Wooden 'Choti' Of General Type, Measuring 91.44 Cm X 10.16 Cm X 0.63 Cm. • 12 Wooden 'Choti' Of General Type, Measuring 35.56 Cm X 7.62 Cm X 0.63 Cm. • 6 Wooden 'Choti' Of General Type, Measuring 25.40 Cm X 5.08 Cm X 0.63 Cm • 6 Woolen Blankets • 3 Chairs • 3 Curtain • 1 Almirah 				
9.	EQUIPMENT					
a	BLR 77 (5)	<ul style="list-style-type: none"> • 1 Coated Pots For Hot And Cold Water • Arrangement Of Disinfecting Equipment's • 2 Buckets Or Pots With Closely Fitted Lids • 1 Kettle For Boiling Water And Spirit Stove Or Any Other Appropriate Arrangement • 1 Pair Of Artery Forceps • 2 Middle Sized Sponges • 6 Hand Towels • 4 Trays • 2 Glass Pots • 2 Thermometers • Several Hypodermic Syringes • Glass Measurement Tools And Teaspoons • 1 Electric Hand Torches • Instruments For Stopping Bleeding, For Example Tourniquets • Eyewash Equipment • 1 Almirah With Necessary Equipment For Primary aid 				
b	Good practice	<ul style="list-style-type: none"> • 1 Stethoscope For Each Doctor And Nurse • 1 BP Machine For Each Doctor And Nurse 	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
10. MEDICINE & CONSUMABLES						
a	BLR 77 (5)	<ul style="list-style-type: none"> • 1 Weight Scale • 1 Height Scale • 1 Pulse Oximeter For Each Doctor And Nurse • 1 Nebulizer • 1 Oxygen Cylinder • Adequate Supply Of Serum That Is Preventive Of Tetanus (ATS/TT) • 4 Carbolic Soaps • 1 Bottle Of 1:20 Carbolic Lotion • Analgesic And Antacid Type Of Tablets, • Ointments Used For Burnt Parts, • Ointments For Eyes • Antiseptic Solution Appropriate For Surgery And • 12 Packs Of Edible Saline (ORS) 				
b	BLR 76 (5)	<ul style="list-style-type: none"> • Updated List Of Expiry Medicines, Consumables, Equipment Once In Every Three Months, In Addition Relevant Materials Replaced One Month Before Expiry Of Them 				
c	Good practice	<ul style="list-style-type: none"> • Prescriptions Drugs Selected By Doctors At EC • Adequate IV Fluid (Cholera Saline/ 0.9% Normal Saline) 	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
d	Good practice	Several health Products (e.g., Sanitary pad) can be purchased by employee at subsidized price	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
11. HUMAN RESOURCES						
a	BLR 78 (1) (KA) (AA)	<ul style="list-style-type: none"> • Minimum 3 Doctor (Preferably 1 Female) • Minimum 3 Paramedic/ Dresser • Minimum 3 Nurses (Female Preferably) • Minimum 3 Support Staff 				
b	BLR 78 (1) (KA) (E)	<ul style="list-style-type: none"> • Doctors With BMDC Registration • Trained Nurses • Trained Paramedics 				
c	Good practice	Refresher training for doctors/ nurses/ paramedics on OHS, family planning and reproductive health as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
12. HEALTHCARE COMMITTEE						

SN	Reference	Description	Compliance level			Remarks
			Compliant ¹	Available but need improvement ²	Not yet available ³	
a	Good practice	Subcommittee focusing on EC service Delivery within the existing safety committee/ Healthcare committee				
13. SERVICE DATA / HEALTH RECORD						
a	BLR 78 (6)	All responsible in-house medical officers/ nurses/ paramedics or dressers/ teleconsultation doctors preserving the medical records of each patient who has received treatment/notifiable disease records and submit report				
14. COMPLIANCE AND SOCIAL AWARENESS						
a	Good practice	Refresher training for admin officer/ production officer by healthcare committee/EC committee as and when needed	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
15. CLEANLINESS & HYGIENE						
a	Good practice	Good quality of cleanliness maintained				
b	Good practice	Adequate measures protocol to protect against infections (e.g., Handwash, Mask, etc.) are practiced among employees	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Adequate measures protocol to prevent spread of disease (like Chickenpox, covid, conjunctivitis) are practiced (e.g. Isolation bed or room, Handwash, spitters etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
16. PROTECTION FOR CLINICAL STAFF						
a	Good practice	Healthcare workers use proper dress during duty (e.g., Apron, ID card)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
b	Good practice	Healthcare workers use proper PPE during service (e.g., Surgical Masks, gloves etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
c	Good practice	Healthcare workers take prevention against disease or infections to them (Immunization against covid, Hepatitis B etc.)	<input type="checkbox"/> Already exists <input type="checkbox"/> Will be considered in future			
17. WORKING AND SERVICE CONDITIONS FOR CLINICAL STAFF & EMPLOYEES						
a	Good practice	Clinical staff satisfied with service delivery conditions at EC	<input type="checkbox"/> Satisfied/ Aware <input type="checkbox"/> Few improvements required with in service delivery			
b	Good practice	Employees are aware with service offering of EC	<input type="checkbox"/> Satisfied/ Aware <input type="checkbox"/> Few improvements required with in service delivery			

Checklist Summary (for BLA & BLR) on Visit Date

Attributes	Number	Remarks
Compliant elements		
Available but need improvement elements		
Not yet available elements		

Checklist Summary (for Stakeholder suggestion) on Visit Date

Attributes	Number	Remarks
Good practice already exists		
Good practice will be considered in future		

.....
Signature
 (Trainer)

.....
Signature
 (Healthcare Committee)

.....
Signature
 (HR/Compliance)

Model Enterprise Clinics' Key Performance Indicators

Month: _____

Year: _____

SN	Performance Indicators	Quantity (This month)	Previous Month	Cumulative since start of year	Remarks
1.	Number of days when Enterprise Clinic was open for service				
2.	Number of days when Doctor was available in Clinic				
3.	Number of workers provided service in clinic	Men ____ Women____			
4.	Number of workers visited Enterprise Clinic for health service	Men ____ Women____			
5.	Number of workers received medicine from dispensary	Men ____ Women____			
6.	Number of workers reported to be well after treatment	Men ____ Women____			
7.	Number of workers reported to have complications after Treatment	Men ____ Women____			
8.	Number of workers referred to secondary or tertiary hospitals	Men ____ Women____			
9.	Number of workers availed prolonged absence due to health Situations (more than 7 days)	Men ____ Women____			
10.	Number of workplace accident Cases	Men ____ Women____			
11.	Result of workplace accident cases	Men ____ Women____			
	• Fully recovered _____				
	• Disabled_____	Men ____ Women____			
• Deceased_____	Men ____ Women____				
12.	Result of occupational disease cases	Men ____ Women____			
	• Fully recovered _____	Men ____ Women____			
	• Disabled_____	Men ____ Women____			
• Deceased_____	Men ____ Women____				
13.	Number of general healthcare awareness raising events/messages/ leaflet				

SN	Performance Indicators	Quantity (This month)	Previous Month	Cumulative since start of year	Remarks
	distribution/ PA system declaration				
14.	Number of women-specific health awareness events arranged through EC				
16.	Number of nutrition-specific awareness events arranged through EC				
17.	Number of cleanliness and hygiene awareness events				
18.	Number of occupational safety & health awareness events arranged through Healthcare Committee				
19.	Number of preventive healthcare Messages/ leaflet distribution/ PA system declaration related to OHS				
20.	Supplies and medicine fully Restocked	Yes/No			
21.	Number of Healthcare Committee meetings				
23.	Number of visits by Welfare Officer to Clinic				
24.	Number of visits by senior Management to Clinic (GM-HR/ Operation/ compliance, COO, Director)				
25.	Any collaboration with external partners to promote healthcare service for workers during this Month	Yes/No			
26.	Healthcare staff attended any training or seminar	Yes /No			
27.	Any new initiative for improving healthcare service	Yes / No			

Reference: BLR 85 (Schedule 4) (4) (b)

Healthcare Committee

Signature	Signature	Signature
Clinical Staff	Welfare Officer	Member of Safety Committee

Glossary

1. Bangladesh Labour Act 2006
2. Bangladesh Labour Rule 2015
3. Occupational Health and Safety Policy, 2013
4. RMG Industry Inspection Checklist, DIFE
5. Better Work- Compliance Assessment Tool
6. BSR Study: Healthcare Delivery in RMG Factories in Bangladesh: What are the Missed Opportunities? (2014)
7. ILO: Bangladesh Health Care, Disability Assessment and Rehabilitation services (2017)
8. GIZ: Curriculum for Healthcare Professionals in RMG Industries
9. Primark's Simon Project
10. BGMEA sustainability Report 2020
11. BSR: her+ Health Facility Guidelines and management Benchmarks, October 2015
12. Health Suffering, healthcare seeking behaviour, awareness about health insurance, and health related rights of ready made garments workers in Bangladesh: Findings from a cross- sectional study, Journal of occupational health, Md Tanvir Hasan
13. Managing Health at the Workplace, A Guidebook, Levi Strauss Foundation
14. Developing a curriculum for health professionals working in Bangladesh's RMG industries to learn how to deal with common work- related and occupational diseases, April 6, 2022, BBDN
15. Draft Copy of OHS Training Module 2018, NCDC, DGHS
16. Islam, Mohammad. (2015). Job Dissatisfaction of Bangladeshi Garment Workers: Identification of Causes & Remedies. Stamford Journal of Economics. 2. 114-127
17. Enamul Haque MSR, Md Zainal Abedin, Md. Assessing the Quality of Work Life of Garment Workers in Bangladesh: A Study on Garment Industries in Dhaka City. Global Journal of Management And Business Research. 2015.
18. Ferdous S. Factors promoting work satisfaction of readymade garment (RMG) worker in Bangladesh: An empirical analysis. Journal of Scientific Research and Developments. 2015;2(8):39-47.
19. Baumann-Pauly D, Labowitz S, Banerjee N. Closing Governance Gaps in Bangladesh's Garment Industry–The Power and Limitations of Private Governance Schemes. 2015.
20. M.M.H S, Sarkar MSK, Sadeka S. Socio-Economic Conditions of the Female Garment Workers in the Capital City of Bangladesh 2014. 173-9 p.
21. Ahmed T, Mia R, Tanjim MN, et al. An extensive analysis of the health hazards for RMG workers in apparel sector of Bangladesh. 2020
22. Bangladesh Essential Health Service Package (2016), Ministry of Health and Family Welfare
23. ILO List of Occupational Disease
24. Joarder T, Chaudhury TZ, Mannan I. Universal Health Coverage in Bangladesh: Activities, Challenges, and Suggestions. Psyche (Camb Mass). 2019;2019:4954095. doi: 10.1155/2019/4954095. Epub 2019 Mar 3. PMID: 33281233; PMCID: PMC7691757
25. The Financial Express. (2021, June 10). 60M People Slide Below Poverty Line in Bangladesh Each Year. Retrieved from <https://thefinancialexpress.com.bd/economy/bangladesh/60m-people-slide-below-poverty-line-in-bangladesh-each-year-1623297687>

Pictures



Consultation on RMG Factory-Based Health Facilities
Venue: Utshav Hall, Hotel Sarina, Banani, Dhaka
Date: 23 Nov 2022



Pre-validation Seminar on Handbook to Establish Model Enterprise Clinics in RMG Factories in Bangladesh
Venue: Hotel Sarina, Dhaka
Date: 21 March 2023



Sustainability Meeting with Employers
Venue: PPD Building, Dhaka
Date: 4 April 2023



Training of Trainers for BGMEA & BKMEA Focal Persons
Venue: M. Anis Ud Dowla Conference Hall of BEF
Date: 12 & 14 April 2023



Factory Enrolment and Orientation Seminar of BKMEA
Venue: BKMEA Office, Dhaka
Date: 18 May 2023



Factory Enrolment and Orientation Seminar of BGMEA
Venue: BGMEA Office, Dhaka
Date: 22 May 2023



Workshop for DIFE
Venue: IRIIC, UIU, Dhaka
Date: 14 June 2023



Piloting on implementing Handbook & Checklist at Different RMG industries



Learning Dissemination Event at BKMEA
Venue: Hotel Sheraton, Dhaka
Date: 14 June 2023



Learning Dissemination Event at BGMEA
Venue: Radisson Blu
Date: 25 June 2023



Book Launching & Dissemination Event
Venue: Pan Pacific Sonargaon, Dhaka
Date: 24 June 2023

Annex 1: EC Charter



এন্টারপ্রাইজ ক্লিনিক চার্টার Enterprise Clinic Charter

২৪ ঘন্টা টেলিমেডিসিন নম্বর 24/7 Telemedicine Number	১৬২৬৩ 16263	
সার্ভিসের সময় Service Hours	সকাল ৮টা থেকে বিকাল ৫টা 8 AM to 5 PM	
ক্লিনিকাল সার্ভিসের জন্য জরুরি যোগাযোগ নম্বর Emergency Contact for Clinical Service	ডাঃ আকাশ আহমেদ ০১৫৮৯৬৭৪২৩১ Dr. Akash Ahmed 01589674231	
২৪ ঘন্টা অ্যাম্বুলেন্স সার্ভিস 24/7 Ambulance Service	রতন সরকার এজিএম ০১৭১০০৭৪৩৭১ Ratan sarkar AGM 01710074371	৯৯৯ ন্যাশনাল ইমার্জেন্সি সার্ভিস 999 National Emergency Service
সেকেন্ডারি রেফারেল সেন্টারের তালিকা এবং যোগাযোগ নম্বর List & Contact of Secondary Referral Center	শফিপুর জেনারেল হসপিটাল শফিপুর, কালিয়াকৈর, গাজীপুর Shafipur General Hospital Shafipur, Kaliakair, Gazipur সাবের আল তারেক জেনারেল ম্যানেজার ০১৯৮৩৮৯০৯৪৫ Saber Al Tarek General Manager 01983890945	
ওয়েলফেয়ার অফিসার (সেবা সন্তোষজনক না হলে অবহিত করার জন্য) Welfare officer (To notify if service is not satisfactory)	নাবিলা হাসান ০১৯১৬০০৯৪১৪ Nabila Hasan 01916009414	

মনজুর ফ্যাশন লিমিটেড



Annex 3: Action Plan

Action Plan Template

SN	Name & description of the Element	Action For improvement	Turn Around Time (TAT)	Name, Designation, Contact Number of the Responsible Person	Financial Estimate (if applicable)	Source of financing (if other than Employer)

.....
Signature
 (Trainer)

.....
Signature
 (Healthcare Committee)

.....
Signature
 (Focal Person)

Annex 4: Bangla Checklist

মডেল এন্টারপ্রাইজ ক্লিনিকের চেকলিস্ট (ধরণ ১: ১-২৯৯ শ্রমিক)

রেফারেন্স: শ্রমবিধি ৮৫ (তফসিল ৪) (৪) (ক)

কমপ্লায়েন্ট = যদি সব বিষয় উপস্থিত থাকে, উন্নতি প্রয়োজন = যদি কিছু বিষয় উপস্থিত থাকে কিন্তু এই মুহূর্তে উন্নতি প্রয়োজন, এই মুহূর্তে অনুপস্থিত = যদি কিছু বিষয় অনুপস্থিত থাকে, পর্যবেক্ষণ = উন্নতি প্রয়োজন বা এই মুহূর্তে অনুপস্থিত এই ক্ষেত্রে মন্তব্য লিখুন

অনুগ্রহ করে প্রাসঙ্গিক বাক্সের ভিতরে টিক চিহ্ন (/) দিয়ে কমপ্লায়েন্স লেভেল পূরণ করুন।

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্ট	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
ক	বিধি ৭৬ (১)	প্রতিটি ডিপার্টমেন্ট /সেকশন/ফ্লোরে রেড ক্রিসেন্ট বা ক্রস চিহ্ন দিয়ে চিহ্নিত প্রাইমারি এইড বক্স বা আলমারি				
২	স্বাস্থ্য সেবা					
ক	বিধি ৭৬ (১)	প্রাথমিক চিকিৎসা				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	সেকেন্ডারি রেফারেল সেন্টারে পৌঁছানোর জন্য উপযুক্ত যানবাহনের ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৩	রেফারেল সিস্টেম					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	সেকেন্ডারি রেফারেল সেন্টার হিসেবে হাসপাতাল / ক্লিনিক / ডায়াগনস্টিক সেন্টারের তালিকা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৪	সেবা চার্টার					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কারখানার প্রবেশদ্বার এবং অন্যান্য দৃশ্যমান স্থানে সেবা চার্টার রয়েছে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৫	আসবাবপত্র					
ক	বিধি ৭৬ (১)	রেড ক্রিসেন্ট বা ক্রস চিহ্ন দিয়ে চিহ্নিত প্রাইমারি এইড বক্স বা আলমারি				
	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	১ টি হুইল চেয়ার	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি	প্রয়োজন	
৬	ঔষধ, সরঞ্জাম ও চিকিৎসা সামগ্রী					
ক	বিধি ৭৬ (২) (৩) (৪)	শ্রমিকের সংখ্যার উপর ভিত্তি করে ঔষধ, সরঞ্জাম ও প্রাথমিক চিকিৎসা সামগ্রী				
৭	মানব সম্পদ					
ক	ধারা ৮৯ (৩)	প্রাথমিক চিকিৎসায় প্রশিক্ষণপ্রাপ্ত ১ জন দায়িত্বপ্রাপ্ত ব্যক্তি				
খ	ধারা ৮৯ (৪)	প্রাথমিক চিকিৎসায় প্রশিক্ষিত দায়িত্বপ্রাপ্ত ব্যক্তি সহজে সনাক্ত করা যায় এমন নির্দিষ্ট ব্যাজ পরিধান করেন				
গ	ধারা ৮৯ (৪)	প্রত্যেক কর্মক্ষেত্রে প্রাথমিক চিকিৎসায় প্রশিক্ষিত দায়িত্বপ্রাপ্ত ব্যক্তির নাম সম্বলিত একটি নোটিশ টাঙানো আছে				
ঘ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	প্রাথমিক চিকিৎসা ও বেসিক লাইফ সাপোর্ট বিষয়ে প্রয়োজন অনুযায়ী দায়িত্বপ্রাপ্ত ব্যক্তির জন্য রিফ্রেশার ট্রেনিং এর ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১২	হেল্থকেয়ার কমিটি/ ইসি কমিটি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ক্লিনিকের স্বাস্থ্য সেবা নিশ্চিত করতে বিদ্যমান সেফটি কমিটিতে সাবকমিটি গঠন/ হেল্থকেয়ার কমিটি/ ইসি কমিটি				
১৪	কমপ্লায়েন্স এবং সামাজিক সচেতনতা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	হেল্থকেয়ার কমিটি/ইসি কমিটি দ্বারা প্রয়োজন অনুযায়ী অ্যাডমিন/ প্রোডাকশন অফিসারদের জন্য রিফ্রেশার ট্রেনিং নেয়ার ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৫	পরিচ্ছন্নতা ও স্বাস্থ্যবিধি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	উপযুক্ত পরিষ্কার পরিচ্ছন্নতা বজায় রাখা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সংক্রামক রোগ থেকে রক্ষা পাবার জন্য পর্যাপ্ত ব্যবস্থা, যেমন, মাস্কের ব্যবহার, ইত্যাদি অনুশীলন করে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			

পরিদর্শন তারিখে (ধারা ও বিধি অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
কমপ্লায়েন্ট		
উন্নতি প্রয়োজন		
এই মুহূর্তে অনুপস্থিত		

পরিদর্শন তারিখে (স্টেকহোল্ডারের পরামর্শ অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
ইতোমধ্যে উপস্থিত আছে		
ভবিষ্যতে বিবেচনা করা হবে		

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স্বাক্ষর
(ট্রেইনার, বিজিএমিএ/বিকেএমইএ)

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স্বাক্ষর
(সদস্য, হেল্থকেয়ার / ইসি কমিটি)

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স্বাক্ষর
(এইচ আর/ কমপ্লায়েন্স, ফ্যাক্টরি)

মডেল এন্টারপ্রাইজ ক্লিনিকের চেকলিস্ট (ধরণ ২, ৩ এবং ৪: ৩০০-৪৯৯, ৫০০-১১৯৯ এবং ১২০০-২৯৯৯ শ্রমিক)
রেফারেন্স: শ্রমবিধি ২০১৫ ৮৫ (তফসিল ৪) (৪) (ক)

কমপ্লায়েন্ট = যদি সব বিষয় উপস্থিত থাকে, উন্নতি প্রয়োজন = যদি কিছু বিষয় উপস্থিত থাকে কিন্তু এই মুহূর্তে উন্নতি প্রয়োজন, এই মুহূর্তে অনুপস্থিত = যদি কিছু বিষয় অনুপস্থিত থাকে, পর্যবেক্ষণ = উন্নতি প্রয়োজন বা এই মুহূর্তে অনুপস্থিত এই ক্ষেত্রে মন্তব্য লিখুন

অনুগ্রহ করে প্রাসঙ্গিক বাক্সের ভিতরে টিক চিহ্ন (/) দিয়ে কমপ্লায়েন্স লেভেল পূরণ করুন।

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্ট	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
১	আয়তন					
ক	বিধি ৭৮ (১) (গ), বিধি ৭৭ (৫) (খ) (ঘ) (প) (ভ)	আয়তন ১২০ থেকে ১৮০ বর্গফুটের মধ্যে				
২	অবস্থান					
ক	বিধি ৭৭ (২)	প্রতিষ্ঠানের যে সকল অংশে অধিক শব্দপূর্ণ প্রক্রিয়া চলে সেইসব অংশ থেকে আলাদা চিকিৎসা কক্ষটি সাউণ্ডপ্রুফ				
৩	অবকাঠামো					
ক	বিধি- ৭৭ (৪)	মেঝে মসৃণ, অভেদ্য ও মজবুত হতে হবে				
খ	বিধি- ৭৭ (৪)	দেয়ালসমূহ মেঝে হতে ১.৫০ মিটার উচ্চতা পর্যন্ত অভেদ্য				
গ	বিধি- ৭৭ (৪)	পর্যাপ্ত বাতাস চলাচলের ব্যবস্থা আছে				
ঘ	বিধি- ৭৭ (৪)	পর্যাপ্ত প্রাকৃতিক আলোর ব্যবস্থা আছে				
ঙ	বিধি- ৭৭ (৪)	পর্যাপ্ত কৃত্রিম আলোর ব্যবস্থা আছে				
চ	বিধি (৭৮) (১)	ডিসপেনসারীর ঔষধ স্টোর করার ব্যবস্থা				
৪	প্রয়োজনীয় সেবাসমূহ					
ক	বিধি ৪০ (২), বিধি ৪৭ (১)	বায়োমেডিকেল বর্জ্য ব্যবস্থাপনার অংশ হিসেবে চার রঙের ঢাকনাযুক্ত ময়লার বুড়ি আছে (কালো, হলুদ, সবুজ ও লাল)				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	জেনারেটর সুবিধা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৫	স্বাস্থ্য সেবা					
ক	বিধি ৪১ (ক) (গ)	ক্লিনিক্যাল ও সাধারণ ব্যবহারের জন্য যথাযথ জীবাণুনাশকের নাম এবং পরিমাণ উল্লেখিত				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
খ	বিধি ৭৮ (১) (ঘ) (এ)	পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য, মহিলা কর্মীদের জন্য স্যানিটারি নাপকিন বিষয়ে সচেতনতা প্রদানের ব্যবস্থা (লিফলেট বিতরণ/ ভিজুয়াল/ সচেতনতা সেশন/ পি.এ সিস্টেম ঘোষণা/ কাউন্সেলিং)				
গ	বিধি ৭৭ (৫)	প্রাথমিক চিকিৎসার সাথে সাথে রোগীর বিশ্রামের ব্যবস্থাও আছে				
ঘ	বিধি ৭৮ (১) (ঘ) (ঐ)	প্রসূতি মহিলা কর্মীদের প্রসব পূর্ব এবং প্রসব পরবর্তী সেবা (এ এন সি, পি এন সি) ও বহির্বিভাগে সাধারণ অসুস্থতার চিকিৎসা সেবা দেওয়া হয়				
ঙ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মক্ষেত্রে ইনজুরির তাৎক্ষণিক ব্যবস্থাপনাঃ সূচের আঘাত, পেশীতে ব্যথা, চোখের সমস্যা, কানের সমস্যা, পুড়ে যাওয়া, কেটে যাওয়া, (প্রাথমিক সেবার ব্যবস্থা আছে এবং সেকেন্ডারি রেফারেল)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
চ	বিধি ৭৮ (১) (ঘ) (গ)	চিকিৎসক দ্বারা পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং কর্ম ক্ষেত্রে ঘটা দুর্ঘটনা সম্পর্কিত ফিজিকাল থেরাপীর পরামর্শ				
ছ	বিধি ৭৭ (৭)	ক্লিনিকে সেবাদানকৃত সকল কর্মীর কর্ম ক্ষেত্রে ঘটা দুর্ঘটনা এবং সাধারণ অসুস্থতার রেজিস্টার (উদাহরণে নমুনা সংযুক্ত)				
জ	বিধি ৬৮	ঝুঁকিপূর্ণ কাজে নিয়োজিত কর্মীদের ফিটনেস রেজিস্টার				
ঝ	বিধি- ৭৭ (৬)	সেকেন্ডারি রেফারেল সেন্টারে পৌঁছানোর জন্য উপযুক্ত যানবাহনের ব্যবস্থা				
৬	রেফারেল সিস্টেম					
ক	বিধি ৭৮ (১) (ঙ)	সেকেন্ডারি রেফারেল সেন্টার হিসেবে হাসপাতাল / ক্লিনিক / ডায়াগনস্টিক সেন্টারের তালিকা				
খ	বিধি ৭৮ (১) (ঙ)	ফিজিকাল থেরাপীর ব্যবস্থা আছে এইরূপ সেকেন্ডারি রেফারেল সেন্টার				
৭	সেবা চার্টার					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কারখানা এবং ক্লিনিকের প্রবেশদ্বার এবং অন্যান্য দৃশ্যমান স্থানে সেবা চার্টার রয়েছে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স উদ্দেশ্য	উদ্দেশ্য প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
৮	আসবাবপত্র					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> • মসৃণ উপরিতল বিশিষ্ট ১.৮৫ x ১.১০ মিটার মাপের টেবিল • ২ টি বেড (পেশেন্ট পরীক্ষার বেড) • ২ টি স্ট্রেচার • ১ টি হুইল চেয়ার • ১২টি (৯১.৪৪ সে.মি. X ১০.১৬ সে.মি. X ০.৬৩ সে.মি.) কাঠের সাধারণ চটি • ১২টি (৩৫.৫৬ সে.মি. X ৭.৬২ সে.মি. X ০.৬৩ সে.মি.) কাঠের সাধারণ চটি • ৬টি (২৫.৪০ সে.মি. X ৫.০৮ সে.মি. X ০.৬৩ সে.মি.) কাঠের সাধারণ চটি • ৬টি পশমী কম্বল • ৩ টি চেয়ার • ১ টি পর্দা • ১ টি আলমারি 				
৯	সরঞ্জাম					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> • গরম পানি ও ঠান্ডা পানি রাখার একটি প্রলেপযুক্ত পাত্র • যন্ত্রপাতি জীবাণুমুক্তকরণের ব্যবস্থা • দুটি ঢাকনাযুক্ত বালতি/ পাত্র • পানি গরম করার জন্য একটি কেটলি ও স্পিরিট স্টেভ বা অন্য কোন উপযুক্ত ব্যবস্থা • একজোড়া আর্টারি ফরসেপ • দুটি মাঝারি আকারের স্পঞ্জ • ৬টি তোয়ালে • চারটি ট্রে • ২টি কাঁচের পাত্র • ২টি থার্মোমিটার • কয়েকটি হাইপোডার্মিক সিরিঞ্জ • দাগকাটা মাপন গ্লাস এবং চা চামচ • একটি বৈদ্যুতিক হ্যান্ড টর্চ • টুরনিকিট (রক্ত বন্ধ করিবার উপকরণ) • চোখ ধোয়ার সরঞ্জাম • প্রাথমিক চিকিৎসার জন্য প্রয়োজনীয় সরঞ্জাম সহ ১ টি আলমারি 				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	<ul style="list-style-type: none"> • প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি স্টেথোস্কোপ • প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি বি পি মেশিন • ১ টি ওজন মাপার যন্ত্র • ১ টি উচ্চতা মাপার যন্ত্র • প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি পালস অক্সিমিটার • ১ টি নেবুলাইজার • ১ টি অক্সিজেন সিলিন্ডার 				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি	প্রয়োজন	
১০	ওষুধ ও চিকিৎসা সামগ্রী					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> ধনুষ্টংকার প্রতিরোধক সিরামের পর্যাপ্ত সরবরাহ (এ টি এস/টি টি) ৪ টি কার্বলিক সাবান ১ বোতল (১ লিটার) ১: ২০ কার্বলিক লোশন ব্যথানাশক এবং অ্যান্টিসিড জাতীয় ট্যাবলেট পোড়া অংশের জন্য ব্যবহৃত মলম চোখের জন্য মলম অস্ত্রোপচারের জন্য উপযুক্ত অ্যান্টিসেপটিক দ্রবণ ১২ প্যাকেট খাবার স্যালাইন (৩ আর এস) 				
খ	বিধি ৭৬ (৫)	প্রত্যেক তিন মাসে একবার মেয়াদোত্তীর্ণ ওষুধ, ভোগ্য সামগ্রী, সরঞ্জামের আপডেট করা তালিকা এবং প্রাসঙ্গিক উপকরণগুলি মেয়াদোত্তীর্ণ তারিখের অন্তত এক মাস পূর্বে পরিবর্তন করা হয়				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	<ul style="list-style-type: none"> ক্লিনিকে ডাক্তারদের দ্বারা নির্বাচিত অন্যান্য ওটিসি ওষুধ রয়েছে পর্যাপ্ত আইভি স্যালাইন (কেলেরা স্যালাইন/ ০.৯% সোডিয়াম ক্লোরাইড স্যালাইন) 	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
ঘ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সশ্রয়ী মূল্যে জরুরী প্রয়োজনে স্যানিটারি ন্যাপকিন ক্রয় করতে পারে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১১	মানব সম্পদ					
ক	বিধি ৭৭ (১)	<ul style="list-style-type: none"> ন্যূনতম ১ জন ডাক্তার (অন্ততপক্ষে একজন মহিলা চিকিৎসক নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ১ জন প্যারামেডিক/ড্রেসার ন্যূনতম ১ জন নার্স (মহিলা নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ১ জন সাপোর্ট স্টাফ 				
খ	বিধি ৭৭ (১)	<ul style="list-style-type: none"> বিএমডিসি নিবন্ধিত ডাক্তার প্রশিক্ষিত নার্স প্রশিক্ষিত প্যারামেডিক 				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য বিষয়ে প্রয়োজন অনুযায়ী ডাক্তার/ নার্স/ প্যারামেডিকদের রিফ্রেশার ট্রেনিং এর ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১২	হেল্থকেয়ার কমিটি/ ইসি কমিটি					

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি	প্রয়োজন	
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ক্লিনিকের স্বাস্থ্য সেবা নিশ্চিত করতে বিদ্যমান সেফটি কমিটিতে সাবকমিটি গঠন/হেল্থকেয়ার কমিটি/ইসি কমিটি				
১৩	সেবা ডেটা / স্বাস্থ্য সেবার রেকর্ড					
ক	বিধি ৭৭ (৭)	সকল চিকিৎসা এবং কর্ম ক্ষেত্রে ঘটা দুর্ঘটনার সাথে সম্পর্কিত সমস্ত নথি এবং রেকর্ড অবশ্যই ক্লিনিকে সংরক্ষণ করতে হবে				
১৪	কমপ্লায়েন্স এবং সামাজিক সচেতনতা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	হেল্থকেয়ার কমিটি/ইসি কমিটি দ্বারা প্রয়োজন অনুযায়ী অ্যাডমিন/প্রোডাকশন অফিসারদের জন্য রিফ্রেশার ট্রেনিং নেয়ার ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৫	পরিচ্ছন্নতা ও স্বাস্থ্যবিধি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	উপযুক্ত পরিষ্কার পরিচ্ছন্নতা বজায় রাখা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সংক্রামক রোগ থেকে রক্ষা পাবার জন্য পর্যাপ্ত ব্যবস্থা, যেমন, হ্যান্ডওয়াশ, মাস্কের ব্যবহার, ইত্যাদি অনুশীলন করে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	সংক্রামক রোগের (যেমন চিকেনপক্স, কোভিড, কনজাংকটিভাইটিস) বিস্তার রোধ করার জন্য পর্যাপ্ত ব্যবস্থা ও প্রোটোকল আছে (যেমন আইসোলেশন বেড/ রুম , হাত ধোয়ার ব্যবস্থা , থুতু ফেলার পাত্র ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৬	স্বাস্থ্যকর্মীদের জন্য সুরক্ষা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ডিউটির সময় স্বাস্থ্যকর্মীরা উপযুক্ত পোষাক পরিধান করেন (এপ্রোন, আইডি কার্ড ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	রোগীকে সেবা দেওয়ার সময় স্বাস্থ্যকর্মীরা সঠিকভাবে পিপিই পরিধান করেন (সার্জিক্যাল মাস্ক, গ্লাভস ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল				পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি	প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা নিজেরা কোভিড এবং হেপাটাইটিস বি এর টিকা নিয়েছেন					
১৭**	স্বাস্থ্যকর্মী ও কর্মচারীদের কাজের পরিবেশ এবং সেবার অবস্থা						
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা ক্লিনিকে সেবা প্রদানের পরিবেশ নিয়ে সন্তুষ্ট	<input type="checkbox"/> সন্তুষ্ট/সচেতন <input type="checkbox"/> সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা ক্লিনিক হতে পাওয়া যায় এইরূপ সকল সেবা সম্পর্কে অবগত	<input type="checkbox"/> সন্তুষ্ট/সচেতন <input type="checkbox"/> সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন				

** ছোট (শ্রমিক সংখ্যা ৩০০-৪৯৯) ও মাঝারি (শ্রমিক সংখ্যা ৫০০-১১৯৯) কারখানার জন্য প্রযোজ্য নয়

পরিদর্শন তারিখে (ধারা ও বিধি অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
কমপ্লায়েন্স		
উন্নতি প্রয়োজন		
এই মুহূর্তে অনুপস্থিত		

পরিদর্শন তারিখে (স্টেকহোল্ডারের পরামর্শ অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
ইতোমধ্যে উপস্থিত আছে		
ভবিষ্যতে বিবেচনা করা হবে		

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স্বাক্ষর
(ট্রেইনার, বিজিএমিএ/বিকেএমইএ)

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স্বাক্ষর
(সদস্য, হেল্থকেয়ার / ইসি কমিটি)

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স্বাক্ষর
(এইচ আর/ কমপ্লায়েন্স, ফ্যাক্টরি)

মডেল এন্টারপ্রাইজ ক্লিনিকের চেকলিস্ট (ধরণ ৫: ৩০০০ থেকে ৪৯৯৯ শ্রমিক)

রেফারেন্স: শ্রমবিধি ৮৫ (তফসিল ৪) (৪) (ক)

কমপ্লায়েন্ট = যদি সব বিষয় উপস্থিত থাকে; উন্নতি প্রয়োজন = যদি কিছু বিষয় উপস্থিত থাকে কিন্তু এই মুহূর্তে উন্নতি প্রয়োজন, এই মুহূর্তে অনুপস্থিত = যদি কিছু বিষয় অনুপস্থিত থাকে, পর্যবেক্ষণ = উন্নতি প্রয়োজন বা এই মুহূর্তে অনুপস্থিত এই ক্ষেত্রে মন্তব্য লিখুন

অনুগ্রহ করে প্রাসঙ্গিক বাক্সের ভিতরে টিক চিহ্ন (/) দিয়ে কমপ্লায়েন্স লেভেল পূরণ করুন।

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্ট	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
১	আয়তন					
ক	বিধি ৭৮ (১) (গ), বিধি ৭৭ (৫) (খ) (ঘ) (প) (ভ)	ন্যূনতম আয়তন ২৪০ বর্গফুট				
২	অবস্থান					
ক	বিধি ৭৭ (২)	প্রতিষ্ঠানের যে সকল অংশে অধিক শব্দপূর্ণ প্রক্রিয়া চলে সেইসব অংশ থেকে আলাদা চিকিৎসা কক্ষটি সাউণ্ডপ্রুফ				
৩	অবকাঠামো					
ক	বিধি- ৭৭ (৪)	মেঝে মসৃণ, অভেদ্য ও মজবুত হতে হবে				
খ	বিধি- ৭৭ (৪)	দেয়ালসমূহ মেঝে হতে ১.৫০ মিটার উচ্চতা পর্যন্ত অভেদ্য				
গ	বিধি- ৭৭ (৪)	পর্যাপ্ত বাতাস চলাচলের ব্যবস্থা আছে				
ঘ	বিধি- ৭৭ (৪)	পর্যাপ্ত প্রাকৃতিক আলোর ব্যবস্থা আছে				
ঙ	বিধি- ৭৭ (৪)	পর্যাপ্ত কৃত্রিম আলোর ব্যবস্থা আছে				
চ	বিধি ৭৮ (১)	ডিসপেনসারীর ঔষধ স্টোর করার ব্যবস্থা				
৪	প্রয়োজনীয় সেবাসমূহ					
ক	বিধি ৪০ (২), বিধি ৪৭ (১)	বায়োমেডিকেল বর্জ্য ব্যবস্থাপনার অংশ হিসেবে চার রঙের ঢাকনায়ুক্ত ময়লার ঝুড়ি আছে (কালো, হলুদ, সবুজ ও লাল)				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	জেনারেটর সুবিধা				<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে
৫	স্বাস্থ্য সেবা					
ক	বিধি ৪১ (ক) (গ)	ক্লিনিক্যাল ও সাধারণ ব্যবহারের জন্য যথাযথ জীবাণুনাশকের নাম এবং পরিমাণ উল্লেখিত				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
খ	বিধি ৭৮ (১) (ঘ) (এ)	পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য, মহিলা কর্মীদের জন্য স্যানিটারি নাপকিন বিষয়ে সচেতনতা প্রদানের ব্যবস্থা (লিফলেট বিতরণ/ ভিজুয়াল/ সচেতনতা সেশন/ পি.এ সিস্টেম ঘোষণা/ কাউন্সেলিং)				
গ	বিধি ৭৭ (৫)	প্রাথমিক চিকিৎসার সাথে সাথে রোগীর বিশ্রামের ব্যবস্থাও আছে				
ঘ	বিধি ৭৮ (১) (ঘ) (ঐ)	প্রসূতি মহিলা কর্মীদের প্রসবপূর্ব এবং প্রসব পরবর্তী সেবা (এএনসি, পিএনসি) ও বহির্বিভাগে সাধারণ অসুস্থতার চিকিৎসা সেবা দেওয়া হয়				
ঙ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মক্ষেত্রে ইনজুরির তাৎক্ষণিক ব্যবস্থাপনাঃ সূচের আঘাত, পেশীতে ব্যথা, চোখের সমস্যা, কানের সমস্যা, পুড়ে যাওয়া, কেটে যাওয়া (প্রাথমিক সেবার ব্যবস্থা আছে এবং সেকেন্ডারি রেফারেল)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
চ	বিধি ৭৮ (১) (ঘ) (ঙ)	চিকিৎসক দ্বারা পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং কর্ম ক্ষেত্রে ঘটা ইনজুরি সম্পর্কিত ফিজিকাল থেরাপীর পরামর্শ				
ছ	বিধি ৭৭ (৭)	ক্লিনিকে সেবাদানকৃত সকল কর্মীর কর্ম ক্ষেত্রে ঘটা দুর্ঘটনা এবং সাধারণ অসুস্থতার রেজিস্টার (উদাহরণে নমুনা সংযুক্ত)				
জ	বিধি ৬৮	ঝুঁকিপূর্ণ কাজে নিয়োজিত কর্মীদের ফিটনেস রেজিস্টার				
ঝ	বিধি- ৭৭ (৬)	সেকেন্ডারি রেফারেল সেন্টারে পৌঁছানোর জন্য উপযুক্ত যানবাহনের ব্যবস্থা				
৬	রেফারেল সিস্টেম					
ক	বিধি ৭৮ (১) (ঙ)	সেকেন্ডারি রেফারেল সেন্টার হিসেবে হাসপাতাল/ক্লিনিক/ডায়াগনস্টিক সেন্টারের তালিকা				
খ	বিধি ৭৮ (১) (ঙ)	ফিজিকাল থেরাপীর ব্যবস্থা আছে এইরূপ সেকেন্ডারি রেফারেল সেন্টার				
৭	সেবা চার্টার					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কারখানা এবং ক্লিনিকের প্রবেশদ্বার এবং অন্যান্য দৃশ্যমান স্থানে সেবা চার্টার রয়েছে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৮	আসবাবপত্র					

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> মসৃণ উপরিতল বিশিষ্ট ১.৮৫ X ১.১০ মিটার মাপের টেবিল ২ টি বেড (পেশেন্ট পরীক্ষার বেড) ২ টি স্ট্রেচার ১ টি হুইল চেয়ার ১২টি (৯১.৪৪ সে.মি. X ১০.১৬ সে.মি. X ০.৬৩ সে.মি.) কাঠের সাধারণ চটি ১২টি (৩৫.৫৬ সে.মি. X ৭.৬২ সে.মি. X ০.৬৩ সে.মি.) কাঠের সাধারণ চটি ৬টি (২৫.৪০ সে.মি. X ৫.০৮ সে.মি. X ০.৬৩ সে.মি.) কাঠের সাধারণ চটি ৬টি পশমী কস্বল ৩ টি চেয়ার ৯ টি পর্দা ১ টি আলমারি 				
৯	সরঞ্জাম					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> গরম পানি ও ঠান্ডা পানি রাখার একটি প্রলেপযুক্ত পাত্র যন্ত্রপাতি জীবাণুমুক্তকরণের ব্যবস্থা দু'টি ঢাকনায়ুক্ত বালতি/পাত্র পানি গরম করার জন্য একটি কেটলি ও স্পিরিট স্টোভ বা অন্য কোন উপযুক্ত ব্যবস্থা একজোড়া আর্টারি ফরসেপ দু'টি মাঝারি আকারের স্পঞ্জ ৬টি তোয়ালে চারটি ট্রে ২টি কাঁচের পাত্র ২টি থার্মোমিটার কয়েকটি হাইপোডার্মিক সিরিঞ্জ দাগকাটা মাপন গ্লাস এবং চা চামচ একটি বৈদ্যুতিক হ্যান্ড টর্চ টুরনিকেট (রক্ত বন্ধ করিবার উপকরণ) চোখ ধোয়ার সরঞ্জাম প্রাথমিক চিকিৎসার জন্য প্রয়োজনীয় সরঞ্জাম সহ ১ টি আলমারি 				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	<ul style="list-style-type: none"> প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি স্টেথোস্কোপ প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি বিপি মেশিন ১ টি ওজন মাপার যন্ত্র ১ টি উচ্চতা মাপার যন্ত্র প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি পালস অক্সিমিটার ১ টি নেবুলাইজার ১ টি অক্সিজেন সিলিন্ডার 			<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে	

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স উন্নতি	প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
১০	ঔষধ ও চিকিৎসা সামগ্রী					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> ধনুষ্টিংকার প্রতিরোধক সিরামের পর্যাপ্ত সরবরাহ (এটিএস/টিটি) ৪ টি কার্বলিক সাবান ১ বোতল (১ লিটার) ১: ২০ কার্বলিক লোশন ব্যথানাশক এবং অ্যান্টিসিড জাতীয় ট্যাবলেট পোড়া অংশের জন্য ব্যবহৃত মলম চোখের জন্য মলম অস্ত্রোপচারের জন্য উপযুক্ত অ্যান্টিসেপটিক দ্রবণ ১২ প্যাকেট আবার স্যালাইন (ও আর এস) 				
খ	বিধি ৭৬ (৫)	প্রত্যেক তিন মাসে একবার মেয়াদোত্তীর্ণ ঔষধ, ভোগ্য সামগ্রী, সরঞ্জামের আপডেট করা তালিকা এবং প্রাসঙ্গিক উপকরণগুলি মেয়াদোত্তীর্ণ তারিখের অন্তত এক মাস পূর্বে পরিবর্তন করা হয়				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	<ul style="list-style-type: none"> ক্লিনিকে ডাক্তারদের দ্বারা নির্বাচিত অন্যান্য ওটিসি ঔষধ রয়েছে পর্যাপ্ত আইভি স্যালাইন (কলেরা স্যালাইন/ ০.৯% সোডিয়াম ক্লোরাইড স্যালাইন) 	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
ঘ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সাশ্রয়ী মূল্যে জরুরী প্রয়োজনে স্যানিটারি ন্যাপকিন ক্রয় করতে পারে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১১	মানব সম্পদ					
ক	বিধি ৭৭ (১)	<ul style="list-style-type: none"> ন্যূনতম ২ জন ডাক্তার (অন্ততপক্ষে একজন মহিলা চিকিৎসক নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ২ জন প্যারামেডিক/ড্রেসার ন্যূনতম ২ জন নার্স (মহিলা নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ২ জন সাপোর্ট স্টাফ 				
খ	বিধি ৭৭ (১)	<ul style="list-style-type: none"> বিএমডিসি নিবন্ধিত ডাক্তার প্রশিক্ষিত নার্স প্রশিক্ষিত প্যারামেডিক 				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য বিষয়ে প্রয়োজন অনুযায়ী ডাক্তার/ নার্স/প্যারামেডিকদের রিফ্রেশার ট্রেনিং এর ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে চলুপস্থিত	
১২	হেল্থকেয়ার কমিটি/ ইসি কমিটি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ক্লিনিকের স্বাস্থ্য সেবা নিশ্চিত করতে বিদ্যমান সেফটি কমিটিতে সাবকমিটি গঠন/হেল্থকেয়ার কমিটি/ইসি কমিটি				
১৩	সেবা ডেটা/স্বাস্থ্য সেবার রেকর্ড					
ক	বিধি ৭৭ (৭)	সকল চিকিৎসা এবং কর্ম ক্ষেত্রে ঘটা দুর্ঘটনার সাথে সম্পর্কিত সমস্ত নথি এবং রেকর্ড অবশ্যই ক্লিনিকে সংরক্ষণ করতে হবে				
১৪	কমপ্লায়েন্স এবং সামাজিক সচেতনতা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	হেল্থকেয়ার কমিটি/ ইসি কমিটি দ্বারা প্রয়োজন অনুযায়ী অ্যাডমিন/ প্রোডাকশন অফিসারদের জন্য রিফ্রেশার ট্রেনিং নেয়ার ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৫	পরিচ্ছন্নতা ও স্বাস্থ্যবিধি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	উপযুক্ত পরিষ্কার পরিচ্ছন্নতা বজায় রাখা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সংক্রামক রোগ থেকে রক্ষা পাবার জন্য পর্যাপ্ত ব্যবস্থা, যেমন, হ্যান্ডওয়াশ, মাস্কের ব্যবহার, ইত্যাদি অনুশীলন করে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	সংক্রামক রোগের (যেমন চিকেনপক্স, কোভিড, কনজাংকটিভাইটিস) বিস্তার রোধ করার জন্য পর্যাপ্ত ব্যবস্থা ও প্রোটোকল আছে (যেমন আইসোলেশন বেড/রুম, হাত ধোয়ার ব্যবস্থা, থুতু ফেলার পাত্র ইত্যাদি)				
১৬	স্বাস্থ্যকর্মীদের জন্য সুরক্ষা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ডিউটির সময় স্বাস্থ্যকর্মীরা উপযুক্ত পোশাক পরিধান করেন (এপ্রোন, আইডি কার্ড ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	রোগীকে সেবা দেওয়ার সময় স্বাস্থ্যকর্মীরা সঠিকভাবে পিপিই পরিধান করেন (সার্জিক্যাল মাস্ক, গ্লাভস ইত্যাদি)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা নিজেরা কোভিড এবং হেপাটাইটিস বি এর টিকা নিয়েছেন	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে
১৭	স্বাস্থ্যকর্মী ও কর্মচারীদের কাজের পরিবেশ এবং সেবার অবস্থা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা ক্লিনিকে সেবা প্রদানের পরিবেশ নিয়ে সন্তুষ্ট	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> সন্তুষ্ট/সচেতন <input type="checkbox"/> সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা ক্লিনিক হতে পাওয়া যায় এইরূপ সকল সেবা সম্পর্কে অবগত	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> সন্তুষ্ট/সচেতন <input type="checkbox"/> সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন

পরিদর্শন তারিখে (ধারা ও বিধি অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
কমপ্লায়েন্স		
উন্নতি প্রয়োজন		
এই মুহূর্তে অনুপস্থিত		

পরিদর্শন তারিখে (স্টেকহোল্ডারের পরামর্শ অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
ইতোমধ্যে উপস্থিত আছে		
ভবিষ্যতে বিবেচনা করা হবে		

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স্বাক্ষর

(ট্রেনার, বিজিএমিএ/বিকেএমইএ)

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স্বাক্ষর

(সদস্য, হেল্থকেয়ার / ইসি কমিটি)

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স্বাক্ষর

(এইচ আর/ কমপ্লায়েন্স, ফ্যাক্টরি)

মডেল এন্টারপ্রাইজ ক্লিনিকের চেকলিস্ট (ধরণ ৬: ৫০০০ থেকে ৭৫০০ শ্রমিক)

রেফারেন্স: শ্রমবিধি ৮৫ (তফসিল ৪) (৪) (ক)

কমপ্লায়েন্ট = যদি সব বিষয় উপস্থিত থাকে; উন্নতি প্রয়োজন = যদি কিছু বিষয় উপস্থিত থাকে কিন্তু এই মুহূর্তে উন্নতি প্রয়োজন; এই মুহূর্তে অনুপস্থিত = যদি কিছু বিষয় অনুপস্থিত থাকে; পর্যবেক্ষণ = উন্নতি প্রয়োজন বা এই মুহূর্তে অনুপস্থিত এই ক্ষেত্রে মন্তব্য লিখুন

অনুগ্রহ করে প্রাসঙ্গিক বাক্সের ভিতরে টিক চিহ্ন (/) দিয়ে কমপ্লায়েন্স লেভেল পূরণ করুন।

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্ট	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
১	আয়তন					
ক	বিধি ৭৮ (১) (গ), বিধি ৭৭ (৫) (খ) (ঘ) (প) (ভ)	ন্যূনতম আয়তন ৩৬০ বর্গফুট (টেয়ালেট ব্যতীত)				
২	অবস্থান					
ক	বিধি ৭৭ (২)	প্রতিষ্ঠানের যে সকল অংশে অধিক শব্দপূর্ণ প্রক্রিয়া চলে সেইসব অংশ থেকে আলাদা চিকিৎসা কক্ষটি সাউণ্ডপ্রুফ				
৩	অবকাঠামো					
ক	বিধি- ৭৭ (৪)	মেঝে মসৃণ, অভেদ্য ও মজবুত হতে হবে				
খ	বিধি- ৭৭ (৪)	দেয়ালসমূহ মেঝে হতে ১.৫০ মিটার উচ্চতা পর্যন্ত অভেদ্য				
গ	বিধি- ৭৭ (৪)	পর্যাপ্ত বাতাস চলাচলের ব্যবস্থা আছে				
ঘ	বিধি- ৭৭ (৪)	পর্যাপ্ত প্রাকৃতিক আলোর ব্যবস্থা আছে				
ঙ	বিধি- ৭৭ (৪)	পর্যাপ্ত কৃত্রিম আলোর ব্যবস্থা আছে				
চ	বিধি ৭৮ (১) (ঘ) (আ)	সংক্রামক রোগের জন্য ১ টি আইসোলেশন রুম যার মধ্যে ১ টি বেড রয়েছে				
ছ	বিধি ৭৮ (১) (ঘ) (ই)	বসার জায়গাসহ পৃথক বহির্বিভাগ				
জ	বিধি ৭৮ (১) (ঘ) (ঈ)	পরীক্ষার জন্য পৃথক কক্ষ				
ঝ	বিধি ৭৮ (১) (ঘ) (উ)	ছোটখাটো অস্ত্রোপচার ও ড্রেসিং এর জন্য কক্ষ				
ঞ	বিধি ৭৮ (১) (ঘ) (উ)	ডিসপেনসারীর ঔষধ স্টোর করার ব্যবস্থা				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
ট	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	পুরুষ ও মহিলাদের জন্য চিহ্নযুক্ত পৃথক শৌচাগার/প্রক্ষালণ কক্ষ	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে	<input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে		
৪	প্রয়োজনীয় সেবাসমূহ					
ক	বিধি ৪০ (২), বিধি ৪৭ (১)	বায়োমেডিকেল বর্জ্য ব্যবস্থাপনার অংশ হিসেবে চার রঙের ঢাকনায়ুক্ত ময়লার বুড়ি আছে (কালো, হলুদ, সবুজ ও লাল)				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	জেনারেটর সুবিধা				
৫	স্বাস্থ্য সেবা					
ক	বিধি ৪১ (ক) (গ)	ক্লিনিক্যাল ও সাধারণ ব্যবহারের জন্য যথাযথ জীবাণুনাশকের নাম এবং পরিমাণ উল্লেখিত				
খ	বিধি (৭৮) (১) (ঘ) (আ)	পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য, মহিলা কর্মীদের জন্য স্যানিটারি নাপকিন বিষয়ে সচেতনতা প্রদানের ব্যবস্থা (লিফলেট বিতরণ/ভিজুয়াল/সচেতনতা সেশন/পি.এ সিস্টেম ঘোষণা/কাউন্সেলিং)				
গ	বিধি ৭৮ (১) (ঘ) (ঋ)	শয্যায় থেকে চিকিৎসাবীন কর্মীদের বিনামূল্যে ঔষধ ও খাবার সরবরাহ করা				
ঘ	বিধি ৭৭ (৫)	প্রাথমিক চিকিৎসার সাথে রোগীর বিশ্রামের ব্যবস্থা				
ঙ	বিধি ৭৮ (১) (ঘ) (ঞ)	প্রসূতি মহিলা কর্মীদের প্রসবপূর্ব এবং প্রসব পরবর্তী সেবা (এএনসি, পিএনসি), বহির্বিভাগ ও ইন-পেশেন্ট বিভাগে সাধারণ অসুস্থতার চিকিৎসা সেবা দেওয়া হয়				
চ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মক্ষেত্রে ইনজুরির তাৎক্ষণিক ব্যবস্থাপনাঃ সূচের আঘাত, পেশীতে ব্যথা, চোখের সমস্যা, কানের সমস্যা, পুড়ে যাওয়া, কেটে যাওয়া, (প্রাথমিক সেবার ব্যবস্থা আছে এবং সেকেন্ডারি রেফারেল)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে	<input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে		

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
ছ	বিধি ৭৮ (১) (ঘ) (৩)	চিকিৎসক দ্বারা পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং কর্ম ক্ষেত্রে যটা ইনজুরি সম্পর্কিত ফিজিক্যাল থেরাপীর পরামর্শ				
ঝ	বিধি (৬৮)	ঝুঁকিপূর্ণ কাজে নিয়োজিত কর্মীদের ফিটনেস রেজিস্টার				
ঞ	বিধি ৭৮ (৬)	ক্লিনিকে চিকিৎসাধীন/চিকিৎসাপ্রাপ্ত প্রত্যেক রোগীর মেডিক্যাল রেকর্ড (উদাহরণে নমুনা সংযুক্ত)				
ট	বিধি- ৭৭ (৬)	সেকেন্ডারি রেফারেল সেন্টারে পৌঁছানোর জন্য উপযুক্ত যানবাহনের ব্যবস্থা				
৬ রেফারেল সিস্টেম						
ক	বিধি ৭৮ (১) (ঙ)	সেকেন্ডারি রেফারেল সেন্টার হিসেবে হাসপাতাল/ক্লিনিক/ডায়াগনস্টিক সেন্টারের তালিকা				
খ	বিধি ৭৮ (১) (ঙ)	ফিজিক্যাল থেরাপীর ব্যবস্থা আছে এইরূপ সেকেন্ডারি রেফারেল সেন্টার				
৭ সেবা চার্টার						
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কারখানা এবং ক্লিনিকের প্রবেশদ্বার এবং অন্যান্য দৃশ্যমান স্থানে সেবা চার্টার রয়েছে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৮ আসবাবপত্র						
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> • মসৃণ উপরিতল বিশিষ্ট ১.৮৫ X ১.১০ মিটার মাপের টেবিল • ৬ টি শোয়ার জন্য বেড (পেশেন্ট বেড) • ২ টি স্ট্রেচার • ১ টি হুইল চেয়ার • ১২টি (৯১.৪৪ সে.মি. X ১০.১৬ সে.মি. X ০.৬৩ সে.মি.) কার্ঠের সাধারণ চটি • ১২টি (৩৫.৫৬ সে.মি. X ৭.৬২ সে.মি. X ০.৬৩ সে.মি.) কার্ঠের সাধারণ চটি • ৬টি (২৫.৪০ সে.মি. X ৫.০৮ সে.মি. X ০.৬৩ সে.মি.) কার্ঠের সাধারণ চটি • ৬টি পশমী কম্বল • ৩ টি চেয়ার • ৯ টি পর্দা • ১ টি আলমারি 				
৯ সরঞ্জাম						

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উদ্ভাতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> গরম পানি ও ঠান্ডা পানি রাখার একটি প্রলেপযুক্ত পাত্র যন্ত্রপাতি জীবাণুমুক্তকরণের ব্যবস্থা দুটি ঢাকনায়ুক্ত বালতি/ পাত্র পানি গরম করার জন্য একটি কেটলি ও স্পিরিট স্টেভ বা অন্য কোন উপযুক্ত ব্যবস্থা একজোড়া আর্টারি ফরসেপ দুটি মাঝারি আকারের স্পঞ্জ ৬টি তোয়ালে চারটি ট্রে ২টি কাঁচের পাত্র ২টি থার্মোমিটার কয়েকটি হাইপোডার্মিক সিরিঞ্জ দাগকাটা মাপন গ্লাস এবং চা চামচ একটি বৈদ্যুতিক হ্যান্ড টর্চ টুরনিকেট (রক্ত বন্ধ করার উপকরণ) চোখ ধোয়ার সরঞ্জাম প্রাথমিক চিকিৎসার জন্য প্রয়োজনীয় সরঞ্জাম সহ ১ টি আলমারি 				
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	<ul style="list-style-type: none"> প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি স্টেথোস্কোপ প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি বি পি মেশিন ১ টি ওজন মাপার যন্ত্র ১ টি উচ্চতা মাপার যন্ত্র প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি পালস অক্সিমিটার ১ টি নেবুলাইজার ১ টি অক্সিজেন সিলিন্ডার 			<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে	
১০	ঔষধ ও চিকিৎসা সামগ্রী					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> ধনুষ্টংকার প্রতিরোধক সিরামের পর্যাপ্ত সরবরাহ (এটিএস/টিটি) ৪ টি কার্বলিক সাবান ১ বোতল ১: ২০ কার্বলিক লোশন ব্যথানাশক এবং অ্যান্টিসিড জাতীয় ট্যাবলেট পোড়া অংশের জন্য ব্যবহৃত মলম চোখের জন্য মলম ২৪ প্যাকেট খাবার স্যালাইন (ওআরএস) অস্ত্রোপচারের জন্য উপযুক্ত 				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
		অ্যান্টিসেপটিক দ্রবণ				
খ	বিধি ৭৬ (৫)	প্রত্যেক তিন মাসে একবার মেয়াদোত্তীর্ণ ওষুধ, ভোগ্য সামগ্রী, সরঞ্জামের আপডেট করা তালিকা এবং প্রাসঙ্গিক উপকরণগুলি মেয়াদোত্তীর্ণ তারিখের অন্তত এক মাস পূর্বে পরিবর্তন করা হয়				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ক্লিনিকে ডাক্তারদের দ্বারা নির্বাচিত অন্যান্য ওটিসি ওষুধ রয়েছে পর্যাপ্ত আইভি স্যালাইন (কলেরা স্যালাইন/০.৯% সোডিয়াম ক্লোরাইড স্যালাইন)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
ঘ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সাশ্রয়ী মূল্যে জরুরী প্রয়োজনে স্যানিটারি ন্যাপকিন ক্রয় করতে পারে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১১	মানব সম্পদ					
ক	বিধি ৭৮ (১) (ক) (অ)	<ul style="list-style-type: none"> ন্যূনতম ২ জন ডাক্তার (অন্ততপক্ষে একজন মহিলা চিকিৎসক নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ২ জন প্যারামেডিক/ড্রেসার ন্যূনতম ২ জন নার্স (মহিলা নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ২ জন সাপোর্ট স্টাফ 				
খ	বিধি (৭৮) (১) (ক) (ই)	<ul style="list-style-type: none"> বিএমডিসি নিবন্ধিত ডাক্তার প্রশিক্ষিত নার্স প্রশিক্ষিত প্যারামেডিক 				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য বিষয়ে প্রয়োজন অনুযায়ী ডাক্তার/নার্স/প্যারামেডিকদের রিফ্রেশার ট্রেনিং এর ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১২	হেল্থকেয়ার কমিটি/ ইসি কমিটি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ক্লিনিকের স্বাস্থ্য সেবা নিশ্চিত করতে বিদ্যমান সেফটি কমিটিতে সাবকমিটি গঠন/হেল্থকেয়ার কমিটি/ইসি কমিটি				
১৩.	সেবা ডেটা / স্বাস্থ্য সেবার রেকর্ড					
ক	বিধি ৭৮ (৬)	সকল দায়িত্বপ্রাপ্ত মেডিকেল অফিসার/নার্স/প্যারামেডিক/টেলিকনসাল্টেশন প্রতিটি				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
		রোগীর সেবা গ্রহণের মেডিকেল রেকর্ড সংরক্ষণ করেন এবং নোটিফায়েবল রোগসমূহের আলাদাভাবে রিপোর্ট জমা দেন				
১৪	কম্পাইন্স এবং সামাজিক সচেতনতা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	হেলথকেয়ার কমিটি/ইসি কমিটি দ্বারা প্রয়োজন অনুযায়ী অ্যাডমিন/প্রোডাকশন অফিসারদের জন্য রিফ্রেশার ট্রেনিং নেয়ার ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৫	পরিচ্ছন্নতা ও স্বাস্থ্যবিধি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	উপযুক্ত পরিষ্কার পরিচ্ছন্নতা বজায় রাখা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সংক্রামক রোগ থেকে রক্ষা পাবার জন্য পর্যাপ্ত ব্যবস্থা, যেমন, হ্যান্ডওয়াশ, মাস্কের ব্যবহার, ইত্যাদি অনুশীলন করে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	সংক্রামক রোগের (যেমন চিকেনপক্স, কোভিড, কনজাংকটিভাইটিস) বিস্তার রোধ করার জন্য পর্যাপ্ত ব্যবস্থা ও প্রোটোকল আছে (যেমন, আইসোলেশন বেড/রুম, হাত ধোয়ার ব্যবস্থা, থুতু ফেলার পাত্র ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৬	স্বাস্থ্যকর্মীদের জন্য সুরক্ষা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ডিউটির সময় স্বাস্থ্যকর্মীরা উপযুক্ত পোষাক পরিধান করেন (এপ্রোন, আইডি কার্ড ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	রোগীকে সেবা দেওয়ার সময় স্বাস্থ্যকর্মীরা সঠিকভাবে পিপিই পরিধান করেন (সার্জিক্যাল মাস্ক, গ্লাভস ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা নিজেরা কোভিড এবং হেপাটাইটিস বি এর টিকা নিয়েছেন	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৭	স্বাস্থ্যকর্মী ও কর্মচারীদের কাজের পরিবেশ এবং সেবার অবস্থা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা ক্লিনিকে সেবা প্রদানের পরিবেশ নিয়ে সন্তুষ্ট	<input type="checkbox"/> সন্তুষ্ট/সচেতন <input type="checkbox"/> সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন			
খ	স্টেকহোল্ডারে র পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা ক্লিনিক হতে পাওয়া যায় এইরূপ সকল সেবা সম্পর্কে অবগত	<input type="checkbox"/> সন্তুষ্ট/সচেতন <input type="checkbox"/> সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন			

পরিদর্শন তারিখে (ধারা ও বিধি অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
কমপ্লায়েন্ট		
উন্নতি প্রয়োজন		
এই মুহূর্তে অনুপস্থিত		

পরিদর্শন তারিখে (স্টেকহোল্ডারের পরামর্শ অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
ইতোমধ্যে উপস্থিত আছে		
ভবিষ্যতে বিবেচনা করা হবে		

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স্বাক্ষর

(ট্রেনার, বিজিএমিএ/বিকেএমইএ)

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স্বাক্ষর

(সদস্য, হেল্থকেয়ার / ইসি কমিটি)

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স্বাক্ষর

(এইচ আর/ কমপ্লায়েন্স, ফ্যাক্টরি)

মডেল এন্টারপ্রাইজ ক্লিনিকের চেকলিস্ট (ধরণ ৭: ৭৫০১ এর অধিক শ্রমিক)

রেফারেন্স: শ্রমবিধি ৮৫ (তফসিল ৪) (৪) (ক)

কমপ্লায়েন্ট = যদি সব বিষয় উপস্থিত থাকে; উন্নতি প্রয়োজন = যদি কিছু বিষয় উপস্থিত থাকে কিন্তু এই মুহূর্তে উন্নতি প্রয়োজন; এই মুহূর্তে অনুপস্থিত = যদি কিছু বিষয় অনুপস্থিত থাকে; পর্যবেক্ষণ = উন্নতি প্রয়োজন বা এই মুহূর্তে অনুপস্থিত এই ক্ষেত্রে মন্তব্য লিখুন

অনুগ্রহ করে প্রাসঙ্গিক বাক্সের ভিতরে টিক চিহ্ন (/) দিয়ে কমপ্লায়েন্স লেভেল পূরণ করুন।

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্ট	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
১	আয়তন					
ক	বিধি ৭৮ (১) (গ), বিধি ৭৭ (৫) (খ) (ঘ) (প) (ভ)	আয়তন ৩৬০ বর্গফুট এর অধিক (টয়লেট ব্যতীত)				
২	অবস্থান					
ক	বিধি ৭৭ (২)	প্রতিষ্ঠানের যে সকল অংশে অধিক শব্দপূর্ণ প্রক্রিয়া চলে সেইসব অংশ থেকে আলাদা চিকিৎসা কক্ষটি সাউণ্ডপ্রুফ				
৩	অবকাঠামো					
ক	বিধি- ৭৭ (৪)	মেঝে মসৃণ, অভেদ্য ও মজবুত হতে হবে				
খ	বিধি- ৭৭ (৪)	দেয়ালসমূহ মেঝে হতে ১.৫০ মিটার উচ্চতা পর্যন্ত অভেদ্য				
গ	বিধি- ৭৭ (৪)	পর্যাপ্ত বাতাস চলাচলের ব্যবস্থা আছে				
ঘ	বিধি- ৭৭ (৪)	পর্যাপ্ত প্রাকৃতিক আলোর ব্যবস্থা আছে				
ঙ	বিধি- ৭৭ (৪)	পর্যাপ্ত কৃত্রিম আলোর ব্যবস্থা আছে				
চ	বিধি ৭৮ (১) (ঘ) (আ)	সংক্রামক রোগের জন্য ১ টি আইসোলেশন রুম যার মধ্যে ১ টি বেড রয়েছে				
ছ	বিধি ৭৮ (১) (ঘ) (ই)	বসার জায়গাসহ পৃথক বহির্বিভাগ				
জ	বিধি ৭৮ (১) (ঘ) (ঈ)	পরীক্ষার জন্য পৃথক কক্ষ				
ঝ	বিধি ৭৮ (১) (ঘ) (উ)	ছোটখাটো অস্ত্রোপচার ও ড্রেসিং এর জন্য কক্ষ				
ঞ	বিধি ৭৮ (১) (ঘ) (উ)	ডিসপেনসারীর ঔষধ স্টোর করার ব্যবস্থা				
ট	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	পুরুষ ও মহিলাদের জন্য চিহ্নযুক্ত পৃথক শৌচাগার/প্রক্ষালণ কক্ষ				
৪	প্রয়োজনীয় সেবাসমূহ					
ক	বিধি ৪০ (২), বিধি ৪৭ (১)	বায়োমেডিকেল বর্জ্য ব্যবস্থাপনার অংশ হিসেবে চার রঙের ঢাকনায়ুক্ত ময়লার বুড়ি আছে (কালো, হলুদ, সবুজ ও লাল)				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	জেনারেটর সুবিধা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৫	স্বাস্থ্য সেবা					
ক	বিধি ৪১ (ক) (গ)	ক্লিনিক্যাল ও সাধারণ ব্যবহারের জন্য যথাযথ জীবাণুনাশকের নাম এবং পরিমাণ উল্লেখিত				
খ	বিধি (৭৮) (১) (ঘ) (এ)	পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য, মহিলা কর্মীদের জন্য স্যানিটারি নাপকিন বিষয়ে সচেতনতা প্রদানের ব্যবস্থা (লিফলেট বিতরণ/ভিজুয়াল/সচেতনতা সেশন/পি.এ সিস্টেম ঘোষণা/কাউন্সেলিং)				
গ	বিধি ৭৮ (১) (ঘ) (খ)	শয্যায় থেকে চিকিৎসাধীন কর্মীদের বিনামূল্যে ঔষধ ও খাবার সরবরাহ করা				
ঘ	বিধি ৭৭ (৫)	প্রাথমিক চিকিৎসার সাথে সাথে রোগীর বিশ্রামের ব্যবস্থাও আছে				
ঙ	বিধি ৭৮ (১) (ঘ) (ঐ)	প্রসূতি মহিলা কর্মীদের প্রসবপূর্ব এবং প্রসব পরবর্তী সেবা (এএনসি, পিএনসি), বহির্বিভাগ ও ইন-পেশেন্ট বিভাগে সাধারণ অসুস্থতার চিকিৎসা সেবা দেওয়া হয়				
চ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মক্ষেত্রে ইনজুরির তাৎক্ষণিক ব্যবস্থাপনাঃ সূচের আঘাত, পেশীতে ব্যথা, চোখের সমস্যা, কানের সমস্যা, পুড়ে যাওয়া, কেটে যাওয়া, (প্রাথমিক সেবার ব্যবস্থা আছে এবং সেকেন্ডারি রেফারেল)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
ছ	বিধি ৭৮ (১) (ঘ) (ঐ)	চিকিৎসক দ্বারা পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং কর্ম ক্ষেত্রে ঘটা ইনজুরি সম্পর্কিত ফিজিক্যাল থেরাপীর পরামর্শ				
ঝ	বিধি ৬৮	ঝুঁকিপূর্ণ কাজে নিয়োজিত কর্মীদের ফিটনেস রেজিস্টার				
ঞ	বিধি ৭৮ (৬)	ক্লিনিকে চিকিৎসাধীন/চিকিৎসাপ্রাপ্ত প্রত্যেক রোগীর মেডিক্যাল রেকর্ড (উদাহরণে নমুনা সংযুক্ত)				
ট	বিধি- ৭৭ (৬)	সেকেন্ডারি রেফারেল সেন্টারে পৌঁছানোর জন্য উপযুক্ত যানবাহনের ব্যবস্থা				
৬	রেফারেল সিস্টেম					
ক	বিধি ৭৮ (১) (ঙ)	সেকেন্ডারি রেফারেল সেন্টার হিসেবে হাসপাতাল/ক্লিনিক/ডায়াগনস্টিক সেন্টারের তালিকা				
খ	বিধি ৭৮ (১) (ঙ)	ফিজিক্যাল থেরাপীর ব্যবস্থা আছে এইরূপ				

ক্রমিক নং	রেফারেল	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
		সেকেন্ডারি রেফারেল সেন্টার				
৭	সেবা চার্টার					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কারখানা এবং ক্লিনিকের প্রবেশদ্বার এবং অন্যান্য দৃশ্যমান স্থানে সেবা চার্টার রয়েছে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
৮	আসবাবপত্র					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> • মসৃণ উপরিতল বিশিষ্ট ১.৮৫ X ১.১০ মিটার মাপের টেবিল • ৬ টি শোয়ার জন্য বেড (পেশেন্ট বেড) • ২ টি স্ট্রেচার • ১ টি হুইল চেয়ার • ১২টি (৯১.৪৪ সে.মি. X ১০.১৬ সে.মি. X ০.৬৩ সে.মি.) কার্ঠের সাধারণ চটি • ১২টি (৩৫.৫৬ সে.মি. X ৭.৬২ সে.মি. X ০.৬৩ সে.মি.) কার্ঠের সাধারণ চটি • ৬টি (২৫.৪০ সে.মি. X ৫.০৮ সে.মি. X ০.৬৩ সে.মি.) কার্ঠের সাধারণ চটি • ৬টি পশমী কয়ল • ৩ টি চেয়ার • ৯ টি পর্দা • ১ টি আলমারি 				
৯	সরঞ্জাম					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> • গরম পানি ও ঠান্ডা পানি রাখার একটি প্রলেপযুক্ত পাত্র • যন্ত্রপাতি জীবাণুমুক্তকরণের ব্যবস্থা • দু'টি ঢাকনায়ুক্ত বালতি/ পাত্র • পানি গরম করার জন্য একটি কেটলি ও স্পিরিট স্টোভ বা অন্য কোন উপযুক্ত ব্যবস্থা • একজোড়া আর্টারি ফরসেপ • দু'টি মাঝারি আকারের স্পঞ্জ • ৬টি তোয়ালে • চারটি ট্রে • ২টি কাঁচের পাত্র • ২টি থার্মোমিটার • কয়েকটি হাইপোডার্মিক সিরিঞ্জ • দাগকাটা মাপন গ্লাস এবং চা চামচ • একটি বৈদ্যুতিক হ্যান্ড টর্চ • টুরনিকেট (রক্ত বন্ধ করার উপকরণ) • চোখ ধোয়ার সরঞ্জাম • প্রাথমিক চিকিৎসার জন্য প্রয়োজনীয় সরঞ্জাম সহ ১ টি আলমারি 				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই স্তরে অনুপস্থিত	
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	<ul style="list-style-type: none"> প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি স্টেথোস্কোপ প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি বিপি মেশিন ১ টি ওজন মাপার যন্ত্র ১ টি উচ্চতা মাপার যন্ত্র প্রত্যেক ডাক্তার ও নার্সের জন্য ১ টি পালস অক্সিমিটার ১ টি নেবুলাইজার ১ টি অক্সিজেন সিলিন্ডার 	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১০	ঔষধ ও চিকিৎসা সামগ্রী					
ক	বিধি ৭৭ (৫)	<ul style="list-style-type: none"> ধনুষ্টংকার প্রতিরোধক সিরামের পর্যাপ্ত সরবরাহ (এটিএস/টিটি) ৪ টি কার্বলিক সাবান ১ বোতল ১: ২০ কার্বলিক লোশন ব্যথানাশক এবং অ্যান্টিসিড জাতীয় ট্যাবলেট পোড়া অংশের জন্য ব্যবহৃত মলম চোখের জন্য মলম ২৪ প্যাকেট খাবার স্যালাইন (ওআরএস) অস্ত্রোপচারের জন্য উপযুক্ত অ্যান্টিসেপটিক দ্রবণ 				
খ	বিধি ৭৬ (৫)	প্রত্যেক তিন মাসে একবার মেয়াদোত্তীর্ণ ঔষধ, ভোগ্য সামগ্রী, সরঞ্জামের আপডেট করা তালিকা এবং প্রাসঙ্গিক উপকরণগুলি মেয়াদোত্তীর্ণ তারিখের অন্তত এক মাস পূর্বে পরিবর্তন করা হয়				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	<ul style="list-style-type: none"> ক্লিনিকে ডাক্তারদের দ্বারা নির্বাচিত অন্যান্য ওটিসি ঔষধ রয়েছে পর্যাপ্ত আইভি স্যালাইন (কলেরা স্যালাইন/০.৯% সোডিয়াম ক্লোরাইড স্যালাইন) 	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
ঘ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সাশ্রয়ী মূল্যে জরুরী প্রয়োজনে স্যানিটারি ন্যাপকিন ও খাবার স্যালাইন ক্রয় করতে পারে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১১	মানব সম্পদ					
ক	বিধি ৭৮ (১) (ক) (আ)	<ul style="list-style-type: none"> ন্যূনতম ৩ জন ডাক্তার (অন্ততপক্ষে একজন মহিলা চিকিৎসক নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ৩ জন প্যারামেডিক/ড্রেসার ন্যূনতম ৩ জন নার্স (মহিলা নিয়োগের চেষ্টা করতে হবে) ন্যূনতম ৩ জন সাপোর্ট স্টাফ 				

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উদ্ভূত প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
খ	বিধি (৭৮) (১) (ক) (ই)	<ul style="list-style-type: none"> বিএমডিসি নিবন্ধিত ডাক্তার প্রশিক্ষিত নার্স প্রশিক্ষিত প্যারামেডিক 				
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	পেশাগত স্বাস্থ্য ও নিরাপত্তা এবং পরিবার কল্যাণ ও প্রজনন স্বাস্থ্য বিষয়ে প্রয়োজন অনুযায়ী ডাক্তার/নার্স/প্যারামেডিকদের রিফ্রেশার ট্রেনিং এর ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১২	হেল্থকেয়ার কমিটি/ ইসি কমিটি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ক্লিনিকের স্বাস্থ্য সেবা নিশ্চিত করতে বিদ্যমান সেফটি কমিটিতে সাবকমিটি গঠন/হেল্থকেয়ার কমিটি/ ইসি কমিটি				
১৩.	সেবা ডেটা / স্বাস্থ্য সেবার রেকর্ড					
ক	বিধি ৭৮ (৬)	সকল দায়িত্বপ্রাপ্ত মেডিকেল অফিসার/নার্স/ প্যারামেডিক/টেলিকনসাল্টেশন প্রতিটি রোগীর সেবা গ্রহণের মেডিকেল রেকর্ড সংরক্ষণ করেন এবং নোটিফায়েবল রোগসমূহের আলাদাভাবে রিপোর্ট জমা দেন				
১৪	কমপ্লাইয়েন্স এবং সামাজিক সচেতনতা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	হেল্থকেয়ার কমিটি/ইসি কমিটি দ্বারা প্রয়োজন অনুযায়ী অ্যাডমিন/প্রোডাকশন অফিসারদের জন্য রিফ্রেশার ট্রেনিং নেয়ার ব্যবস্থা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৫	পরিচ্ছন্নতা ও স্বাস্থ্যবিধি					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	উপযুক্ত পরিষ্কার পরিচ্ছন্নতা বজায় রাখা	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা সংক্রামক রোগ থেকে রক্ষা পাবার জন্য পর্যাপ্ত ব্যবস্থা, যেমন, হ্যান্ডওয়াশ, মাস্কের ব্যবহার, ইত্যাদি অনুশীলন করে	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	সংক্রামক রোগের (যেমন চিকেনপক্স, কোভিড, কনজাংকটিভাইটিস) বিস্তার রোধ করার জন্য পর্যাপ্ত ব্যবস্থা ও প্রোটোকল আছে (যেমন, আইসোলেশন বেড/রুম, হাত ধোয়ার ব্যবস্থা, থুতু ফেলার পাত্র ইত্যাদি)	<input type="checkbox"/> ইতোমধ্যে উপস্থিত আছে <input type="checkbox"/> ভবিষ্যতে বিবেচনা করা হবে			
১৬	স্বাস্থ্যকর্মীদের জন্য সুরক্ষা					

ক্রমিক নং	রেফারেন্স	পরিদর্শন/ অনুসন্ধানের বিষয়	কমপ্লায়েন্স লেভেল			পর্যবেক্ষণ/মন্তব্য
			কমপ্লায়েন্স	উন্নতি প্রয়োজন	এই মুহূর্তে অনুপস্থিত	
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	ডিউটির সময় স্বাস্থ্যকর্মীরা উপযুক্ত পোষাক পরিধান করেন (এপ্রোন, আইডি কার্ড ইত্যাদি)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ইতোমধ্যে উপস্থিত আছে ভবিষ্যতে বিবেচনা করা হবে
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	রোগীকে সেবা দেওয়ার সময় স্বাস্থ্যকর্মীরা সঠিকভাবে পিপিই পরিধান করেন (সার্জিক্যাল মাস্ক, গ্লাভস ইত্যাদি)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ইতোমধ্যে উপস্থিত আছে ভবিষ্যতে বিবেচনা করা হবে
গ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা নিজেরা কোভিড এবং হেপাটাইটিস বি এর টিকা নিয়েছেন	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ইতোমধ্যে উপস্থিত আছে ভবিষ্যতে বিবেচনা করা হবে
১৭	স্বাস্থ্যকর্মী ও কর্মচারীদের কাজের পরিবেশ এবং সেবার অবস্থা					
ক	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	স্বাস্থ্যকর্মীরা ক্লিনিকে সেবা প্রদানের পরিবেশ নিয়ে সন্তুষ্ট	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	সন্তুষ্ট/সচেতন সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন
খ	স্টেকহোল্ডারের পরামর্শ অনুযায়ী ভাল অনুশীলন হিসাবে বিবেচনা করা হয়	কর্মীরা ক্লিনিক হতে পাওয়া যায় এইরূপ সকল সেবা সম্পর্কে অবগত	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	সন্তুষ্ট/সচেতন সেবা প্রদানের ক্ষেত্রে উন্নতি প্রয়োজন

পরিদর্শন তারিখে (ধারা ও বিধি অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
কমপ্লায়েন্ট		
উন্নতি প্রয়োজন		
এই মুহূর্তে অনুপস্থিত		

পরিদর্শন তারিখে (স্টেকহোল্ডারের পরামর্শ অনুযায়ী) চেকলিস্ট এর ফলাফলের সারাংশ

ধরণ	মোট সংখ্যা	পর্যবেক্ষণ/মন্তব্য
ইতোমধ্যে উপস্থিত আছে		
ভবিষ্যতে বিবেচনা করা হবে		

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(ট্রেইনার, বিজিএমিএ/বিকেএমইএ)

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19	Z.M Kamrul Anam	General Secretary	IBC
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