

TRAINING BRANCH SINDH POLICE

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Foreword

Dear Members of the Sindh Police,

Assalam-u-Alaikum!

In recent times, the absence of a uniform Training Medical Policy has become a critical issue, one that deeply concerns the well-being of our resident trainees. My attention was sharply drawn to this when, after thorough analysis, I discovered the heartbreaking fact that almost every year, we lose a trainee. Training is, indeed, a rigorous process, and while its standards cannot be compromised, it compels us to ensure that only those who are mentally and physically fit are selected for training.

The untimely demise of Constable Rameez Sheikh at SBB EPTC Razzakabad profoundly impacted us and galvanized our resolve to establish a comprehensive and uniform Sindh Police Training Medical Policy. We have identified 10 areas of intervention and entrusted responsibility to the very concerned quarter. We have devoted extensive effort to crafting this policy, meticulously covering every aspect of police training with regard to medical needs.

This 10-step policy is not just a set of guidelines but a commitment to the health and safety of our trainees. It reflects our dedication to building a resilient, capable, and well-prepared police force.

Long live Pakistan!

DEPUTY INSPECTOR GENERAL OF POLICE, TRAINING SINDH

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Introduction

The Sindh Police Training Branch is highly professional and dedicated police setup which continuously updates and refines its safety and security protocols for optimizing training objectives in the light of training policy envisioned by Inspector General of Police Sindh. Despite the fact, the branch has adhered to all prescribed health safety protocols with utmost diligence, we have faced unfortunate incidents where trainees have succumbed to the physical hardship endured during the training. These incidents have not only caused profound grief and disappointment among the training team but have also underscored the urgent need for framing the comprehensive 'Training Medical Policy' for the under-training officers' health and safety at the Training Institutes.

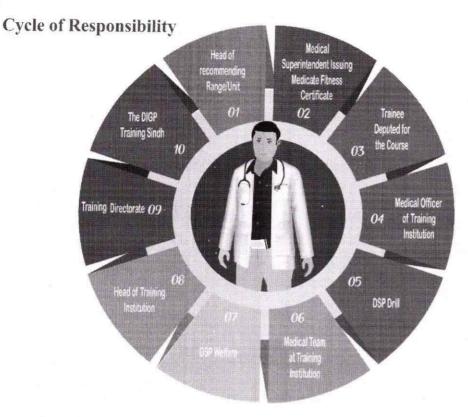
Recognizing this critical issue, based on the input from health professionals, practitioners, trainers as well as trainees, Sindh Police Training Medical Policy 2024 has been devised marking a significant step ahead towards ensuring the health well-being and provision of basic medical facilities for the under-training officers during their stay at Training Institutes. It represents our dedication for creating a safer and healthier training environment where every individual has the opportunity to succeed without compromising their health.

Policy Objectives

Sindh Police Training Medical Policy 2024 is designed to achieve the following objectives:

- 1. To ensure that only physically and mentally fit trainees are selected for the courses, so they could achieve the training objectives without any inconvenience.
- 2. To provide round the clock medical facilities for the trainees through establishing well-equipped medical facilities at the training institutions.
- 3. To define roles and responsibilities of all involved stakeholders for better supervision and accountability.
- 4. To develop a structured framework for continuous health monitoring of the trainees.
- To incorporate accountability mechanism i.e. Board of Enquiries for enquiring the issues in order to framing the liabilities and recommending the solutions for future planning.
- 6. To provide the supply of necessary drugs / medicine and availability of well-equipped ambulance for the any medical emergency round the clock basis at the institute.





In order to ensure the medical safety of the trainees staying for training at the institutions of training branch, the following chart has been structured defining the various stages of responsibilities and the persons responsible for ensuring the required medical facilities as well as describing their roles under the responsibility matrix:

Stages	Stakeholder	Role	Responsibility Matrix				
Nomination	(1) Nomination by Range or Unit	Selection of Physically Fit Trainees	 Conduct Physical Endurance Test (Running & Obstacles) Physical Inspection for injuries, amputation & impairments etc Struck off Obese Cases (BMI 30 and above) Provide Certificate of Fitness (specimen of certificate is enclosed as Annexure-E) 				
Medical & Declaration	(2) Medical Superintendent / Police Hospital	Selection of Physically & Mentally Fit Trainees	Conduct detailed Medical Examination & prescribed medical tests Ensure fitness standards elaborated by Establishment Branch CPO Sindh Struck off Obese Cases (BMI 30 and above) Conduct Psychological Profiling Conduct Pregnancy Test¹ for female Police Trainees Fresh medical certificate would be required for joining any basic or promotional course conducted by training branch The Medical Certificate would be considered valid for				

¹ National Police Academy (NPA) Policy

Medical & Declaration	(3) Trainee Officers	Self-Declaration	 Submit an affidavit about his fitness for the training on the basis of self-assessment of his health Assume full responsibilities for any health-related incident in case of any omission on trainee's behalf Assert responsibility in writing on oath (specimen of affidavit is enclosed as Annexure-F)
Arrival	(4) Medical Officer at Training Institution	Basic Medical Examination / Re-Checking Medical Record of the Trainee	 Basic Medical Examination on arrival: Blood Pressure Blood Sugar Struck off Obese Cases (BMI 30 and above) Inspect for injuries, fractures & impairments Re-check the Medical record / certificate issued by MS / Police Hospital etc Conduct physical inspection of the trainee for injuries, amputation & impairments etc Prepare the trainee medical file Counter-sign the Medical Certificate issued by the Police Hospital / Police Surgeon Psychological Profiling by the hired Psychologist Bring all anomaly / observation into the notice of the Principal / Commandant immediately and in writing
	(5) DSP Drill	Physical Endurance Test	Conduct the Physical Endurance Test on arrival: Running (1.6 Kilo Meter) Push Up (05) Sit Up (05) Chin Up (02) Hanging by Rod (10 Second) Bring all anomaly / observation into the notice of the Principal / Commandant immediately and in writing
Stay	(6) Medical Officer / Medical Team at Training Institutes	Round the Clock Medical Care	 Provide round-the-clock medical care & availability of ambulance for the trainees through out the training period Provide First Aid in case of emergencies Provide Basic Life Support in case of any medical trauma Establish and maintain the medical facility i.e. Medical Inspection (MI) Room and ambulance at the Training Institutes (specifications are enclosed Annexure-A and D) Ensure presence of Medical Team along with medical officer and ambulance during all physical & tactical activities Maintain the stock of necessary drugs / medicine and medical equipment in MI Room (specifications are enclosed Annexure-B and C) Arrange the efficient & effective transportation for the medical cases to the nearby medical hospitals on immediate basis Wear armed band inscribed with red crescent sign for identification

	(7) DSP Welfare	Supervision of Medical Care	 Assume full responsibility for all state of affairs at MI Room and Medical Teams Provide and maintain of life-saving drugs / apparatus at the MI Room Daily inspection of MI Room, Ambulance & Medical Team Provide & facilitate immediate transportation for the trainees requiring medical treatment from the training institutes to the nearby hospital Organized free medical camps on monthly basis at the campus for the trainees and staff 	
	Stay	(8) Principal / Commandant	Overall Responsibility and Supervision of Subordinate's Functions	 Overall responsible for the medical health of the trainees staying at the Training Institute Responsible for supervision of sub-ordinate officers deputed for medical well-being of the trainees Coordination with Welfare Branch CPO for hiring the services of nearby well reputed hospitals and payment of medical bills for the medical treatment of trainee officers Communicating the condition of trainee under medical distress to his family Immediately Return the trainee to Parent Unit (RTU) if finds any trainee unfit for training at any stage To issue Incident Report in case of injuries and death cases for the perusal of the DIGP Training (Para # 55 SOP-2023 Amended) To ensure that medical team comprises of only qualified and trained medical staff as prescribed by medical standards To ensure that necessary drugs / medicine and apparatus are available at the MI Room Communicate with Welfare Branch CPO Sindh for the up-dation of MI Room & provision of necessary drugs / medicine which can't be purchase from the institute / local budget To ensure that the well-equipped ambulance is available at the institute & well maintained To ensure that the drugs / medicine stock for at least three (03) months is available at the institute To ensure healthy training environment by providing good food, portable water, conducive hostels etc so trainees could remain comfortable during the training To ensure that no hardship i.e. fatigue duty / extra drill etc during the hot weather is exercise by the sub-ordinates

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Training	(9) Training Directorate (TD)	Training of Medical Teams	 Arrange Basic and Refresher Training courses for the Medical Teams Conduct needs analysis and feedback exercises about the standards maintained at MI Room by training institutions
Accountability	(10) DIGP Training	Framing Post- incident Liability	 Constitute "Board of Enquiry" to enquire the injury or death at the training institute comprising of the following members: Principal / Commandant of any other training institutes (Chairman) Medical Superintendent of Police Hospital Any Police Officer not below the rank of BS-18 from Investigation Branch Any other member co-opted by the DIGP Training Sindh The Board shall submit its enquiry report to the DIGP Training within (01) one week for the perusal of IGP Sindh.

Returns to Parent Unit:

The Principal / Commandant shall immediately return the trainee to the parent unit (RTU) at any point of time i.e. on arrival / joining / during any phase of training, if he / she is of the view that further continuation of training would be detrimental for the health / life of the trainee; however, such decision should preferably be based on the findings / recommendations of designated officers assigned such duties under this policy at Serial # 04 to 08 as mentioned under Cycle of Responsibility.

Even a trainee was declared medically fit for training but he/she was unable to perform any physical activity for whatsoever reasons, then he/she would be repatriated to his/her parent unit by the Principal / Commandant².

Appraisal

Sindh Police Training Medical Policy 2024 stands as a testament to our unwavering commitment to the health, safety and well-being of our trainees. This comprehensive 10-steps policy addresses critical areas of medical assessment and support, ensuring that only those who are physically and mentally fit embark on the rigorous journey of police training. By implementing rigorous health evaluations, continuous monitoring, and a structured framework of responsibilities, the training branch would minimize health risks and foster a supportive training environment in future.

Para 12 of SOP-2023 (Amended)

Annexure-A

Specifications of MI Room

fa .	MEDICAL INSPECTION (MI) ROOM
Composition of Medical Team	 Medical Officer (01) In-charge MI Room (Not below than the rank of SI) (02) Medical Wardens (06) Ambulance Driver (02)
Structure of MI Room	 Medical Officer Room Inspection and Procedures Room Drug & Medicine Store Two (02) Wards with a capacity of minimum Five (05) beds
Ambulance	Ambulance with necessary equipment (Specifications are mentioned in Annexure-D)

Annexure-B

List of Required Equipment/Accessories at MI Room

Surgic	al Items	Apparatus
Sutures	Tissue Forceps – Plain	Clinical Thermometer
Chromic Catgut	Tissue Forceps – Toothed	Stethoscope
Silk Braided	Scalpel & Lean Blades	BP Apparatus
Syringes, Cannula & Needles	Suturing Silk	Glucometer
Cotton Gauze & Bandages	Masks Surgical	Patient Monitor
Absorbent Cotton Wool	Masks (N95)	Nebulizer
Needle disp 21gm (0.8x40mm), sterile, stainless steel	Eyewear	Pulse Oximeter
IV Cannula, short, 18gm, 20gm, 22gm (1.1x32mm)	Head Cover/Cap	Suction Machine / Suction tube
Surgical Adhesive Tapes	Footwear (Closed Shoes)	Patella Hammer
Blade and Razor	Aprons	Examination Torch
Test Strips	Splints	Cold Box Refrigerator for EPI
Tongue Depressor		Sterilizer
Gram's Iodine		Vaccine Carrier
Gloves		Oxygen Gas Cylinder
Scissors		Fariament
Dressing Trays		Equipment
Dressing Scissors		Stretcher
Kidney Tray		Observation Beds
Dressing Drum		Cervical Collars (Child & Adult)
IV Drip Stand		Ambu Bags (Inf, Child & Adult)
Tourniquet		Spine Board with Head Immobilizer
Needle Holder Forceps	_	Wheelchair
Artery Forceps Straight		Pillows
Artery Forceps Curved		Blankets

Annexure-C

Stock of Required Drugs / Medicine at MI Room

S#	DRUGS	S#	DRUGS
1.	Inj: Ringolet D 1000 ml	2.	Tab: Ranitce 5 mg
3.	Inj: Ringolet P 1000 ml	4.	Tab: Capotine 25 mg
5.	Inj: Flagyl	6.	Tab: Gelusil
7.	Inj: Novideat	8.	Tab: Folic Acid
9.	Inj: Clavox 500 mg	10.	Tab: Lexotanil 3 mg
11.	Inj: Velosef 500 mg	12.	Tab: Glucophge 500 mg
13.	Inj: Dicloran 3 ml	14.	Tab: Daonil 5 mg
15.	Inj: Provaz 2 ml	16.	Tab: Ascard 75 mg
17.	Inj: Nospa 2 ml	18.	Tab: Decdron
19.	Inj: Metoclon 2 ml	20.	Tab: Stmettel
21.	Inj: Lincomycin 600 mg	22.	Syp: Hydrilline 120 ml
23.	Inj: Decodron1 ml	24.	Syp: Brufen 120 ml
25.	Inj: Lasix 2 ml	26.	Syp Amoxil 125 mg
27.	Inj: Methecobal 1 ml	28.	Syp: Falgyl 60 ml
29.	Inj: Multi Bionta 10 ml	30.	Syp: Septran 60 ml
31.	Drip Set	32.	Syp: Ventolin 60 ml
33.	Inj: 10%D/Water 1000 ml	34.	Syp: Amaneum Chlorid 120 ml
35.	Inj: 5%D/Water 1000 ml	36.	Syp: B.Complex 120 ml
37.	Disposable Syringe 5 cc	38.	Syp: Mucaine 120 ml
39.	Disposable Syringe 10 cc	40.	Cotton 400 Grams
41.	Cap: Risek 20 mg	42.	Bendege 3 Inch / 6 Inch
43.	Cap: Amoxil 500 mg	44.	Pyodine Solution 450 ml
45.	Cap: Ampiclox 500 mg	46.	Dettol Lotion (Large)
47.	Cap: Velosef 500 mg	48.	Rell Plaster 6 Inch
49.	Cap: Cefsipan 400 mg	50.	Crap Bendege 4 Inch / 6 Inch
51.	Cap: Trancamin 500 mg	52.	Polyfex Onment
53.	Cap: Indocid	54.	Cholorophnical Eye Drops
55.	Tab: Panadol	56.	Cholorophnical Ear Drops
57.	Tab: Panadol Extra	58.	Betamethasone Skin Cream
59.	Tab: Resochin	60.	Cholorophinicl Eye Oimint
61.	Tab: Diclofince 50 mg	62.	Betnesol Eye Drops / Ear Drops
63.	Tab: Nospa Fort	64.	Inj: Solicartif
65.	Tab: Regix	66.	Inj: Diclo 3 ml
67.	Tab: Ponistan	68.	Inj: Dexamathson 1 cc
69.	Tab: Methecbol	70.	Inj: B12 1 ml
71.	Tab: Tarivid	72.	Tab: Preton
73.	Tab: Flagyl 400 mg	74.	Syp: Ampiclin 125 mg
75.	Tab: Maxolan	76.	Solotion Vantoline

N.B: Apart from proposed list, Principal/Commandant in consultation with the MS DHQ/Police Hospital will maintain adequate inventory of essential and lifesaving drugs to be picked from Model List of Essential Medicines 23rd List (2023) published by World Health Organization and Ministry of National Health Services Regulations and Coordination (Drug Regulatory Authority of Pakistan). If list gets update by the concerned quarters, the same must be applied in selection of inventory.

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Annexure-D

Specifications of Ambulance

	Ambulance Specificati	ions				
	Medical cabinet					
	Attendant Seat					
Basic Features	Partition between driver and patient compartment					
	Emergency medical technician seat					
	Rear Foldable Step					
	IV Holder					
	Grab Handle	Grab Handle				
	Oxygen Cabinet					
	Main Stretcher					
	First Aid Kit					
	Portable Oxygen System					
Required Medical	Suction Aspiration					
Equipment	Spine Board					
	Head Immobilizer					
	Spine Board with Head Imme	Spine Board with Head Immobilizer				
	Splints					
	News I Medication	Oxygen				
	Nasal Medication	Salbutamol				
		Activated Charcol (50gm)				
	Oral Medication	Asprin (300mg)				
	Oral Medication	Glyceryl Trinitrate (0.5mg)				
		Misprostolol (200 Micro gm)				
	Subcutaneous Medication	Epinephrine 1:1000 (1mg)				
	Inter Mescales Medication	Diclofenac Sodium - (75mg)				
	Intra Muscular Medication	Metoclopramide (10mg)				
		Midazolam (5mg)				
N. W. 19		Omeprazole (40mg)				
Medicines		Epinephrine 1:1000 (1mg)				
		Nalbuphine (10mg/ml)				
		Furosemide (20mg)				
	T. A. S. A. Line Communication	Metoclopramide (10mg)				
	Intravenous Medication	Naloxone (6mg)				
	_	Pheniramine Maleate (50mg/2ml)				
	pi .	Tranexamic Acid (500 mg)				
		Dextrose Water - 25% (20 ml)				
		Normal Saline (500 ml)				
		Dextrose Saline (500 ml)				
	Tropical Ointment	Polyfax Tube				

Annexure-E

Specimen of Certificate of Recommendation to be Issued by Head of Recommending Range/Unit

It	is to certify that Mr. / Ms	S/o
bearing	CNIC No R	ankis
physically	fit for the Course Name	to be conducted by
Training I	Branch.	
	s per compliance of Sindh Police Training Med s been checked and verified:	ical Policy 2024, the following
1.	Trainee can perfume physical activities which Endurance Test".	was checked through "Physical
2.	No injuries, amputations, and impairments etc trainee.	were found on the person of
3.	BMI of the candidate does not exceed 29.9.	
	Sig	enature
	Name and Stan	mp
	Date _	

Note: Without this certificate, nomination of the trainee for the specified course would not be accepted.

Annexure-F

Specimen of Affidavit to be Submitted by Trainee

7	That, I Mr. / N	1s	S/o	or D/o			_bearing
CNIC No	D	Ran	k	Unit		a	potential
trainee	for Training	g Course		at	the	Training	Institute
namely_		so so	lemnly affirm o	n oath the	follov	ving assertion	on:
1.	That, I am ph	ysically and me	ntally fit to unde	ergo the sa	aid tra	ining course	.
2.		obtained Medic omission or hidir					authority
3.		have any chron we not been mer					y health /
4.	4. That, I will report any medical emergency / trauma caused during training to relevant authorities at earliest.						aining to
5.	That, I have r	hat, I have read and understand the physical requirements of the training;					
6.	6. That, I will solely be responsible for any minor or major injury or death, during training activities if any omission or hiding of facts regarding my medical condition is committed on my behalf.						
7.	That, I say, v belief.	whatever stated	above is correc	t to the b	est of	my knowl	edge and
			Signature of	of Deponer	nt		
			Thumb Imp	pression			
ning Sarachil	2		I	Date			

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