



NORTHERN RAILWAY CENTRAL HOSPITAL NEW DELHI



AAROGYA THE TIMES OF NRCH



Volume 2
October 2024

Welcome to the Second Edition of AAROGYA - The Times of NRCH!

In this edition, we spotlight the Departments of Anaesthesia and Dentistry, highlighting our dedicated teams, their areas of expertise, and the work they have accomplished. We've also included FAQs from each department to address common queries.

Additionally, we've captured some key events from the past three months. The best essay awarded during Rajbhasha Week has also been featured in this edition.

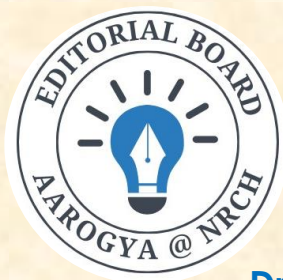
We are pleased to inform that NRCH has recently launched a POS counter for e-billing, enhancing convenience for our patients.

Our hospital continues to strive for new heights, and with your support and best wishes, we look forward to many more achievements.

Happy Reading!



Email
aarogya.nrch@gmail.com



Dr. Rushama Tandon
PCMD/ NRCH (Advisor)

Dr. Atul Gupta
(Editor – in – Chief)

Dr. Sonal Agarwal (Editor)

Dr. Meenakshi Agarwal (Hindi Translation)

CO2 LASER MACHINE @ NRCH

The Dermatology OT commissioned a state-of-the-art CO2 laser machine in July 2024, equipped with both ablative and non-ablative lasers.

CO2 lasers are considered the gold standard for ablative procedures. This technology is effective for treating actinic and seborrheic keratosis, warts, moles, skin tags, epidermal and dermal nevi, vitiligo grafting, rhinophyma, scar treatment, and more. However, it is not recommended for tattoo removal.

The laser can also be used for acne and surgical scar resurfacing, wrinkle reduction, and treating photo-aging changes. With the right expertise, this advanced technology can achieve remarkable results.



WORLD BREASTFEEDING WEEK 2024

@NRCH

As part of the World Breastfeeding Week 2024 celebrations, a training session and slogan and poster competition were conducted at

NRCH. The nursing staff actively participated in the event, showing great enthusiasm and creativity. The best posters were also given prizes for their efforts.



NRCH PHYSIOTHERAPY CENTER @ NOIDA HEALTH UNIT

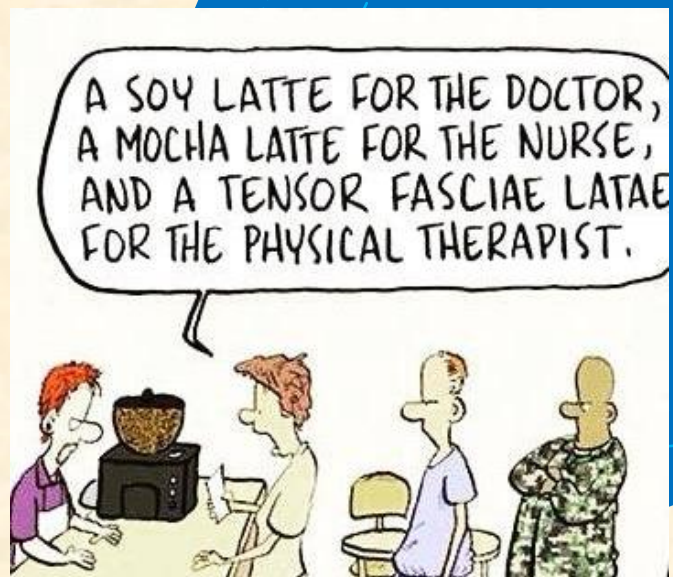


Northern Railway Central Hospital opened its second satellite Physiotherapy Centre at the Noida Health Unit.

The centre is equipped with nine state-of-the-art machines and will be managed by a Physiotherapist from NRCH.

The inauguration ceremony was graced by GM/ NR Mr. Shobhan Chaudhuri, AGM/ NR Mr. A.K. Singhal, PCMD/ NR Dr. K. Sridhar, PCMD/ NRCH Dr. Rushama Tandon, and DRM/ Delhi Mr. Sukhvinder Singh.

A large number of retired officers & serving employees expressed their appreciation for the new facility, which will benefit many residents in the Noida area.



DEMONSTRATION OF CPR @ NRCH



President, Mrs. Sanneeti Chaudhuri.

The students from the Vocational Training Institute, run by NRWWO, eagerly participated in this program.

Dr. Rakesh Kumar and Dr. Mamta Chadha gave a wonderful presentation on CPR explaining the importance of CPR in day to day life. Then the students and NRWWO members performed the CPR process on a dummy to learn the technique. Heimlich maneuver - the technique of abdominal thrust to dislodge an obstruction from the windpipe - was also explained to all.

On 10th September 2024, a demonstration of CPR and Heimlich maneuver, which is a first aid procedure used when a person is choking, was held at the Northern Railway Central Hospital auditorium.

This event was attended by the NRWWO members led by their



INDEPENDENCE DAY 2024

@ NRCH



WORLD PHARMACISTS DAY 2024 @ NRCH



ACHIEVEMENTS

- 1. Smooth Implementation of HMIS:** Pharmacists at NRCH have quickly adapted to the new work profile system, & also serve railway beneficiaries from other zones and divisions, including NWR, NCR, NER, and all five divisions of NR.
- 2. Procurement of Medicines including Anticancer Drugs:** Local purchases of "Nil Stock" medicines are now managed through the online HMIS, saving time for railway beneficiaries.
- 3. Dispensation of Medicines:** Around 500-600 different types of medicines are dispensed daily. New and approved medicines are continually added to the AMI as per requirements.
- 4. Training Programs:** Several training programs have been conducted under the guidance of APHO/ NRCH to keep pharmacists up to date with the latest developments in pharmacy.
- 5. Pharmacy Counters:** Currently, a total of eight pharmacy counters are operating, including a special drug window, a local purchase counter, and a senior citizen counter.
- 6. Bifurcation of Local Purchase:** Local purchases have been divided into two sections, one serving OPD patients and the other serving IPD patients (wards and casualty), ensuring better service delivery to patients.
- 7. Recognition:** NRCH pharmacists were recognized by the GM/NR for their contributions to the fight against COVID-19.
- 8. Operating Hours:** The pharmacy at NRCH operates all seven days of the week, from 08:30 to 22:00, serving patients with a smile.

FAREWELL GM/ NR & AGM/ NR



ANAESTHESIA

The term “anaesthesia” must be familiar to all. But does everyone know what it involves?

On 30 September 1846, Morton administered diethyl ether to Eben Frost, a music teacher from Boston, for a dental extraction.

Two weeks later, on 16th October, Morton became the first to publicly demonstrate the use of diethyl ether as a general anesthetic at Massachusetts General Hospital, in what is known today as the Ether Dome.

Ever since, 16th October has been celebrated as ‘World Anaesthesia Day’.

The next paragraphs provide a short summary about what anaesthesia entails.



Anaesthesia is a medical technique used to keep patients comfortable and pain-free during surgeries or other medical procedures. It works by temporarily blocking the sensation of pain and can make the patient feel relaxed or even asleep. It is carefully administered by trained professionals to ensure your safety and comfort.

We also provide answers for frequently asked questions and clear common misconceptions regarding this lesser known but essential specialty.



DEPARTMENT OF ANAESTHESIA @ NRCH

Anaesthesiologists are doctors, who have special training in giving drugs/ other agents to prevent or relieve pain and/or provide controlled unconsciousness during surgery or other procedures.

NRCH has currently 5 senior consultants in anaesthesia, in addition to a large number of residents. The doctors are assisted by many well-trained nursing staff; OT assistants and other paramedical staff.



KNOW YOUR ANAESTHETIST @ NRCH

1. **Dr. Mamta Chadha** is Head of Department and has an experience of more than 30 years post MD. An alumni of Lady Harding Medical College, she has a special interest in Pain Management especially in acupuncture. She is also a sports enthusiast.



2. **Dr. A.K. Sharma** has headed the department of Anaesthesia at NRCH for a decade- till 2023. With over 30 years of experience after postgraduation, he has a wealth of experience in all types of surgeries. His interests are patient safety and ensuring patient comfort during anaesthesia.

3. **Dr. Sushil Krishnan** is a senior consultant with over 26 years of experience after postgraduate training from IPGMER, Calcutta University. Apart of provision of anaesthesia in all types of cases, his special interests include regional blocks, acute pain relief and early recovery after anaesthesia.



4. **Dr. Rakesh Kumar** is a senior consultant with over 25 years of experience, after post graduate training from Delhi University. He has interests in obstetric anaesthesia and regional pain procedures.

5. **Dr. Dildeep Singh** is a junior consultant with over 4 years of experience after post graduate training from Delhi University. His special interests are Anaesthesia, Intensive Care and teaching. He is interested in sports and has also won many awards in cricket.



COMMON FAQs

WHAT TO EXPECT BEFORE & DURING YOUR ANAESTHESIA AND SURGERY

Q1. Anaesthesia – What is it and what are the types of anaesthesia?

A1. Anaesthesia involves techniques and drugs administered before surgery, by specialist doctors (anaesthesiologists) who induce a state of controlled unconsciousness or make an area of the body pain free.

This is done by one (or a combination) of the following types of anaesthesia:

- a) General Anaesthesia means being made completely unaware of anything during the operation. It is a state of controlled unconsciousness.
- b) Regional Anaesthesia involves making a part of the body numb by injecting certain drugs around the nerves. You will be awake and know what is going on, but feel no pain during the procedure or operation. Some people will also be given a sedative so that they are relaxed but not in a deep sleep.

- c) Local Anaesthesia means the injection of local anaesthetic at the site of the operation to make a small area numb. It is usually used for minor operations, and may be done by the surgeons themselves rather than an anaesthesiologist.

ANAESTHESIA

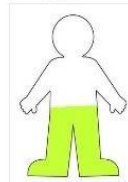
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Types of Anaesthesia

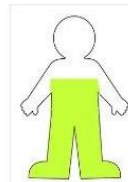
General Anaesthesia



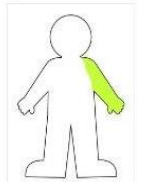
Regional Anaesthesia:



Spinal

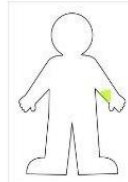


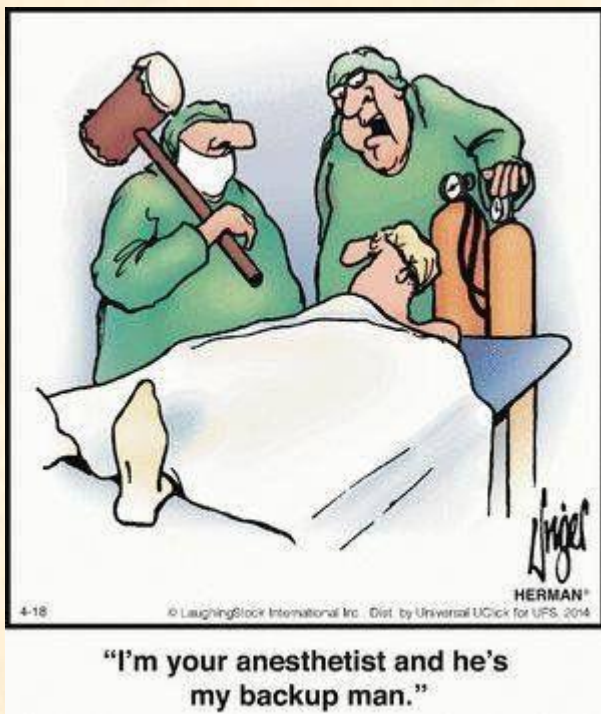
Epidural



Peripheral
nerve block

Local Anaesthesia:





Q2. Why is pre-anaesthetic check (PAC) required? Are patients given a trial anaesthesia during PAC?

A2. If you have a medical condition that may require surgery, a surgeon [e.g. gynecologist/ general surgeon/ orthopaedican etc.] will have examined you and informed you, that you need an operation to treat your condition. After prescribing some tests [investigations]; he/ she will then refer you to the Pre-Anaesthetic clinic for further assessment.

Here, all patients will be seen by an anaesthesiologist before their operation in order to examine the patient; plan the anaesthesia, as well as discuss and answer any questions which you may have. This will usually happen day/s before the surgery; unless you have to undergo emergency surgery.

We do NOT give any trial of anaesthesia during the PAC.

Q3. Do I have to come on empty stomach for PAC [pre anaesthetic check-up]?

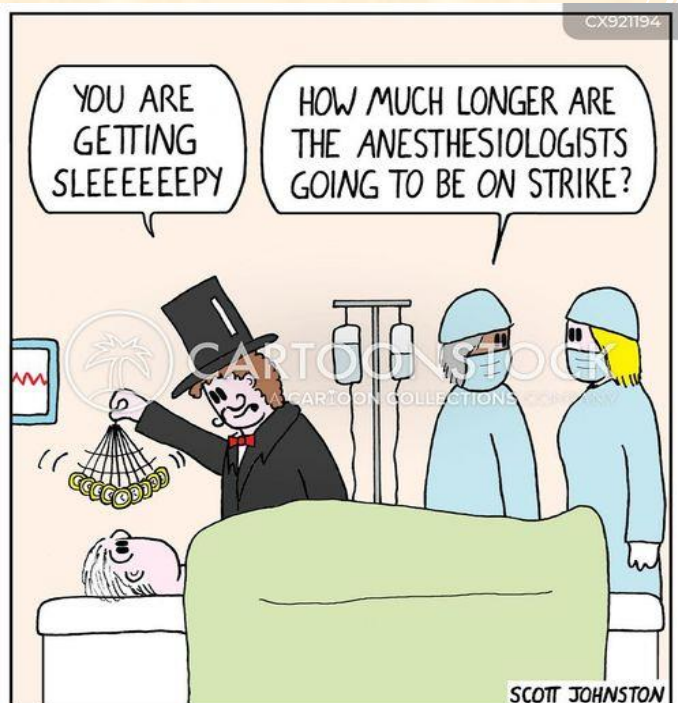
A3. No. You can eat, drink & take your medications as usual, before the PAC [pre anaesthetic check-up].

Q4. What do I, the patient, need to bring to facilitate PAC?

A4. Bring the current prescription from department of surgery/ orthopedic/ gynae etc.

Tell the doctor at the clinic all details about your illnesses and answer all questions, regarding your current or past illnesses and the medicines you are having.

Also bring your file and investigations e.g. X-ray, ECG with you; as the doctor may require to read through them.



Q5. What will the Anaesthesiologist do in the pre anaesthetic checkup?

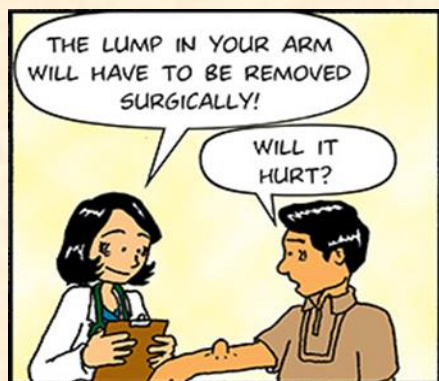
A5. He/she will do a routine examination. Then he/she will fill a PAC form and prescribe certain tests if required. This may include various blood tests, ECG, X-rays etc, which may be in addition to what your surgeon has already prescribed for you. After all the test results are available, the anaesthesiologist will give you clearance for surgery.

They will explain the type of anaesthesia that will be given, after discussion with you, considering the type of operation and any medical problems you have, as well as its risks or benefits. They will also write extra instructions, to be followed before anaesthesia, on the PAC form if required.

In some cases, they may further refer you to other departments like Medicine for further assessments and adjustment to your drugs. You will then be referred to your original department [gynaecology, orthopaedics. ENT etc] who will then give you the date for surgery. You will be admitted to hospital the previous day and instructions given to you in the ward.

On the day of surgery, you will be shifted to the operation theatre at the appointed time. All instructions given to you especially regarding food, drink, or medicines, must be followed strictly. After you and a witness, sign the consent form for anaesthesia, you will be taken into the operating room; where the doctor will first attach BP, ECG and other monitors and then will give you medicines or injections to either make you fall asleep, or to make an area of your body numb.

After the surgery is completed, you will be taken to the post operative ward; where one attendant is permitted to stay with you at your bed side. Throughout your stay in the postoperative ward your BP, pulse etc. will be monitored on a machine; oxygen and injections/ medicines may be given to you as required. One or more nurses will be available to monitor your condition and a resident doctor will also be available 24 hours in the hospital, to attend to you if necessary. You will usually stay here until the next morning; after which, you will be shifted to your original ward. In some cases, depending on your condition, you may have to stay in the post operative ward for a longer period.



Q6. What happens during general anaesthesia? Is general anaesthesia the same as sleep?

A6. No. General anaesthesia superficially resembles sleep, as patient may be unaware of the surroundings in both situations.

But Anaesthesia differs from sleep in many important ways. You can be spoken to or shaken physically to wake you up from sleep; but this is not possible after general anaesthesia.

Usually the doctor will give you special drugs to wake you up. The timing and doses of what drug to give is complex and requires a good deal of knowledge and experience.

In addition, under general anaesthesia, typically, the control of your respiration is in the hands of the doctor who uses special equipment to maintain it. The doctor also gives drugs to vary your BP, heart rate and other bodily functions as necessary.

At the end of operation, these drugs are reversed using specific antidotes.

Q7. Is anaesthesia safe?

A7. Yes; overall anaesthesia is extremely safe. But just as there are side effects and risks with any medical procedure, there are some uncommon side effects of anaesthesia.



"He's taking selfies again. More anesthesia!"

Most are minor like nausea, soreness/dryness in the throat, dizziness/mild disorientation after regaining consciousness; feeling cold etc. These usually do not last very long.

Serious complications are very rare and may include very low BP; prolonged time to regain consciousness, heart attack etc. In such cases patient may be placed on a ventilator {machine to assist/control patients breathing} for some time, after the surgery. Such episodes usually occur in high-risk medical conditions or surgeries.

Your entire team of doctors at NRCH, along with nurses and paramedics are well qualified experienced and committed to ensure that your surgery and anaesthesia is conducted in a manner that is safe for you and that problems are reduced to the minimum level possible.

Q8. Why is a patient postponed/cancelled for operation?

A8. If the benefits of operation and anaesthesia outweigh harms that may come to the patient due to anaesthesia/ operation, then we decide to give anaesthesia. However, if risks to life due to the operation/anaesthesia outweigh the chance of survival, then we cancel the case or postpone it.

Q9. How does anaesthesia work?

A9. This is a very complex topic. Research is still ongoing, especially to fully understand mechanisms of anaesthesia. Though actions of many drugs on the areas of the brain, are clearer at present, even today scientists do not have complete answers.



Common events and risks in anaesthesia



VERY COMMON – MORE THAN 1 IN 10
Equivalent to someone in your family



Sickness



Shivering



Thirst*



Sore throat



Bruising



Temporary memory loss
(mainly in over 60s)



COMMON – BETWEEN 1 IN 10 AND 1 IN 100
Equivalent to someone in a street



Pain at the injection site*



Minor lip or tongue injury



UNCOMMON – BETWEEN 1 IN 100 AND 1 IN 1,000
Equivalent to someone in a village



Minor nerve injury



RARE – BETWEEN 1 IN 1,000 AND 1 IN 10,000
Equivalent to someone in a small town



1 in 1,000
Peripheral nerve damage that is permanent



1 in 2,800
Corneal abrasion
(scratch on eye)



1 in 4,500
Damage to teeth



1 in 10,000
Anaphylaxis
(severe allergic reaction to a drug)



VERY RARE – 1 IN 10,000 TO 1 IN 100,000 OR MORE
Equivalent to someone in a large town



1 in 20,000

Awareness during an anaesthetic



1 in 100,000
Loss of vision



1 in 100,000

Death as a direct result of anaesthesia

More information on these risks and on how to prepare for surgery can be found here bit.ly/RCoA-Risk

*The first Sprint National Anaesthesia Project [SNAP-1] Study. Br J Anaesth 2016 [bit.ly/SNAP1-2014].

DENTISTRY

Dentistry has undergone a remarkable transformation over the years, evolving from a primarily extraction-based practice to a sophisticated, technology-driven profession.

Advances in materials science, digital dentistry, and minimally invasive techniques have revolutionized the field, enabling dentists to provide more precise, efficient, and patient-friendly care.

Our dental department is a state-of-the-art facility dedicated to providing comprehensive oral healthcare services to patients of all ages.

Our team of experienced and skilled dentists, hygienists, and support staff are committed to delivering personalized care in a comfortable and relaxing environment.



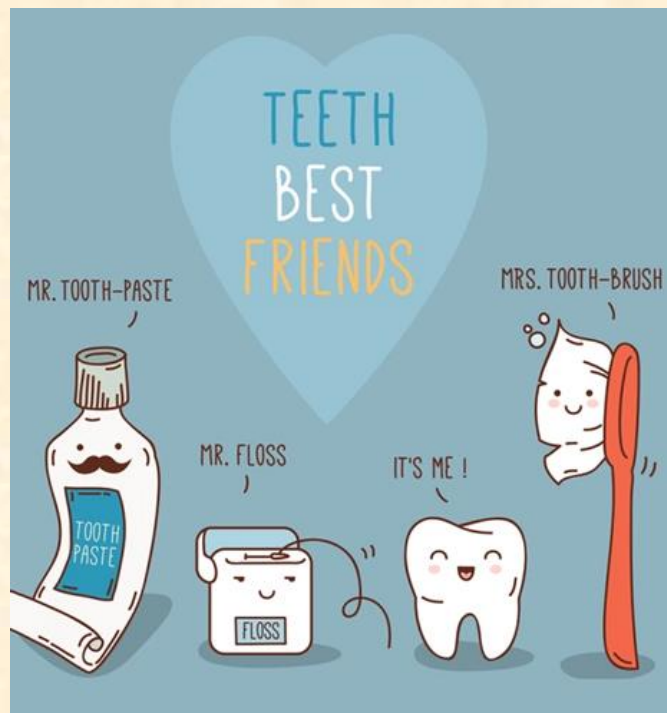
DEPARTMENT OF DENTISTRY @ NRCH

Dental Department/ NRCH uses the latest technologies and techniques to ensure accurate diagnosis, efficient treatments, and comfortable experiences.

Whether you need a routine check-up or complex treatment, our dental department is here to serve you with expertise and care.

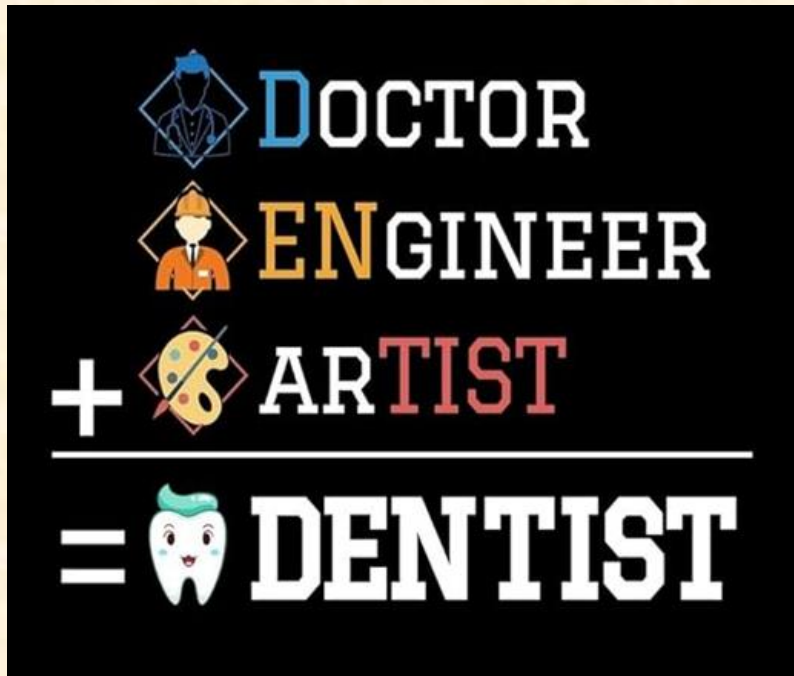
Dental Department/ NRCH has the motto "Service with Smile".

Punctuality and professional care with dedication is the USP of this department.



There are four consultants, two senior residents, one dental hygienist and one dental mechanic (SBF) to serve railway beneficiaries.





KNOW YOUR DENTIST @ NRCH

1. **Dr. Parveen Sharma**, Principal Chief Dental Surgeon and Head of the Dental Department, has about 39 years of experience in dentistry. She is an alumni of the pioneering batch of PGIDS Rohtak and did her postgraduate studies from GDC Amritsar. Although she uses her profound knowledge and expertise in imparting comprehensive dental care in all disciplines with dedication, she has special interest in exodontia, pedodontics and orthodontics. She is an ardent music lover.



2. **Dr. Naveeta Mittal**, ACDS, graduated in 1992 and has over 32 years of comprehensive experience in dentistry, augmented by a PG Diploma in Hospital Management. She is renowned for her expertise in esthetic and painless dentistry, fueled by her dedication to creating radiant smiles and significantly enhancing patient well-being through her gentle and empathetic approach. Her vibrant personality shines through her love for movies, sports, and dancing, reflecting her joyful and free-spirited natures.

3. **Dr. Ashish Dixit**, ACDS, graduated from the University of Mysore in 1993 and holds a Postgraduate Diploma in Public Policy and Management from IIM Bangalore. With 31 years of clinical experience, he specializes in conservative and esthetic dentistry while also excelling in hospital administration. Beyond his professional expertise, Dr. Dixit is an avid enthusiast of photography, trekking, ornithology, and music.



4. **Dr. Aarti Yadav**, Divisional Dental Surgeon, holds a Bachelor's in Dental Science and a PG Diploma in Hospital Management. With 14 years of experience, she is proficient in all facets of dentistry, with a particular passion for advanced endodontic and aesthetic techniques. Her role skillfully integrates clinical methods with strategic healthcare administration to enhance patient satisfaction. She enjoys solving Sudoku puzzles and playing badminton.

COMMON FAQs:

Q1. What facilities are available in the Dental Department at NRCH?

A1. The Dental Department at NRCH is equipped with advanced diagnostic and treatment facilities. Our comprehensive services include restorative care (fillings, esthetic restorations), preventive treatments (oral prophylaxis, sealants), oral surgery (extractions, disimpactions, major and minor oral surgeries), cosmetic enhancements (veneers, whitening, bonding), endodontics (root canal therapy), periodontics (gum surgery), removable orthodontics and prosthodontics, pedodontics (dental care for children and adolescents) and oral radiology (digital intra-oral x rays, OPG and Ceph) etc. Dental Health check camps are held in various health units and NRWOW run schools.

Q2. What are the timings for dental procedures?

A2. OPD hours are from 9:00 AM to 1:00 PM, Monday to Saturday. Appointment-based time consuming procedures are done from 2:00 PM to 4:00 PM, Monday to Friday, and from 9:00 AM to 10:00 AM on Tuesdays and 9:00 AM to 1:00 PM on Thursdays. Emergency dental services are available any day any time. It is always advisable to reach early for walk-in OPD so that the clinicians have enough time to do procedure.

Q3. Why are appointments given for certain dental procedures?

A3. Appointments are essential for scheduling adequate time for long time consuming procedures, allowing for focused and personalized care. This system ensures efficient use of clinic resources, reduces patient wait times, and allows the dental team to deliver high-quality treatment tailored to individual needs.

What are dental X-rays called?

Tooth pics.



Q4. Should I go empty stomach for dental procedures?

A4. It's advisable to avoid large meals before a dental procedure but you should not come empty stomach. A light meal is often advisable, especially if local anaesthesia is to be administered for treatments like root canal therapy (RCT), extractions and surgical procedures. Following specific instructions from your dentist will ensure your comfort and safety during the procedure.

Q5. What precautions should I take after fillings, RCT, or extractions?

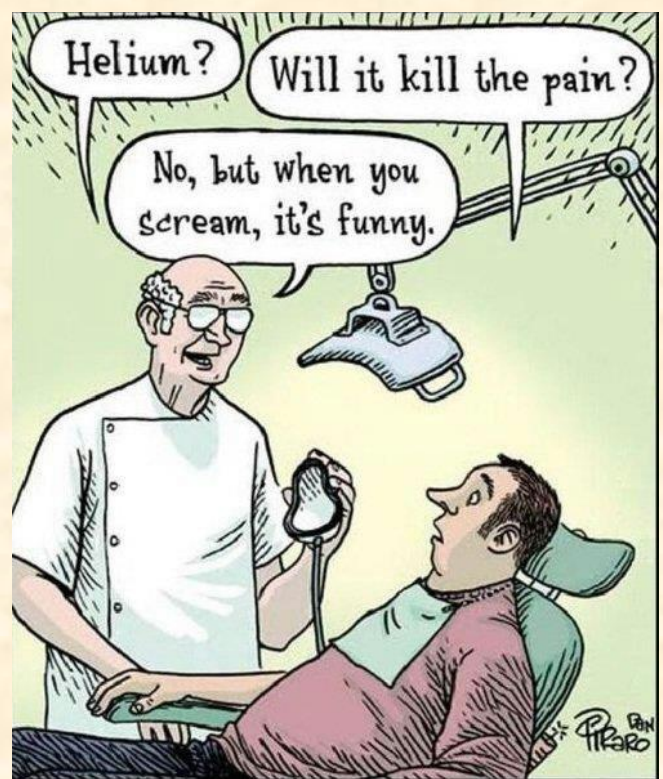
A5. After a filling or root canal treatment (RCT), it is important to avoid eating hard, sticky, or chewy foods for at least 24 hours from the side where procedure has been done. Preferably one should also avoid hot liquids and chewing anything for two hours.

Post-Extraction/ Post surgery under Local anaesthesia instructions:

Manage bleeding by gently biting on pressure pack put in your mouth by the dentist for 30-45 minutes. Do not collect saliva in the oral cavity, keep it swallowing. Avoid talking or eating till the effect of anaesthesia goes away. Stick to cold and soft foods and liquids for 24 hours and avoid hard, crunchy, or spicy foods. Avoid rinsing and spitting forcefully for twenty four hours to prevent dislodging of the clot. After 24 hours, maintain oral hygiene by brushing gently and rinsing with lukewarm salt water. Take prescribed medications as directed, rest, and avoid smoking and alcohol for at least 48 hours. Contact your dentist if you experience excessive bleeding, swelling or severe pain.

Q6. Why do dentists recommend regular checkups every six months?

A6. Regular checkups every six months are essential for the proactive management of oral health. They enable early detection of potential issues such as cavities, gum disease, or oral cancer,



allowing for timely treatment. Routine exams and professional cleanings help manage plaque and tartar buildup, which can prevent more serious problems and maintain overall dental health. Additionally, these visits provide an opportunity for personalized advice on improving oral hygiene practices and addressing any concerns before they escalate.

Q7. I am a cardiac patient and I am on blood thinner medicines. Can I get my dental treatment done?

A7. There is no contraindication in getting dental treatment in a cardiac patient. You just need to consult your treating doctor for his/her opinion and he/she may advise you some antibiotic prophylaxis or if your condition is stable, ask you to stop blood thinner medicines for a few days prior to extraction or any other surgical procedure.

Q8. I brush daily, but I'm told I have bad breath. What should I do?

A8. Persistent bad breath can result from various factors beyond poor oral hygiene, including gum disease, tooth decay, sinusitis, digestive issues, or even certain medications. To address bad breath, ensure you are brushing and flossing thoroughly, using mouthwash, and staying hydrated. Additionally, check for potential sinus infections or other health conditions that might contribute. If bad breath persists despite these measures, consult your dentist to identify any underlying issues and receive appropriate treatment.

Q9. Which toothpaste should I use and which should I avoid?

A9. Opt for a fluoride toothpaste to strengthen enamel and prevent cavities effectively. Fluoride helps to remineralize and protect your teeth from decay. Avoid toothpastes with high abrasives, as they can erode enamel and lead to increased sensitivity.. If you have specific concerns, such as sensitivity or gum issues, consult your dentist for a personalized recommendation to ensure the toothpaste addresses your unique oral health needs.

Q10. My teeth are sensitive to hot, cold, and sweets despite using Sensodyne toothpaste. What should I do?

A10. Ongoing sensitivity to hot, cold, and sweets despite using desensitizing toothpaste like

Sensodyne could signal underlying issues such as enamel erosion, gum recession, or dental problems. It's important to consult your dentist for a comprehensive examination to identify the root cause of the sensitivity. Your dentist can then recommend targeted treatments or changes in oral care practices to effectively manage and alleviate your discomfort.

Baby teeth are important too!



Q11. Do I need to care for my child's baby teeth?

A11. Yes, caring for baby teeth is essential. They play a key role in your child's speech development, eating habits, and the proper alignment of permanent teeth. Regular brushing, healthy eating, and dental checkups help prevent decay and set the foundation for lifelong oral health. Maintaining the health of baby teeth ensures that they guide the permanent teeth into their correct positions and supports overall oral development.

Q12. Why do some very young children have black or broken front teeth?

A12. Black or broken front teeth in very young children are often due to dental caries related to prolonged exposure to sugary liquids, such as those in nursing bottles or sippy cups. This condition, sometimes called "bottle tooth decay," occurs when sugary liquids remain in contact with the teeth for extended periods, leading to rapid decay. Poor oral hygiene and frequent snacking can also contribute. Early dental evaluation and intervention are crucial to address these issues, manage decay, and prevent further damage to the child's teeth.



Q13. I am scared. I am hearing many people suffering from mouth cancer these days. How can this be prevented?

A13. To effectively reduce your risk of mouth cancer, avoid all forms of tobacco and limit alcohol intake, as these are major risk factors. Maintain excellent oral hygiene by brushing twice a day and flossing daily, and make sure to visit your dentist regularly for comprehensive checkups and oral cancer screenings. These screenings are crucial for early detection and can lead to more successful treatment outcomes. Additionally, adopt a balanced diet rich in fruits and vegetables, protect your lips from excessive sun exposure, and stay vigilant about any unusual changes in your oral health.

Q14. How does oral hygiene impact overall health, and what are the best practices to ensure good oral hygiene?

A14. Maintaining good oral hygiene is vital not only for preventing dental issues like cavities and gum disease but also for overall health. Poor oral hygiene has been linked to systemic conditions such as heart disease, diabetes, and respiratory infections. To ensure optimal oral health, brush your teeth at least twice a day with fluoride toothpaste, floss daily to remove plaque from between the teeth, and use an antibacterial mouthwash to reduce oral bacteria.



Q15. What is the right age to start treatment for malaligned teeth?

A15. Orthodontic evaluations are ideally recommended around age seven. At this stage, early signs of misalignment can be identified, and potential issues can be addressed proactively.

Early intervention can prevent more complex problems later, allowing for less invasive treatments and more effective results.

By assessing your child's dental development early, orthodontists can create a customized plan to guide the growth of the teeth and jaw, improving both function and aesthetics.

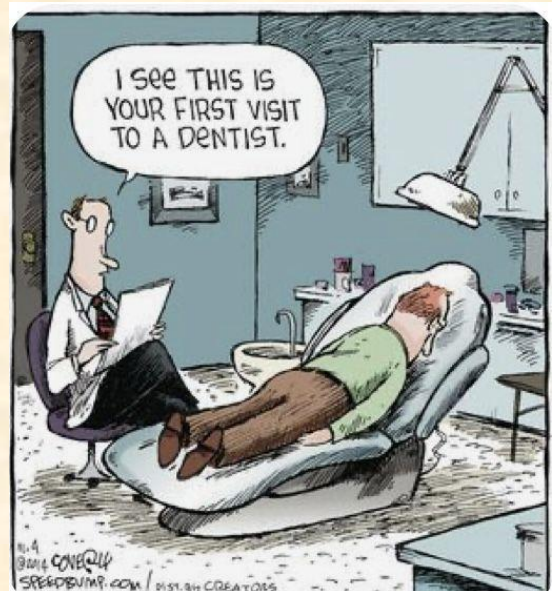
Q16. Why do I get cavities even if I avoid sweets and brush daily?

A16. Cavities can still occur despite avoiding sweets and brushing regularly due to factors like bacterial plaque buildup, acidic foods and beverages, improper brushing techniques, and genetic predispositions.

Additionally, areas of your mouth that are hard to reach with a toothbrush can harbor bacteria. Regular dental checkups are crucial for identifying and addressing these issues early, preventing further decay and ensuring optimal oral health.

Q17. I am having some dental issues but I am scared of pain if I visit a dentist. Am I right?

A17. No, with modern technology and good local anaesthesia techniques, there is little or no pain in getting dental treatment. Rather postponing treatment may land you into more serious trouble.



राजभाषा पखवाडा 14 – 29 सितम्बर 2024 @ उ.रे.के.चि.



हिंदी निबंध प्रतियोगिता

कार्यस्थल सुरक्षा एवं संरक्षा

(प्रथम पुरस्कार- श्री कृष्णकांत अग्रवाल, फार्मासिस्ट/उ.रे.के.चि.)

कार्यस्थल वह स्थल है जहां पर कर्मचारी अपनी नौकरी एवं परियोजनाओं का संचालन एवं निष्पादन करते हैं। कार्यस्थल संरक्षा कार्य को सुचारु रूप से संचालित करने में अत्यंत महत्वपूर्ण भूमिका रखते हैं। कार्यस्थल संरक्षा का महत्व इस सत्य से समझा जा सकता है कि कामगारों की अंतरराष्ट्रीय संस्था अंतराष्ट्रीय मजदूर एवं कामगार संगठन के आंकड़ों के अनुसार पिछले साल करीब 27 लाख 80 हजार लोग कार्यस्थल दुर्घटनाओं में मारे गए तथा करीब 37 करोड़ लोग गंभीर रूप से घायल हुए।

कार्यस्थल संरक्षा का मुख्य उद्देश्य कार्यस्थलों पर होने वाली दुर्घटनाओं, चोट, मृत्यु एवं संगठनों में होने वाली वित्तीय हानि को रोकना है। बदलती हुई जलवायु में जहां ग्रह एवं मानव अत्यंत दुष्कर परिस्थितियों का सामना कर रहे हैं, अत्यंत तीव्र मौसम परिवर्तन, प्रदूषण, खेती में प्रयुक्त होने वाली अत्यंत हानिकारक कीटनाशक रसायनों के इस्तेमाल से होने वाली गंभीर बीमारी से पूरा मानव जगत जूझ रहा है। कई सारी बीमारी जैसे कि कैंसर, हृदय रोग, श्वसन संबंधी रोग एवं कई प्रकार के मानसिक विकार जैसे रोग कार्यस्थल पर व्याप्त वातावरण एवं माहौल की वजह से बढ़ते जा रहे हैं। ऐसे में कार्यस्थल संरक्षा पर ध्यान देना अत्यंत वांछनीय है।

चिकित्सा जगत भी कार्यस्थल पर होने वाली तरह-तरह की बीमारियों से अछूता नहीं है। पूरी दुनिया में प्रतिवर्ष तरह-तरह की कई संक्रामक रोगों का हमला होता रहता है। चिकित्सा जगत को

दोहरी मार का सामना करना पड़ता है। एक तरफ तो रोगी की रोग से लड़ने में सहायता एवं उपाय करने पड़ते हैं एवं इसकी दूसरी तरफ खुद को भी संक्रमण से बचाना पड़ता है। ऐसा देखा गया है कि कई बार रोगी की सहायता करते हुए चिकित्सा कर्मी खुद भी रोग की चपेट में आ जाते हैं ऐसे में अस्पताल में कार्यस्थल संरक्षा के उपाय और भी महत्वपूर्ण हो जाते हैं।

कार्यस्थल संरक्षण का व्यापक प्रचार एवं प्रसार करके अनेक तरह की बीमारियों, चोटों, कर्मचारियों के परिवारों एवं संस्थाओं में होने वाली अनेक प्रकार की समस्याओं एवं वित्तीय हानियों से बचा जा सकता है।

कार्यस्थल संरक्षण का महत्व- कार्यस्थल पर पर्याप्त सुरक्षा के होने से न केवल कर्मचारी संतुष्ट एवं चिंतारहित होते हैं अपितु संस्थाओं को भी वांछित लक्ष्य प्राप्त करने में सहायता मिलती है।

कार्यस्थल संरक्षण में होने वाले लाभ -

1. **कर्मचारी द्वारा उत्पादन क्षमता की वृद्धि:** अगर कार्यस्थल पर पर्याप्त सुरक्षा का ध्यान रखा जाए तो उत्पादन क्षमता में बढ़ोतरी होती है एवं संस्थाओं को होने वाले नुकसान की संभावना कम की जा सकती है।

2. **दुर्घटनाओं से होने वाले नुकसान कमी:** एक कारगर कार्यस्थल सुरक्षा से संस्थानों के नुकसान को कम करने में मदद तो मिलती ही है साथ में दुर्घटनाओं से होने वाली स्थिति जिसमें विश्वसनीयता, ग्राहक एवं निवेशकों के विश्वास का अभाव जैसी स्थितियों से भी बचा जा सकता है।

3. कानूनी कार्यस्थल संरक्षण बहुत महत्वपूर्ण है और इसकी अनदेखी करने से विभिन्न कानूनी अड़चनों का सामना करना पड़ सकता है।

कार्यस्थल संरक्षण में कई बातों का ध्यान रखना अत्यंत आवश्यक है एवं निम्न प्रक्रियाओं से संरक्षा सुनिश्चित की जा सकती है -

1. कार्यस्थल के जोखिम को समझना एवं उससे होने वाली दुर्घटनाओं की संभावनाओं का पता लगाना एवं उन्मूलन का प्रयास करना।
2. कर्मचारियों का आपस में सामंजस्य एवं सहयोग की भावना को जागृत करना।
3. कार्यस्थल के विषय में संभावित दुर्घटनाओं का पर्याप्त प्रशिक्षण प्रदान करना एवं सुरक्षा उपकरणों को उपलब्ध करवाना एवं बेहतर रखरखाव करना।

कार्यस्थल संरक्षण में निम्न विषय संदर्भित हैं-

1. सुविधा
2. कल्याण
3. कार्यस्थल से संबंधित अधिकारी की जानकारी

उपरोक्त तीनों बातों को ध्यान में रखते हुए कुछ संघीय नियम बनाए गए हैं एवं कार्यस्थल में निम्नलिखित नियमों के पालन का विशेष रूप से ध्यान रखना चाहिए-

1. **उत्पीड़न-** कार्यस्थल पर कोई भी कर्मी उत्पीड़ित नहीं होना चाहिए। इससे कार्यस्थल पर शत्रुतापूर्ण व्यवहार के रोकथाम में मदद मिलती है।
2. **पारिवारिक एवं चिकित्सा अवकाश अधिनियम-** कर्मियों को उनके पारिवारिक कार्यक्रमों में एवं चिकित्सीय जरूरत में अवकाश की आवश्यकता होती है। ऐसे में कर्मचारियों को कार्य की हानि के बिना अवैतनिक अवकाश दिया जाना चाहिए।

3. **भुगतान बीमा-** कार्यस्थल पर होने वाली दुर्घटनाओं एवं मृत्यु को संरक्षित करने के लिए बीमा का प्रावधान किया गया है जिससे कर्मचारियों एवं संस्थानों को होने वाली वित्तीय एवं स्वास्थ्य परेशानियों को कवर किया जा सके।

4. **निष्पक्ष श्रम अधिनियम-** कार्यस्थल में श्रमिकों को निष्पक्ष रूप से कार्य करवाना एवं बालश्रम को रोकने के लिए यह प्रावधान किया गया है।

5. **महिला यौन उत्पीड़न रोकथाम, निषेध एवं निवारण अधिनियम 2013** - भारत में होने वाली महिलाओं के उत्पीड़न के खिलाफ सख्त कानून है।

निष्कर्ष

कार्यस्थल संरक्षा अत्यंत महत्वपूर्ण है एवं कर्मचारियों को कार्यस्थल पर संपूर्ण सुरक्षा का बोध करवाता है। सभी संस्थानों को संरक्षा का पालन करना चाहिए। कार्यस्थल संरक्षा का पूर्ण पालन करने का लाभ संस्थानों की साख भी बढ़ावा भी है। जो संस्थान कार्यस्थल संरक्षण का पूर्ण पालन करते हैं वहां कर्मी बेफिक्र कर अपनी सेवाएं प्रदान करते हैं एवं उत्पादकता के साथ-साथ सभी वांछित लक्ष्य प्राप्ति में संगठन एवं नियोक्ताओं का पूर्ण सहयोग करते हैं।



स्वच्छता ही सेवा

14 सितम्बर – 2 अक्टूबर 2024 @ उ.रे.के.चि.

