GAIL (India) Limited
Corporate HR Department

CIRCULAR

No.CO/HR/Pol/P-42 7th May, 2024

Subject: Introduction of Home Nursing Care facility for critical/bed ridden patients under GAIL Medical Attendance Rules

In terms of Para - 10 of extant GAIL Medical Attendance Rules, if during treatment in a Government/authorized/nominated hospital, special nursing becomes necessary, an employee or a member of his/her family will be entitled to such special nursing as may be deemed essential for the recovery or for the prevention of serious deterioration in the condition of the patient having regard to the nature of the disease.

2. In the recent past, Corporate HR Department has received requests from various quarters to consider reimbursement of Home Nursing Care facility for critical/bed ridden patients under the extant GAIL Medical Attendance Rules.

3. The above matter has been examined by Corporate HR Department in the light of various contextual factors and it has been decided to allow reimbursement of domiciliary expenses for Home Nursing Care facility for critical/bed ridden patients (employee or dependent family members) under the extant GAIL Medical Attendance Rules as under:

   (a) Home Nursing Care facility will be admissible to employees/dependent family members suffering from critical/bed ridden medical condition after discharge from the hospital on submission of requisite medical documents along with a Certificate as per proforma placed at **Annexure - I** by the attending Specialist/PG Doctor under Allopathic system of medicine, recommendations of local HR, CMO at Corporate Office and approval by ED (HR).

   (b) Monetary ceilings for Home Nursing Care facility will be as under:

Description	'X' class location	'Y' class location	'Z' class location
Qualified Nurse per shift of 12 hours	900	700	500
Attendant for basic care per shift of 12 hours	450	350	250
Qualified Physiotherapist per visit subject to not more than once per day	400	300	200

   (c) Type of permissible Home Nursing Care facility and maximum duration for the same for different categories of illnesses/ diseases will be as under:

S. No.	Category	Type of Home Nursing Care facility permissible	Max. duration permissible (for each case)
1.	Paralytic disorders	Nurse	2 months
		Attendant	
		Physiotherapist	
2.	Terminal Cancer	Nurse	2 months
		Attendant	
3.	Severe Neuro muscular disorder, dementia, etc.	Attendant	2 months
		Physiotherapist	
4.	Poly arthritis with crippling deformities	Attendant	2 months
		Physiotherapist	

Contd.2/-

S. No.	Category	Type of Home Nursing Care facility permissible	Max. duration permissible (for each case)
5.	Loss of bladder & bowel function	Attendant	2 months
6.	Patients chronically bedridden due to terminal illness/organ or system failure	Nurse	2 months
		Attendant	
		Physiotherapist	
7.	Domiciliary dialysis (CAPD etc.)	Nurse	On the day of dialysis
8.	Patients recovering from polytrauma (injury of more than one system of body)/ major fractures of spine or pelvis or multiple long bone fractures	Nurse	2 months
		Attendant	
		Physiotherapist	
9.	Major total joint replacement surgery	Physiotherapist	2 months

(d) Further, Home Nursing Care facility for any additional period beyond the duration mentioned above shall be allowed on case to case basis subject to recommendations of local HR, concerned OIC/HOD at Corporate Office, CMO at Corporate Office and approval of Director (HR).

(e) Reimbursement of Home Nursing Care facility will only be allowed if the same is availed from a Registered Hospital/Registered Agency and submission of bills/receipts containing details of no. of sessions/visits/days of such services along with proof of the online payment made by the employee/family member to such Registered Hospital/Agency.

4. Other terms and conditions regarding GAIL Medical Attendance Rules shall remain unchanged.

5. This is issued with the approval of the Competent Authority.

(Vikas Gupta)
ED (HR)

Distribution:

1. C&MD/Director (Fin.)/Director (Projs.)/Director (HR)/Director (Mktg.)/Director (BD)/CVO
2. HoDs at Corporate Office
3. OICs of Work Centres/Offices
4. ED (F&A), Corporate Office, New Delhi
5. ED (BIS), Noida - with a request to effect requisite changes in SAP-HR/ ESS/Sugam Portal
6. CGM (HR-Admin), Corporate Office, New Delhi
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8. All employees *(through e-mail)*

Annexure - I

Certificate

[To be issued on the Letter Head of the concerned Hospital]

It is certified that Shri/Mr./Ms. _____ (Name of Patient), dependent _____ (relationship with employee) of Shri/Mr./Ms. _____ _____ (Name of employee/ex-employee of GAIL) is/was hospitalized for undertaking the treatment of _____ (Name of the disease) at _____ (Name of Hospital) from _____ (date of hospitalization/admission) to _____ (date of discharge).

Based on the recent assessment of the medical condition of Shri/Mr./Ms. _____ _____ (Name of patient), it is certified that his/her medical condition is still critical/ bed ridden for which further treatment is to be continued. Alternatively, his/her further rehabilitation/ management can be undertaken at home for which proper Home Nursing Care facility is essential through a Nurse and/or an Attendant on round-the-clock basis/ for ____ hours in a day; and/or a Physiotherapist for ___ no. of visits per week. Such Home Nursing Care facility for the patient is recommended for a minimum period of ____ days/months.

(Signature and Seal of the Attending Doctor/Specialist/ Medical Superintendent of the Hospital)

Name: _____

Date: _____