Disaster Management Plan
Alleppey General Hospital
December, 2019

Submitted and facilitated by GeoHazards Society in technical support from Kerala State Disaster Management Authority and UNDP.

Background

The GENERAL HOSPITAL ALAPPUZHA, which is one of the few major hospitals in [ALAPPUZHA] of Kerala, not only caters the needs of the communities in the city, but also serves health services to the communities spread across Kerala state. It is the most important health facility in [city] and therefore it is of utmost importance that the hospital to be prepared to respond to any emergency or disastrous event. The recent flooding in Kerala has affected as close to 332 health facilities, 61 Ayurveda institutions and 59 homeopathic centres as per Post Disaster Need Assessment (PDNA) report developed by UNDP.

The Hospital Safety Guideline developed by National Disaster Management Authority mandates the Hospital Disaster Management Plan (HDMP) *"optimally prepare the staff, institutional resources and structures of the hospital for effective performance in different disaster situations"*. It further states that "*each hospital shall have its own Hospital Disaster Management Committee (HDMC) responsible for developing a Hospital Disaster Management Plan*". Members of this committee shall be trained to institute and implement the Hospital Incident Response System (HIRS) – for both internal and external disasters. The [GENERAL HOSPITAL], which is prone to many hazards such as earthquake, landslide, flood and fire etc. has considered to develop a Disaster Management Plan. This plan has been prepared to help the hospital manage various types of events, from simple and limited emergencies to major incidents such as earthquakes. The plan has several levels of activation depending on the type of emergency situation.

Objectives

1. To ensure preparedness of the GENERAL HOSPITAL to respond and recover from internal and external emergencies;

2. To ensure continuity of essential activities, critical services and safety of its hospital staff, patients, visitors, and the community;

3. To coordinate and organize response to various incidents including protection of the facility and hospital services.

Hazards

Natural calamities:

Floods, tsunami, storm surge, cyclone, thunder and lightning, earth quake, heat wave, coastal erosion, kallakadal, draught and salt water intrusion

Human induced calamities:

boat capsizing, fire, stampede, tourism related drowning, fire works accidents, pest attack , bird flu.

Overview of the hospital

General Hospital Alappuzha previously known as District Hospital(174 Bed strength) has started working at the old T.D. Medical College Hospital Campus with effect from01/08/2007.As per Go.No.206/2007 dated 17/01/07 health and family welfare department . Present Bed strength is400. The institution is situated at the heart of Alappuzha city and centers to the poor working class of Alappuzha including farmers from Kuttanadu, Fishermen and Coir Workers. Accidents in the NH 47 belt from Mararikulam to Punnapra also do reach here first. 400 Bedded hospital situated in the heart of town , about 3kms from the sea and 3kms from backwaters on the other side .Equipped with all medical and surgical specialties except gynecology ;daily outpatient turnover is about 3000 per day.

Table 1 – Current Human Resources at [GENERAL HOSPITAL**]**

Sl. No.	**Existing Human Resource Capacity**	**Number**
1	Departments	18
3	Doctors	54
4	Administrative Staff	15
5	Para Medical Staff	60
6	Nursing Staff	80
7	Supporting Staff	75
8	Others	40

Critical departments –

Sl. No.	Critical departments	Remarks
1	Emergency Department	2 doors one entry and one exit
3	ICUs	Medical and surgical ICU's single entrance.
4	OTs	Situated in first floor, two entrance.
5	CSSD	In close proximity with the operation theatre
6	Maternity	NIL
7	Radiology	Situated in ground floor
8	Others	Separate OP BLOCK for major specialties.

Types of Emergency

Disaster relating to the hospital is divided into two types onsite & Offsite emergency condition.

Hospital Disaster Management System

Hospital Disaster Management Committee (HDMC)

The GENERAL HOSPITAL, Hospital Disaster Management Committee (HDMC) shall consist of the following members:

Table 2 – Suggested HDMC Members:

Sl.No.	**Name of the Departments / Designation**	**Name of the committee members**	**Mobile Numbers**
1.	Medical Superintendent	Dr JAMUNA VARGHESE	7907277286
2.	Deputy Medical Superintendent	Dr T S SIDHARDHAN	944757535730
3.	RMO	Dr SHALIMA	9995442477
4.	HOD, Orthopedics	Dr VENUGOPAL	9846178343
5.	HOD, GENERAL SURGERY	DR SILBY	9446118947
6.	Department of physical medicine and rehabilitation	DR ARUVI	9446458633
7.	Department of ophthalmology	DR MEERA	9744057766
8.	Department of General medicine	DR REJITH KUMAR	9495162873
9.	Dept of ENT	DR LUBIN	989568640
10.	Office In charge Central Store	MR SATHEESH	9447535160
11.	Head of UROLOGY	DR THOMAS DANIEL	9446568118
12.	Dept of Dermatology	DR BREEZE	9446442352

13.	Dept of NEPHROLOGY	DR SHABEER	9895433428
14.	Dept of Pediatrics	DR SHANTHI	9847165587
15.	Dept of Pulmonary medicine	DR DEEPU	9447030491
16.	Nursing Superintendent	MERCY THOMAS	9744261512
17.	Dept of psychiatry	DR RAFEEK	9495201723
18.	Dept of ANAESTHESIA	DR SURESH BABU	9447612832
19.	Security In-Charge	MR VIJAYAN NAIR	9497679243
20.	PWD	ASST EXECUTIVE ENGINEER MR.JAMAL	8086395147

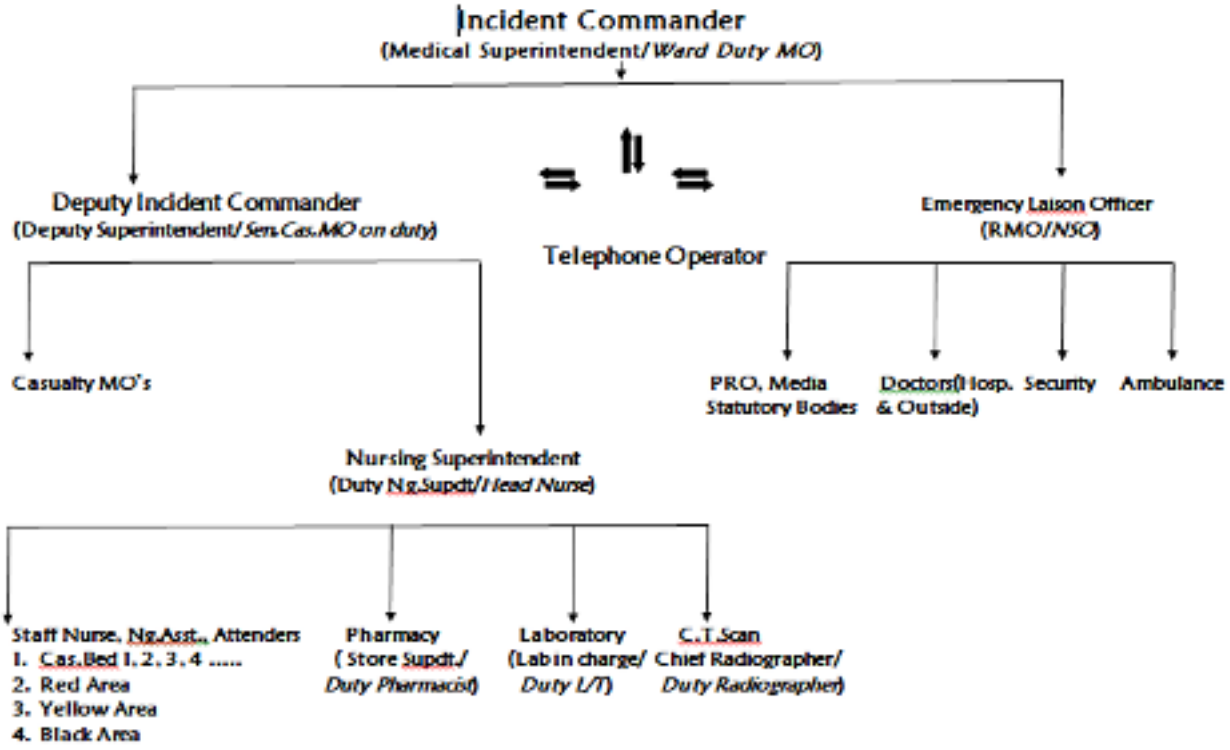
The HDMC shall be responsible for:

- Drafting and endorsement of the hospital disaster management plan;
- Operationalization, review and updating the plan;
- Conducting regular drills, at least two tabletop exercises and one drill on an annual basis;
- Ensuring all staff are sensitized on the plan through dissemination meetings;
- Ensuring all new staff have disaster management training;
- Ensuring all the Head of Departments (HoDs) and In-Charges of Wards/ Departments develop job-cards (detailing actions during emergencies) for every staff member as per the roles and responsibilities.

- Ensuring supplies required for emergency response are stored and ready to use as per sample stock inventory for disaster stores**.**

- Liaison with health department, State Disaster Management Authority, armed forces, and other hospitals/ health facilities to ensure operationalization of the plan;

Take decisions to systematically reduce risk (structural and non-structural mitigation and preparedness actions) components of the hospital to achieve maximum functionality during disaster/emergency.



Hospital Emergency Operation Centre (HEOC)

The HEOC will be established in the present Medical Superintendent's room from 10.00 AM – 5.00 PM after that 5.00 PM – 10.00 AM Deputy Superintendent's room near Casualty. Another medium-term option would be to install a porta-cabin near the hospital entrance area to serve as the HEOC, when needed.

The HEOC shall have the following facilities and amenities:

- Manual for the HEOC (this should be in summarized format and shared with all staff members for quick reference).

- Communication sets –telephones, fixed lines, telephone set, phones, mobiles and wireless communication sets.

- Maps – City and Hospital
- Television
- Computers with internet and printers
- Photocopy machines
- Contact numbers of key persons, both internal and external (Annex XXX), should be kept in the HEOC.
- Provision for male/female toilet and rest room with adequate facilities
- White board with marker pens
- Back-up generator
- Pantry items
- Seating area for at least six members
- Identify alternate HEOC in case primary HEOC is not affected.

Onsite Emergency

An emergency situation cannot be ruled out in a hospital where in complex types of activities are taking place. The expected emergency situations are as follows.

- Earthquake
- Building Collapse
- Tree Fall
- Electric Fire
- Fire
- Communicable Disease
- Insect bite
- Flood etc..

A routine administrative set up cannot handle such situation. This is to be handled with promptness and efficiency with proper co-operation and concentrated activities of all staff and public.

Objectives of Emergency Response System

- ❖ Contain and control the emergency situation.
- ❖ Bring minimum impact to human being and environment.
- ❖ Provide the rescue and medical treatment for Casualty.

- ❖ Evacuate the patient and staff of the affected areas to safe place.
- ❖ Preserve data for investigation.
- ❖ Communicate to appropriate personal and agencies.

Emergency control centre

- ❖ It is the room of the Medical Superintendent room from 10.00 AM – 5.00 PM
- ❖ It is the room of the Deputy Superintendent near Casualty 5.00 PM – 10.00 AM
- ❖ The following facilities are provided
    1. Telephone
    2. Copy of Emergency response plan /list of emergency telephone number
    3. List of emergency response team members/ list of address of Telephone numbers of statutory authorities.
    4. Hospital layout showing various installations entrance and exit assembly points.

Assembly points during emergency

- ➢ The Deputy Superintendent room and nearby area adjacent to Casualty

Emergency exit

- ➢ Exit near Casualty
- ➢ Exit near OP Pharmacy area
- ➢ Exit near X-Ray room area
- ➢ Emergency Siren
- ➢ Declaration of Emergency

  Sound the buzzer continuously 10 seconds 5 times with 5 seconds interval
- ➢ Withdrawal of Emergency

  A long continuous buzzer sound for 15 seconds

Notice of reporting

1. Staff/Public noticing an emergency will be immediate effect to control the situation.
2. Shout for help to draw attention of others
3. If the situation is not in his control run towards the Casualty and inform Casualty people Police aid post.
4. Then the Casualty people inform the Medical Superintendent /Ward Duty MO about the emergency.

Responsibilities of the Incident Commander (IC)

1. Medical Superintendent (IC) on receiving to message rushes to emergency control centre
2. Advice the Deputy IC to proceed to the site and report the exact situation.
3. On receiving their message from Deputy IC take decision to declare
    - Emergency
    - Seek external help
    - Arrangements to make sound the buzzer
    - Inform the communication Officer to inform the nearby hospitals and statutory bodies.

Responsibilities of the Deputy Incident Commander

1. Getting message from the IC or Siren and rushes to the incident site and available incident site Reports to the IC and will be available at incident site given instruction to sound the siron.
2. Assess the gravity of the situation an intimate the IC in detail the situation.
3. Take over the responsibilities the site are supervise the rescue operation.
4. Take appropriate decision to bring the losses minimum to the human being, hospital equipment and environment.
5. Advice the IC to declare emergency and call off emergency.
6. Ensure adequate attention and medical aid to the injured.

Responsibilities of Emergency Liaison Officer

- ★ Works as a Liaison Officer under the direction of the IC
- ★ Receives reports and answers the call of Government /External Agencies
- ★ Collect the date of the patients/Public/Staff who are affected in the disaster.
- ★ Inform the relatives the injured persons.
- ★ Control Fire Force, Police, Ambulance movement and visitors with the help of Security staff.

Telephone Operators

On hearing Emergency Alarm or news make the telephone system only to use key personals. All other telephone system concerned secondary. All external calls or enquiries to be transferred to IC /Deputy IC and Emergency Information Officer.

Duties of the Staff

To tell the patient and bystanders to inform don't get panic and give information regarding the exit openings and give different methods to escaping from the disaster.

Assemble at the assembling points near Deputy Superintendent Office area if requested.

Evacuation Procedures

2

Surge Capacity Procedures

Surge capacity is the ability of a health service to expand beyond normal capacity to meet increased demand for clinical care. Surge capacity requires both increase in human resources and increase in bed capacity.

Increase in human resources:

Under the direction of the Incident Commander depending on the level of emergency, the Operations Chief, will assess and direct all section chiefs to call back staff as required. Department Heads/ In-charges may also initiate staff call back in an emergency situation.

All Department Heads and In-charges shall ensure that staff shift system (roster) is in place before hand and that they make the roster available to the Telephone operator on a weekly basis.

During emergencies, the HoDs or In-charges shall:

- Call the Telephone operator to initiate staff call back and inform the reporting area. The operator shall call back (or use other means of communication installed in advance such as mobile SMS or WhatsApp groups staff based on the shift system.
    - Staff designated for the immediate next shift shall report immediately.
    - The following shift should come in after 6 hours of the emergency
- Brief and assign tasks to reporting staff.

- Review and update staff roster as per the emergency requirements.

- Ensure staffs have adequate amenities and the required rest.

To support staff, HR should have pre-agreements with staff from nearby hospitals GOVERNMENT T D MEDICAL COLLEGE ALAPPUZHA, also senior students), and other hospitals such as WOMEN AND CHILDERN HOSPITAL ALAPPUZHA,SAHRUDAYA HOSPITAL ALAPPUZHA to assist in case hospital is overwhelmed. Local volunteers and ex-employees should also be mobilized, and rosters (with required contact information) maintained in advance, to augment staff capacity. All external human resources coming in should be trained and made aware of the IRS, communication and other procedures and their roles and responsibilities in advance. They should be provided with an arm band or cap for identification during emergencies.

Increasing in-patient bed capacity (Surge Capacity)

Bed capacity may be increased through the following options:

Option 1

Discharging non-critical patients using 'reverse triage' by identifying hospitalized patients who do not require major medical assistance. These patients could also be transferred out to other nearby hospitals such as, GOVERNMENT T D MEDICAL COLLEGE ALAPPUZHA and other hospitals such as WOMEN AND CHILDERN HOSPITAL ALAPPUZHA,SAHRUDAYA HOSPITAL ALAPPUZHA etc. or allowed to go home.

Option 2

GENERAL HOSPITAL ALAPPUZHA can extend the current bed capacity in the existing wards and other areas in the hospital, as estimated below:

Area	**Wards**	**Current Bed Strength**	**Max extendable bed capacity**	**Max bed capacity after addition**	**Current nursing staff strength**	**Additional required to manage max in-patient bed capacity**
Surgical Special	Special Ward Rooms					

Ward	Thalassemia Room	2	0	2		0
Super Surgical Speciality Ward	CTVS					
	Neuro Surgery					
	Plastic Surgery					
	Uro Surgery					
	Paediatric Surgery					
Paediatric Ward		30	10	40	5	1
ORTHO +ENT+PMR+DENTAL Ward						
CTVS (ICU)						
Cardiology Wards	Female Cardiology Wards					
	Male Cardiology Wards					
	New CCU					

	Post Cath CCU					
Casualty OPD	Casualty observation	10	5	15	6	4
Trauma Wards	Trauma care room	15	3	18	4	2
Casualty Wards	Male and female observation rooms	10	2	12	2	2
HDU	ED ICU	1	2	3	1	1
Surgical Wards	Male Surgical	45	5	50	3	2
	Female Surgical	40	3	43	3	2
SURGERY ICU	FEMALE	4	0	4	2	0
	MALE	4	0	4	2	0
PMR	MALE	10	0	10	1	0

	FEMALE	10	0	10	1	0
DENTAL	MALE	3	0	3	1	
	FEMALE	2	0	2		
Operation Theatre Recovery Beds	Surgical Recovery	3	2	5	3	1
	CTVS Recovery					
	GICU					
	Ortho Recovery	2	2	4	2	1
Medical Special Ward	Special Ward Rooms	17	0	17	4	0
	Doctor's Sick Rooms					
	Students Doctor Sick Rooms					
Wards	Nurse Sick Room	2		2	1	0
	Female Employee Sick Room					

Renal Unit		12	0	12	6	0
Male Ortho Ward		20	5	25	3	
Female Ortho and Eye and ENT Wards	Female Ortho Ward	20	5	25		
	Female Eye Ward	15	0	15	1	0
	Female ENT Ward	5	0	5	1	0
Male Eye and ENT Wards	Eye Ward	10	0	10	1	0
	ENT Ward	5	0	5	1	0
Medical CCU						
Medical ICU	Male & Female	7	2	9	5	2
Medical Ward I & IV	Male Medical Unit I	20	2	22	3	0
	Male Medical Unit II	20	2	22	3	0
Female Medical Ward I, II & III	FMU I	20	2	22	3	0
	FMU II	20	2	22	3	0

	Extra Beds					
Female Medical Unit IV	FM Unit IV					
	Swine Flu Ward					
Pulmonary Medicine Ward		10	5	15	5	0
Skin Ward		3	0	3	1	0
Psy Ward						
Radio Therapy Ward	Chemotherapy wards	5	0	5	2	0
	Radiotherapy Ward					

Option 3:

The hospital can extend the current bed capacity in the existing wards and other areas in the hospital such as emergency wards in nursing, labs, auditorium, seminar hall/rooms and conference hall etc. In this {Name of the hospital} can be increased in the following areas xxx, xxx, xx.

Patient Reception, Triage and Treatment Procedures (When building is safe):

- Patients will be unloaded from ambulances (or guided to the area by security personnel in case of patients walking in or brought in by private vehicles) and taken into the patient reception area area in front of casualty

  House surgeons and Triage nurses (posted according to the anticipated number of patients) will carry out triage - 1) Red - for urgent cases/ Priority 1; 2) Yellow - for less urgent cases/ Priority 2; 3) Green - for minor injuries/ Priority 3; and 4) Black - for the dead.

- Triage nurses/ registration officers will systematically register and record patients. Existing Triage Registration forms should be used for collecting information.
- Triage nurses will direct patients to appropriate treatment areas according to triage category.

Triage and Admission

A triage area will be set up in the entrance near to emergency department and the staff will be trained. The triage will be done on the following basis. There will be colour coded wrist band to the patients to be sent off to the concerned area.

Table 5 – Triage Colours and Priorities

Colour Tag	**On Scene**		**Hospital Care**	
	Priority for evacuation	**Medical needs**	**Priority**	**Conditions**
Red	1st	Immediate care	1st	Life-threatening
Yellow	2nd	Need care, injuries not life threatening	2nd	Urgent
Green	3rd	Minor injuries	3rd	Delayed
Black	Not a priority	Dead	Last	Dead

Patient Treatment Area Procedures

Patient Resuscitation area (Red Tag Area –WITHIN THE EMERGENCY DEPARTMENT AND ED EMERGENCY ICU)

- This area is for the Priority 1 or urgent cases requiring immediate medical attention, stabilization and transfer for surgery. The red tag area will be in or nearest to the Emergency and will be handled by the Emergency Department.
- The Emergency store will be near the Emergency and should have medical supplies at all times to cater up to 50 incoming patients at a time.
- The Emergency Department team takes over patients from Triage nurses
- Administer medical care to stabilize, admit to ward or transfer for surgery

    - **Patient Observation Area (Yellow Tag Area – WITHIN THE EMERGENCY DEPARTMENT)**

- This area is for Priority 2 or less urgent patients and will be located near the Emergency department.
- The yellow tag area will be handled by the Orthopaedic department.
- The Ortho Department team takes over patients from triage nurses and administers medical care as required and stabilizes patients.
- In case patients require surgery, Ortho team will hand over to Red tag area
-

    - **Minor Treatment Area (Green Tag Area – SURGERY AND ORTHO OPD AND DRESSING ROOMS)**

- This area is earmarked for the "walking wounded" or patients with minor injuries (Priority 3).
- The green tag area will be handled well by the skin department as it will involve minor procedures. Skin department will be assisted by the Medical department.
- The triage nurses will direct the patients to the red tag area.
- The Skin Department team administers medical care, upgrades patient priority if required or sends patients back home.
-

    - **Area for the dead bodies (BLACK TAG AREA-ADJACENT TO ED THE PROPOSED TRAUMA CARE ROOM)**

The mortuary should be used for keeping the dead bodies. This will ensure that the identification of the dead is smoother. The Forensic unit and support service In-charge will be responsible for the registration and release of body in coordination with the HP Police and as per established protocol and as per the job responsibilities in Annex A.

- **Area for the families**

The area (AUDITORIUM NEAR MAIN GATE ENTRANCE) to be earmarked as a waiting area for the families.

- Security personnel shall direct the families to the designated waiting area.
- Public Relation Officer in coordination with Logistics Chief will ensure a family information site in the area.
- Safety and security officer/ personnel ensure waiting area is safe and families are not moving to critical and unsafe areas.

    - **Area for VIPs and media**

The room (SECURITY OFFICER ROOM) to be identified for VIPs and also for media personnel. Under the directives of the Incident Commander, the PRO will be responsible for ensuring VIPs and media receive update and accurate information, as required.

Patient Reception and Triage procedures (When hospital's buildings are not functional):-

Following areas have been earmarked as operational areas, in case the hospital building is not functional:

- Patient Reception area for registration and triage [OPEN AUDITORIUM IN THE FRONT]
- Patient resuscitation area RED: SEPARATE OP BLOCK IN THE FRONT OF HOSPITAL
- Patient observation area (Yellow IN THE SEPARATE OP BLOCK IN THE FRONT OF HOSPITAL)
- Minor treatment area (Green NCD BUILDING IN HOSPITAL PREMISES)
- Area for the Dead (Black FITNESS TRAINING HALL ATTACHED TO NCD BUILDING)
- Area for the family members –OPEN AUDITORIUM IN FRONT OF HOSPITAL
- Area for VIP/ Media– DEIC BUILDING ADJACENT TO NCD BLOCK
- Area for decontamination – INJECTION ROOM IN SEPARATE OP BLOCK

De-activation of Plan and Post-disaster de-briefing

- *Incident Commander and section chiefs discuss and deactivate the emergency plan if convinced there would be no more casualties or feel that the situation is under control.*

- *Incident Commander holds post-disaster de-briefing with all the section chiefs and other staff involved to discuss any gaps, issues and challenges faced during implementation and update plan to deal with future emergencies.*

- *After Action Report (AAR) is written up and shared with all the staff. The Planning team should document the entire incident to support the AAR.*

Offsite Emergency

Getting information from District Collector, Press, Police authorities regarding disaster.

- On getting information of IC rushes to the emergency control system.
- Boost the emergency control centre and using the Public announcement system informing other doctor and staff regarding the disaster and ask to assemble near the Deputy IC room near Casualty.
- order the security staff to declare mass Casualty through Siren.
- Advice the Deputy IC and emergency information to move the designated position to tackle the situation.
- Alert the staff and Casualty for making readiness to receive the Casualty
- Make sure the availability of the Ambulance.
- Necessary arrangements to availability of neighbouring hospitals and health institutions

Responsibilities of the Deputy Incident Commander

- Responsibilities of the Deputy IC will be available at Casualty area
- Assess the gravity of the disaster ad intimate the IC
- Take over all the responsibilities of the Casualty area and supervise the treatment area.
- Take appropriate decision to bring the losses minimum to the human being

Responsibilities of the Emergency Information Officer

- ★ As well as getting information from the Deputy IC proceeds to Casualty area works as a Laison Officer under IC
- ★ Receives reports an answer the call for Government and external agencies
- ★ Take name, Phone number, address of the injured / affected persons.
- ★ Ensure adequate attention and medical aid to injured.
- ★ Inform the relatives of the injured persons.
- ★ Control Fire force, Police, Ambulance and visitors with the help of security Staff

Nursing Superintendent

- On receiving the information call all the staff from the wards and inform to assemble at Deputy IC's Office near Casualty.
- Depute staff Nurse, Ng. Assistant, Attenders to each bed of Casualty, Red area, Yellow area, Green area & Black area.
- Make arrangements to sufficient supply of Medicines and consumables to affected area /Casualty.
- Inform the Lab personal to do the necessary tests without any restrictions.
- Inform the C.T & X- Ray to do the required tests without any restrictions.
- Supervise all the medical activities and cleaning activities of the premises.

Telephone Operator

On hearing Emergency Alarm or news make the telephone system only to use key personals. All other telephone system concerned secondary. All external calls or enquiries to be transferred to IC /Deputy IC and Emergency Information Officer.

Intimate and seek help to near hospitals and doctors, health personals to overcome the disaster.

Annex A –Job Cards for various IRS designated positions

Responsibilities of the Incident Commander (IC)

4. Medical Superintendent (IC) on receiving to message rushes to emergency control centre
5. Advice the Deputy IC to proceed to the site and report the exact situation.
6. On receiving their message from Deputy IC take decision to declare
    - Emergency
    - Seek external help

- Arrangements to make sound the buzzer
- Inform the communication Officer to inform the nearby hospitals and statutory bodies.

Responsibilities of the Deputy Incident Commander

7. Getting message from the IC or Siren and rushes to the incident site and available incident site Reports to the IC and will be available at incident site given instruction to sound the siron.
8. Assess the gravity of the situation an intimate the IC in detail the situation.
9. Take over the responsibilities the site are supervise the rescue operation.
10. Take appropriate decision to bring the losses minimum to the human being, hospital equipment and environment.
11. Advice the IC to declare emergency and call off emergency

Responsibilities of Emergency Liaison Officer

- ★ Works as a Liaison Officer under the direction of the IC
- ★ Receives reports and answers the call of Government /External Agencies
- ★ Collect the date of the patients/Public/Staff who are affected in the disaster.
- ★ Ensure adequate attention and medical aid to the injured.
- ★ Inform the relatives the injured persons.
- ★ Control Fire Force, Police, Ambulance movement and visitors with the help of Security staff.

Nursing Superintendent

- ➢ On receiving the information call all the staff from the wards and inform to assemble at Deputy IC's Office near Casualty.
- ➢ Depute staff Nurse, Ng. Assistant, Attenders to each bed of Casualty, Red area, Yellow area, Green area & Black area.
- ➢ Make arrangements to sufficient supply of Medicines and consumables to affected area /Casualty.
- ➢ Inform the Lab personal to do the necessary tests without any restrictions.
- ➢ Inform the C.T & X- Ray to do the required tests without any restrictions.
- ➢ Supervise all the medical activities and cleaning activities of the premises.

Telephone Operators

On hearing Emergency Alarm or news make the telephone system only to use key personals. All other telephone system concerned secondary. All external calls or enquiries to be transferred to IC /Deputy IC and Emergency Information Officer.

Duties of the Staff

To call the patient and bystanders to inform don't get panic and give information regarding the exit openings and give different methods to escaping from the disaster.

Important Telephone Numbers

South Police Station, Alappuzha	0477 – 2239343
North Police Stattion, Alappuzha	0477 – 2245541
Railway Station, Alappuzha	0477 – 2253965
KSRTC, Alappuzha	0477 – 2252501
Dr.Jayachandran, Sen.Con.	9847050540
Dr.Sirabudeen, Dy.DHS	9447725764
Dr.P.R.Minikutty	9446332371

District Medical Officer	**9946105477**
District Collector	**9447129011** **0477-2251720**
POLICE	**100**
FIRE	**101**
AMBULANCE	**102**

Disaster Management Services	**108**
Disaster Management (N.D.M.A) : 011-26701728	**1078**
Railway Enquiry	**139**
Railway Accident Emergency Service	**1072**
Road Accident Emergency Service	**1073**
LPG Leak Helpline	**1906**

Expected time of Disaster is divided into two types

1. Between 10.00 AM – 5.00 PM – The designated persons are mentioned in bold & normal letters
2. Between 5.00 PM – 10.00 AM – The designated persons are mentioned bold & Italic letters