

PROJECT REPORT



Project Title:

**“Training Need Analysis of Medical Sector
in Kerala”**

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for Team IIEMS

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Abbreviations

ACLS	Advanced Cardiovascular Life Support
ADD	Acute Diarrheal Disease
ADLS	Advanced Disaster Life Support
ADPC	Asian Disaster Preparedness Center
AED	Automated External Defibrillator
AES	Acute Encephalitis Syndrome
AHA	American Heart Association
AHLS	Advanced Hazmat Life Support
ALP	Alappuzha
ALS	Advanced Life Support
ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
ATCN	Advanced Trauma Care for Nurses
ATLS	Advanced Trauma Life Support
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (Systems of medicine)
BDSL	Basic Disaster Life Support
BLS	Basic Life Support
CBR	Crude Birth Rate
CDR	Crude Death Rate
CG-Conf	Chikungunya - Confirmed
CG-Sus	Chikungunya - Suspected
CHC	Community Health Center
CPR	Cardiopulmonary Resuscitation
CSU	Central Surveillance Unit
CVD	Cardiovascular Disease
DDMA	District Disaster Management Authority
DM	Disaster Management
DSO	District Surveillance Officer
DSU	District Surveillance Unit
ECC	Emergency Cardiovascular Care
EKM	Ernakulam
EMEx	Emergency Management Exercise
EMT	Emergency Medical Technician
FAST	First Aid and Safety Training
FRT	First Responder Training
H1N1	a type of virus causing swine flu
HCP	Healthcare Professional
Hep A	Hepatitis A
Hep B	Hepatitis B
IDK	Idukki
IDSP	Integrated Disease Surveillance Project
IMR	Infant Mortality Rate

ITLS	International Trauma Life Support
JE	Japanese Encephalitis (Syndrome)
JHI	Junior Health Inspector
JPHN	Junior Public Health Nurse
JSSK	Janani Shishu Suraksha Karyakram
KEMP	Kerala Emergency Medical services Project
KKD	Kozhikode
KLM	Kollam
KNR	Kannur
KSDMA	Kerala State Disaster Management Authority
KSGD	Kasargod
KTM	Kottayam
KUHAS	Kerala University of Health and Applied Sciences
LEB	Life Expectancy at Birth
Lepto	Leptospirosis
MCQ	Multiple-Choice Question
MMR	Maternal Mortality Rate
MPM	Malappuram
NCD	Non-Communicable Disease
NDLS	National Disaster Life Support
NIDM	National Institute of Disaster Management
NRHM	National Rural Health Mission
OP/IP	Outpatient/In-patient
PALS	Paediatric Advanced Life Support
PEARS	Pediatric Emergency Assessment, Recognition, and Stabilization
PHC	Primary Health Center
PHTLS	Pre-Hospital Trauma Life Support
PKD	Palakkad
PPE	Personal Protective Equipment
PPP	Public Private Partnership
PTA	Pathanamthitta
RTTDC	Rural Trauma Team Development Course
SDRF	State Disaster Response Force
SPM	State Project Manager
SSU	State Surveillance Unit
SWOC	Strength, Weakness, Opportunities and Challenges
TFR	Total Fertility Rate
TNA	Training Need Assessment/Analysis
TSR	Thrissur
TVM	Thiruvananthapuram
UNDP	United Nations Development Programme
VHW	Voluntary Health Worker
WHO	World Health Organization
WYD	Wayanad

1. Executive Summary

The constant challenges thrown by the ever-present natural disasters, frequent man-made disasters and public health emergencies, highlight the importance of increased preparedness among medical community when responding to disaster events. Any type of disaster event puts an enormous strain on the healthcare system. The overall quality of healthcare is likely to decrease in response to a disaster event considering the extent of damage these types of events are capable of producing.

When a disaster occurs, resources may be scarce or even non-existent, and physicians and other healthcare workers may be working under stressful conditions. All these are understandable during a crisis, but the victims and the general public would still expect a certain level of medical attention, failing which would mean far-reaching consequences, not only for the healthcare providers, but also to the administrators and bureaucrats.

If we leave the legal angle aside, studies have shown that a very large proportion of health care providers are willing to be a part of the disaster response, but they believe that they are ill-prepared for the same. Thus, the issue is: how do we ensure that the highest possible quality of care is provided in response to a disaster event? The answer lies in providing increased training and education to healthcare professionals on how to better respond when a disaster strikes. Such preparation and training may include performing simulated disaster exercises and drills, and requiring periodic attendance at educational and training seminars on disaster response and preparedness.

The increase in the number of disaster events clearly supports the need to train all the healthcare professionals in different aspects of disaster management. From a long-term perspective, incorporating disaster preparedness and emergency response training into the core curricula of every medical/nursing college in Kerala would be vital in creating knowledgeable and empowered next-gen. For a “safer Kerala,” it is imperative that all stakeholders involved in disaster management, know at least the ‘basic life support’ skills. Expecting anything less would be detrimental to disaster management plans of “God’s own country.” As someone rightly said –

“Peacetime training is the only guarantor to success during war.”

2. Project Background

2.1 Introduction

Disaster: “An event and its consequences that result in a serious disruption of the functioning of a community and cause widespread human, material, economic, or environmental losses that exceed the capacity of the affected area to respond without external assistance to save lives, preserve property, and maintain the stability and integrity of the affected area.” NDLS Program, 2009. Or simply,

Disaster = Needs > Resources

Disaster Management includes an entire range of activities designed to maintain control over disasters / emergency situations and to provide a framework for helping people to avoid and reduce the effects of or recover from the impact of a disaster. Healthcare professionals and community volunteers are often the first responders to a disaster. But their level of knowledge and training of mass casualty incident and disaster management is usually unknown. This TNA aims to evaluate knowledge levels and training needs of disaster management among healthcare professionals in a disaster scenario. It also investigates the need and necessity to include disaster management education as a part of the curriculum of healthcare providers.

To better understand the need for training in disaster management, it is important that one understands the hazard and vulnerability profile of Kerala and the current scenario in the medical sector in Kerala.

2.2 Hazard and Vulnerability Profile of Kerala

The Kerala State’s geographical location, weather pattern and high population density makes it prone to severe natural as well as human-induced disasters, which can be countered only through organised mitigative actions. As per the study conducted by the Institute of Land and Disaster Management in 2009, the State of Kerala is prone to various types of natural disasters like moderate-intensity earthquakes, landslides, flood, tsunami and biological disasters. The State has been classified as ‘multi-hazard prone’ by the Building Materials and Technology Promotion Council. As per the earthquake vulnerability map prepared by the council, the State falls under Zone III, where moderate intensity earthquakes are likely and has the potential to witness an earthquake with an intensity of 6.5 on the Richter scale, similar to the one that shook Latur. Nearly 96.9% of

the State falls in the cyclone zone, with wind packing a speed of 140 to 158 km/hr likely to hit the coasts. Around 16,000 sq km of the State is vulnerable to landslips while 14.8% of the total land area is prone to flood. However, what should be of concern to people living along the coastal area, around 16% of the population, of the State is their vulnerability to tsunami waves, since most of the low lands in the State are having an altitude of only 4-6 m.

Kerala is prone to high incidence of lightning, especially during the months of April, May, October and November. It is estimated that about 70 people die every year due to lightning. About 14.8% of the state is prone to flooding (CESS, 2010). Apart from floods the mountain regions of the state experience several landslides during the monsoon season. It is known that a total of 65 fatal landslides occurred between 1961 and 2009 causing the death of 257 individuals (Kuriakose, 2010). Between 1871 and 2000, the state experienced 12 moderate drought years. The 570-km long coast line of Kerala is prone to erosion, monsoon storm surges and sea level rise. Land subsidence due to tunnel erosion or soil piping, which is a slow hazard, is recently noticed to be affecting the hilly areas in the state. This often goes unnoticed and is a hazard with potential of causing landslides, infrastructural damages and crop loss covering vast areas in the high land regions of the state (Kuriakose, 2009).

In addition to natural calamities, there are man-made disasters such as rail accidents, boat capsizing, industrial accidents, epidemics, pest infestation, stampedes, building collapses and fire accidents. As many of the dams in the state have exceeded their design life, they are potentially disastrous to people living in the downstream. The very high density of population makes the State all the more vulnerable to disasters. Biological disasters such as pest attacks and epidemics such as malaria, dengue and Weil's disease are also causing heavy damage. Population pressure and unsustainable land use practices prevalent in the state are the main reason for many of the hazards to turn into disaster events. Lack of proper infrastructure facilities and exceeding of carrying capacity are the cause of many of the anthropogenic hazards.

2.3 Current Population Scenario in Kerala

Table 1: Population Scenario in Kerala – 2011 Census

Sl.No.	Category	Numbers
1	Districts	14
2	Taluks	75
3	Panchayaths	978
4	Panchayath Wards	16680
5	Blocks	152
6	Revenue Villages	1453
7	Towns	197
8	City Corporations	5
9	Corporation Wards	359
10	Municipalities	60
11	Municipal Wards	2216
12	Population (2011 Census - Provisional)	
12.1	Male	16021290
12.2	Female	17366387
12.3	Total	33387677
12.4	Sex Ratio (per 1000 males)	1084
12.5	Urban Population	7455506
12.6	Rural Population	5932171
13	Density of Population (2011 Census)	859/sq.km
14	Literacy Rate (2011 Census)	93.91%
14.1	Male	96.02%
14.2	Female	91.98%

2.4 Brief Health Profile of Kerala

Kerala has achieved enviable health indicators compared to other Indian states. In fact, it is far advanced and higher than the all-India average. This outstanding progress of health status was achieved primarily due to the initiatives taken by successive governments and through widespread growth of the three systems of medicine in public, private, co-operative sectors combined with people's health awareness. There are six basic health indicators (see table below) viz., life expectancy at birth (LEB), crude birth rate (CBR), crude death rate (CDR), maternal mortality rate (MMR), infant mortality rate (IMR), total fertility rate (TFR) that reflect the outcome Government of Kerala's effort in promoting healthcare sector.

Table 2: Health Indicators - Kerala

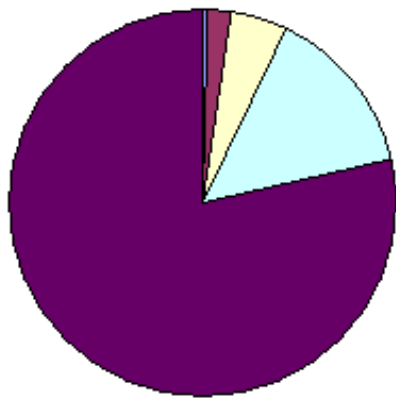
<i>Indicator</i>	<i>Kerala</i>	<i>India</i>
Life Expectancy at Birth (years)	74	63
Crude Birth Rate per 1,000 people	14.8	22.1
Crude Death Rate per 1,000 people	7	7.2
Maternal Mortality Rate per lakh live births	81	212
Infant Mortality Rate per 1,000 live births	13	47
Total Fertility Rate (number of births per woman)	1.7	2.6

2.5 Healthcare Infrastructure and Human Resources in Kerala

Kerala is having the highest number of healthcare institutions as per the 1991 census. About 26% of total healthcare institutions in India are located in Kerala. Kerala is one of the states with the highest reductions in public sector contributions and the highest increase in private funding for healthcare. The decline in public sector spending for health between 1990 and 2002, resulted in an overwhelming expansion of the private sector. The private sector dominates the public sector. Ayurveda (33.2%) and Homeopathy (24.3%) institutions form a significant share of the total medical sector in Kerala. Allopathy forms 39.1% of the total institutions. Though Allopathy is the preferred system for specific conditions, Ayurveda and Homeopathy are chosen by a large percentage of the population of Kerala.

Currently, the private sector accounts for more than 70% of all facilities and 60% of all beds. The types of ownership range from corporate to single proprietor. They vary in sophistication from single doctor hospital to multi-speciality hospitals and have become the preferred providers for the affluent and the middle class.

Distribution of health care institution based on its size in Kerala



- Hospitals with bed strength more than 500 beds - 28 numbers
- Hospitals with bed strength between 200 and 499 - 93 numbers
- Hospitals with bed strength between 50 and 199 - 254 numbers
- Hospitals with bed strength between 5 and 49 - 714 numbers
- Health care institutions with less than 5 beds and others - 4006 number

C1: Distribution of hospitals in Kerala depending on their size.

District-wise distribution of healthcare institutions in Kerala



- Alappuzha, 343
- Ernakulam, 546
- Idukki, 194
- Kannur, 392
- Kasaragod, 209
- Kollam, 704
- Kottayam, 440
- Kozhikode, 342
- Malappuram, 327
- Palakkad, 316
- Pathanamthitta, 310
- Thiruvananthapuram, 411
- Thrissur, 434
- Wayanad, 127

C2: District-wise distribution of hospitals in Kerala.

Source: http://www.kerenvis.nic.in/Database/HEALTH_813.aspx

In Kerala, private hospitals, labs and other diagnostic centers play a crucial role in providing medical care, but unfortunately, there is no system for mandatory registration and/or monitoring of the function of these institutions. Through *Medical Establishment Bill 2013*, the state is making an effort to address this issue.

Table3: Healthcare Resources in Kerala (2004)

System of Medicine	Number of institutions		Number of beds		Number of doctors		Number of nurses	
	Public	Private	Public	Private	Public	Private	Public	Private
Allopathy	1,278	4,825	43,619	57,071	5,273	15,281	14,257	19,125
Ayurveda	857	4,332	3,920	5,502	1,054	5,986		1,598
Homeopathy	561	3,226	1,295	813	607	3,684		463
Others		535		1,105		447		138
Total	15,614		1,13,325		32,322		40,713	
Total per 10,000 population	4.8		34.6		9.9		12.4	
Total Allopathy per 10,000 population	1.86		30.7		6.3		10.2	

Notes:

1. Doctors include Medical Officers and Faculty in Medical Colleges.
2. Nurses in the Public sector include Senior and Junior Nurses and Junior Public Health Nurses.
3. The total number of nurses does not add up to the sum of nurses in private and public institutions. However, there are 40,713 registered nurses as per the Kerala Nurses and Midwives Council. Since the number of nurses in Ayurveda and Homeopathy are not available, we take the total given number. The sum is 35,581 and the total numbers per 10,000 population would be 10.9.

Sources: Kerala Perspective Plan 2030 - <http://kerala.gov.in/docs/reports/vision2030/4.pdf>

It will be worthwhile mentioning here that, in Kerala, there are:

- 750 AYUSH doctors (Homeo – 450, Ayurveda – 250, Siddha – 30 and Unani – 20).
- 5500 ANMs/JPHNs.
- 3500 JHIs.
- 215 drivers and EMTs working in ‘108’ ambulance services.
- 28300 ASHA workers.

Table 4: Capacities of Government Teaching Hospitals

	Institution	Number of Beds
Teaching Hospitals	Government Medical College Thiruvananthapuram	898
	T.D. Medical College, Alappuzha	1033
	Government Medical College, Kottayam	1604
	Government Medical College, Thrissur	1564
	Government Medical College, Kozhikode	3225
	Government Dental College, Thiruvananthapuram	
	Government Dental College, Kottayam	
	Government Dental College, Kozhikode	

Government Ayurveda College, Trivandrum	400
Government Ayurveda College, Thrippoonithura	500
Government Ayurveda College, Kannur	250
Govt. Homeopathic medical College, Trivandrum	100
Govt. Homeopathic medical College, Kozhikode	100

Table 5: Capacities of Government Hospitals/CHCs/PHCs/Clinics

	Institutions	Number	Number of Beds
Govt. Modern Medicine Institutions	General Hospitals	12	4866
	District Hospitals	15	4854
	Speciality Hospital	19	5740
	Taluk Hospital	80	9502
	Community Health Centres	230	6527
	24X7 Primary Health Centres	175	3343
	Primary Health Centres	660	2182
	Total PHC (6+7)	835	5525
	T.B. Centres /Clinics	17	176
	Other Institutions	19	198

Table 6: Capacities of Speciality Hospitals and Other Institutions

	Category	Number	Number of Beds
Speciality Hospital	W & C Hospitals	8	1786
	Mental Health Centre	3	1342
	T.B.	3	608
	Leprosy Hospital	3	1916
	Others	2	88
	Total	19	5740
Other Institutions	Govt. Hospitals/Health Clinics	8	116
	Mobile Units/Mobile Clinics	17	0
	Government Dispensaries	23	82
	Total Ayurveda institutions (Hosp/Disp.)	120/793	
	Ayurveda Medical Education Institutions	3	
	Total Homeopathic Institutions (Hosp/Disp.)	30/611	

Source: (Draft) Health Policy Kerala 2013

In Kerala, tertiary care in government sector is provided through medical college hospitals; secondary care through general/district hospitals, women and children’s hospitals and taluk headquarter hospitals; and primary care through CHCs, PHCs, and sub-centers.

Though Kerala has attained better healthcare indicators, it is still far below in number of doctors and nurses per 10,000 populations when compared to that of developed countries (see Table 7 below). There has been a continuous loss of substantial numbers of trained physicians to developed countries. These losses in human capital resulting from emigration cannot be readily overcome by simply expanding private medical colleges. If the well-trained doctors and nurses, developed at enormous public expense, are lost permanently, teaching, research, and possibly access to good quality healthcare, both in the public and the private sector will be very adversely affected.

Table 7: Health resource & infrastructure – International Comparison 2010 (per 10,000)

<i>Indicators</i>	<i>Malaysia</i>	<i>Brazil</i>	<i>Nordic countries</i>	<i>UK</i>	<i>Germany</i>
No. of hospital beds	18	24	42.3	29.6	82.5
No. of nurses	27.3	65	129.8	97	110
No. of doctors	17.2	17.2	36.4	27.1	37.3

The service of the nurses of Kerala is well appreciated all over the world, but ironically, the nursing professionals have not been allowed to realize their full potential. The role of nurses in initial work up and counselling of the patients in outpatient sections, and the right to administer key drugs at times of emergencies in OP/IP departments based on a protocol would be very much helpful in improving the patient care.

2.6 Common Determinants of Diseases and Challenges

Though Kerala has attained better health care indicators, the people are now facing the problem of high morbidity both from communicable and non-communicable diseases. There are various social and environmental determinants of diseases, and among them managing the emerging and/or re-emerging communicable diseases seem to throw the utmost challenge to the healthcare sector.

According to “*Health Policy Kerala – 2013*,” waterborne diseases like diarrheal diseases, Hepatitis, Typhoid fever and vector-borne diseases like Dengue fever, Malaria, JE, etc. remain a major problem in Kerala. Leptospirosis which was a problem for few southern

districts in the last decade has become a major communicable disease in the whole state and causing much morbidity and mortality throughout the year. These diseases follow a seasonal pattern. Outbreaks of waterborne diseases like diarrhoea cholera are always more in the monsoon season extending from May to August. Higher incidence of acute viral fevers along with diseases like Dengue, Chikungunia, leptospirosis, scrub typhus, etc., make this the “season of epidemics.” There is an apprehension that the presence of migrant labourers from different states might introduce/reintroduce diseases that are not prevalent here.

In Kerala, NCDs account for more than 50% of total deaths occurring in the age group between 30 and 60. With 27% of adult males and 19% of adult females being diabetic, Kerala is considered to be the *diabetic capital* of India. The percentage of hypertension and cardiovascular diseases is also very high in the community across all sections of the society; and Kerala is all set to become the *Heart Disease Capital* of India by 2015. Programs like NPCDCS (National Programme for Prevention of CVD, Diabetes, Cancer and Stroke) and *Amrutham Arogyam* were introduced to combat these problems.

The 35,000 new registrants every year and around 1 lakh patients undergoing treatment, pose a major challenge to treatment of cancer in Kerala with limited resources (two regional cancer centers and 5 radiotherapy centers) available in the government sector.

The other major issues requiring attention and call for long-term efforts and political commitment are related to: Maternal Health, Women’s Health, Child Health, Adolescent Health, Geriatric Health, Mental Health, and health of vulnerable sections (e.g., tribes in remote location, coastal population, etc.).

2.7 Emergency Medical Services

Management of emergencies is of serious concern to the state of Kerala specially in the light of increasing road accidents, health-related problems, outbreak of diseases and unexpected natural disasters etc. With more than 40,000 accidents involving 50,000 persons resulting in 4000 deaths, Kerala needs an efficient system for efficient evacuation and good management of victims of road traffic accidents. A specialist cadre of doctors and nurses trained in life saving and trauma management techniques will be needed.

While 45% of emergencies are owing to road accidents, 55% are health-related emergencies. Cardiac problems, pregnancy problems, suicides, asthma attacks, snake

bites etc are medical emergencies needing immediate intervention. It is an established fact that effective emergency response will significantly reduce deaths, disabilities suffering from length of hospital stay etc. The critical concept in trauma is “golden hour”, which refers to a time period lasting for one hour following a traumatic injury, during which there is the highest likelihood that prompt medical treatment will prevent death. It is highly significant, in this context, to establish emergency response services in the state of Kerala on a large scale.

So far in the State of Kerala no concentrated effort has ever been put in to meet emergency management requirements. Number of emergency services that have been either in existence or worked sometime in the past, have been mainly serving single dimensional interests. Though the state made some efforts to make available emergency medical services to people under various schemes the desired results could not be achieved.

In light of the above, KEMP was initiated in the state, which provided emergency medical service through a toll free number ‘108.’ Launched initially in Thiruvananthapuram district on 19th May 2010, with 25 Advanced Life Support (ALS) ambulances, it was expanded to Alappuzha district on 21st April 2012 with 18 ALS ambulances, which has so far attended more than one lakh emergencies. A plan to extend the 108 services to other districts of Kerala with a scheme for 287 BLS ambulances and 283 Patient Transport Ambulances under Janani Shishu Suraksha Karyakram (JSSK) is envisaged.

Source: <http://www.aogyakeralam.gov.in/index.php/special-initiaves/kemp>

2.8 Disease Surveillance in Kerala

Towards an effort to improve and strengthen the surveillance and response system in the country, the Government of India initiated, Integrated Disease Surveillance Project (IDSP) in November 2004, with the support from World Bank. The IDSP programme was launched in Kerala in November 2005. The activities started in the state with the establishment of 14 District Surveillance Units (DSUs) in the district headquarters attached to the District Medical Office (Health). At the state Headquarters, a State Surveillance Unit (SSU) was also established with Addl. Director (PH) as State Surveillance Officer.

For the proper functioning of the DSUs one of the Deputy District Medical Officers (Dy. DMOs) is designated as the District Surveillance Officer (DSO) in each district and non-technical staffs are appointed as contractual staff. Currently, District Epidemiologist

(4), State Entomologist (1) and Microbiologist (1) are working under IDSP in Kerala for providing technical support to the project.

Under IDSP, data is collected on epidemic-prone diseases on a weekly (Monday-Sunday) basis. The information is collected on three specified reporting formats, namely "S" (suspected cases), "P" (presumptive cases) and "L" (Laboratory confirmed cases) filled by Health Workers, Clinician and Clinical Laboratory staff respectively. When health workers at sub-centers suspect a case, they fill out form "S" (Suspect case). The doctors at primary health centers, community health center and hospitals fill form "P" (Probable case /Presumptive case). The cases that are confirmed by the laboratory fill up form "L" (Lab Confirmed Case). Data managers receive these completed forms from various center, and data compilation and analysis is done at the District, State and National levels. Currently, there are 5455 "S", 1264 "P" & 477 "L" reporting units spread across 14 districts in Kerala.

At the SSU, data forwarded by each DSU is collated and compiled to prepare a district-wise, month-wise and disease-wise analysis report. Whenever there are cases representing an unusual or rising trend, it is investigated by the Medical Officers/Rapid Response Teams (RRT) to diagnose and control the outbreak. Emphasis is being laid on reporting of surveillance data from major hospitals both in public and private sector and also Infectious Disease Hospitals. The compilation and disease outbreak alerts are the major components in IDSP routine reporting system. On an average 10-15 outbreaks are reported every week to Central Surveillance Unit, IDSP.

Data Flow in Integrated Disease Surveillance System

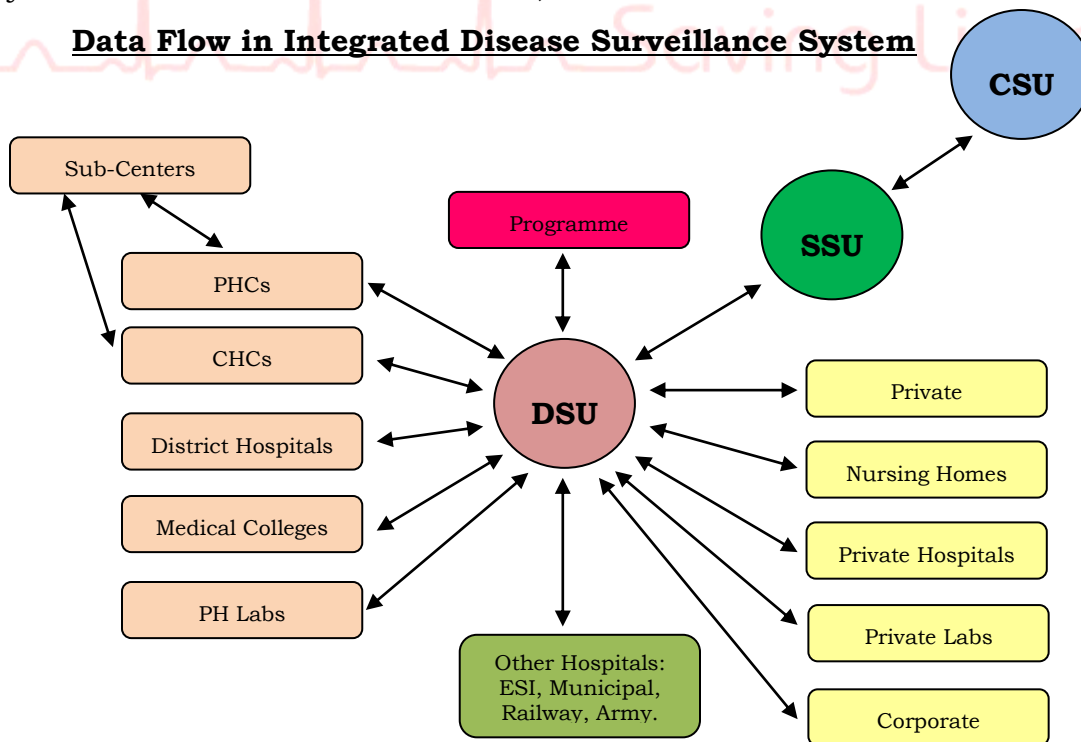


Table 8: District-wise Situational Analysis of Communicable Diseases in Kerala (2006-2010)

District	Cases/Death	Diseases											
		Malaria	Dengue	CG-Sus	CG-Conf	JE/AES	Lepto	Hep-A	Typh-oid	Cholera	ADD	Hep-B	H1N1
TVM	Cases	651	3399	11311	301	32	1462	1185	2085	1	90573	760	639
	Death	2	5	0	0	9	20	4	0	1	1	12	2
KLM	Cases	563	250	1083	91	0	254	1823	191	0	61273	555	143
	Death	2	9	0	0	0	39	1	0	0	0	6	18
PTA	Cases	735	229	4155	86	0	158	2569	228	1	38362	1028	60
	Death	0	1	0	0	0	26	7	1	0	1	12	4
ALP	Cases	741	137	60169	131	15	921	1733	419	22	126787	110	120
	Death	0	2	0	0	1	83	1	0	1	1	2	6
KTM	Cases	267	525	10999	19	16	349	2624	197	3	32403	88	100
	Death	1	6	0	0	2	48	18	0	0	0	10	3
IDK	Cases	345	233	581	28	0	394	1913	834	0	79680	113	61
	Death	0	3	0	0	0	22	6	0	0	0	2	5
EKM	Cases	761	382	3733	72	0	689	1385	1450	9	96341	19	415
	Death	8	4	0	0	0	66	3	0	0	0	0	8
TSR	Cases	994	397	581	111	5	652	1039	325	1	129634	35	365
	Death	1	0	0	0	4	90	8	0	0	5	3	13
PKD	Cases	447	72	1245	360	0	163	1387	3220	11	268222	19	85
	Death	0	2	0	0	0	25	3	9	0	4	0	9
MPM	Cases	1129	51	6250	193	0	311	7126	4005	0	377135	44	441
	Death	2	1	0	0	0	41	3	0	0	3	4	16
KKD	Cases	839	140	5063	221	0	425	7118	1027	2	197831	17	331
	Death	6	5	0	0	0	66	4	0	0	1	1	9
WYD	Cases	154	93	723	139	0	390	920	756	1	67051	102	100
	Death	0	0	0	0	0	51	1	1	1	2	3	2
KNR	Cases	1130	106	3975	158	0	316	617	370	0	145911	69	167
	Death	4	0	0	0	0	39	0	0	0	0	0	1
KSGD	Cases	1450	417	24657	402	0	254	184	521	0	77124	13	85
	Death	2	4	0	0	0	45	0	0	0	0	0	2

(Source: IDSP's report on Epidemiological Situation of Communicable Diseases in Kerala (2006 - 2010))

As per the report, while leptospirosis has been the leading cause of death (total 661 deaths from 2006-2010), acute diarrheal disease (ADD) has been the most trouble issue with 17,88,327 cases detected between 2006 and 2010. During the same time period, maximum numbers of cases were reported in Malappuram (MPM) district (3,96,685 cases) and maximum deaths were recorded in Thrissur district (124).

Government of Kerala had established State- Prevention of Epidemics and Infectious Diseases Cell (PEID cell) at Government Medical College, Thiruvananthapuram, even

before the introduction of IDSP in Kerala. To strengthen the PEID cell, Regional PEID (RPEID) cells were also established in all Government Medical Colleges in 1989. In 2007, State Disease Control and Monitoring Cell (SDCMC) was established to ensure that epidemics are detected early and contained in the state.

Surveillance system through IDSP keeps a close watch on health events occurring in the community and in the state as a whole. This project plays an important role in the early detection of outbreaks occurring in any part of the state. By preventing outbreaks through IDSP in the previous years, the credibility of the health services has greatly improved. To strengthen IDSP in Kerala and to address the inherent weaknesses in the current disease surveillance system maintained by the Directorate of Health Services, the Kerala Health Policy 2013 has proposed measures to strengthen the existing system through regularisation of posts, representation from other health-determining sectors, and revision/update of necessary acts/rules.

3. Aims of the TNA Project

To be disaster-ready and support the KSDMA in its effort to mitigate any disaster, as observed in the HVRA profile, Kerala will require a team of medical professionals well-trained in disaster management in all 14 districts of Kerala.

IIEMS has been involved in training medical professionals in various disaster management and non-disaster management training programs. And, our preliminary assessment indicates that there is severe lack of awareness among medical professionals and there is dearth of medical professionals trained in Disaster management. Even the hospitals are ill-prepared to counter any disaster.

If the medical professionals in Kerala are made aware of the need to be trained in disaster management at an early-stage and they are provided adequate training early on, it is our belief that Kerala would set a new standard in disaster management paradigm.

This project was a humble effort to substantiate the above findings and suggest areas of improvement.

3.1 TNA Objectives:

- 3.1.1 Assess the extent of awareness among the healthcare professionals on disaster management and their role in disaster management.
- 3.1.2 Conduct a gap analysis.
- 3.1.3 Suggest topics to be included on disaster management in the current syllabus of MBBS and other allied medical programs and that of nursing courses with emphasis on when, where, and how to include the topics without affecting the current schedule.
- 3.1.4 Suggest the type of training (theory/practical) and mode of training to be imparted to the medicos on disaster management.
- 3.1.5 Suggest the type of books/references to be used for the above training.
- 3.1.6 Suggest the ideal duration and schedule for the above training.
- 3.1.7 Sketch a brief health profile of Kerala w.r.t. to disasters.
- 3.1.8 Provide a capacity building strategy.

4. Training Need Assessment Methodology

We used Johari Window as the guiding principle to conduct the need assessment on why the medical sector in Kerala should be trained in disaster management.

For ease of operation, the TNA process was been divided into three phases:

- ✓ Phase 01: Pre-assessment
- ✓ Phase 02: Assessment
- ✓ Phase 03: Post-assessment

Phase 01: Pre-assessment

Objectives:

- Determining the overall scope of the TNA.
- Identifying the key performance issues.
- Reviewing the existing information.
- Defining what data and information are required to make informed decisions.

Phase 02: Assessment

Objective:

- Implement the TNA in a systematic manner so as to gather verifiable information to make informed decisions.

Phase 03: Post-assessment

This is the last phase of TNA and primarily involves the following activities:

- Submitting TNA report.
- Deliberating over findings and recommendations of TNA with key stakeholders.
- Implementing recommendations and deciding future course of actions.

TNA Survey: To assess the learner's knowledge in disaster management and learning needs perceived by them, survey and other tools were utilized to conduct TNA among nursing students and medical students from various disciplines (Allopathy, Ayurveda, Homeopathy, et al).

Cluster sampling and random sampling techniques were used to obtain responses from students of different medical colleges, nursing schools/colleges, and homeopathy and Ayurveda colleges. All the medical schools/colleges in Kerala were grouped according to their disciplines, namely allopathy, Ayurveda, nursing, etc. From each group, few colleges were randomly selected for the survey.

A survey questionnaire was prepared to assess the disaster knowledge, awareness and experience of the medical students. The questionnaire also included a demand survey to know the disaster management topics that were perceived as important by the respondents. Randomly selected medical students, nursing students and healthcare professionals were given the survey questionnaire and 1236 completed survey sheets were received.

Consultation Interviews: Apart from the survey for the medical students and healthcare professionals, consultation interviews were also held with working doctors, professors, NRHM officials, representatives of ASHA workers, DDMA officers, and municipal corporation health officer. A set of questions was prepared and used as a guideline during the interviews. The stakeholders were contacted in person as far as possible. Wherever in-person interviews were not possible, the stakeholders were contacted over phone and via email and their responses were appropriately noted down.

Literature Review: For a broad assessment of information related to disaster, healthcare and training for healthcare professionals, an initial search of the literature was performed by using key databases like PubMed, online national and international journals, and Internet search engine – Google – was used extensively for additional searches. Websites

of NIDM, NDMA, UNDP, ADPC, KUHAS and government of Kerala were some of the important website that were scoured through for any pertinent information/guidelines pertaining to role of healthcare workers in disaster management.



5. TNA Findings

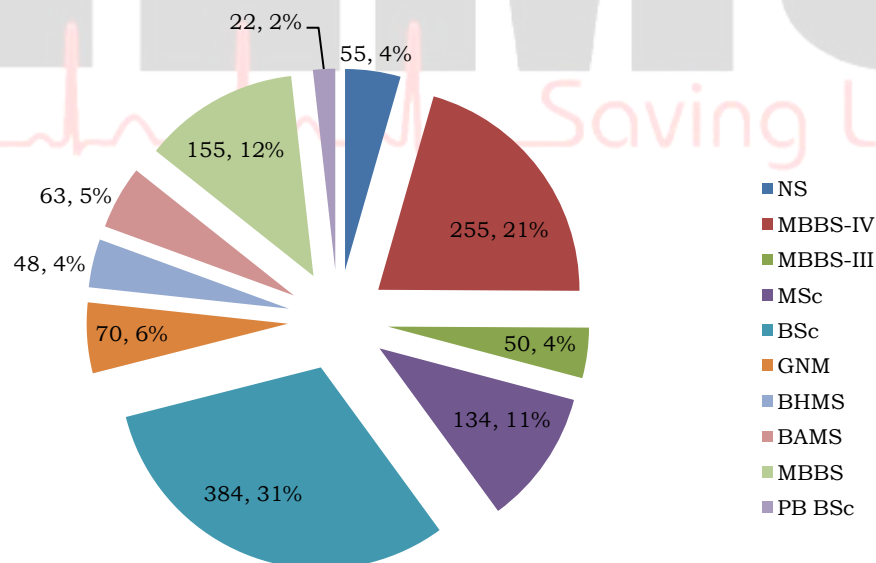
5.1 Survey Results

5.1.1. Respondents: A total of 1236 completed survey sheets were received. The breakup of the respondents (in percentage) according to their qualification is as follows:

Table 9: Breakup of Respondents

Sl. No.	Qualification of Respondents	No. of Respondents	Percentage of Respondents
1	NS (Not Specified)	55	4.45
2	MBBS-IV	255	20.63
3	MBBS-III	50	4.05
4	MSc Nursing	134	10.84
5	BSc Nursing	384	31.07
6	GNM	70	5.66
7	BHMS	48	3.88
8	BAMS	63	5.10
9	MBBS	155	12.54
10	PB BSc Nursing	22	1.78

C-3. Number of Respondents



Note:

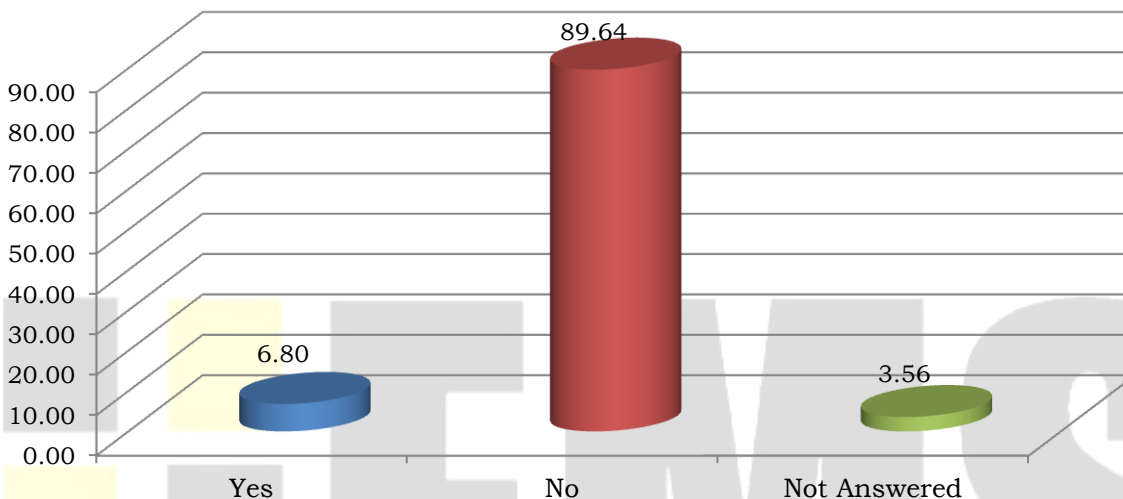
1. BAMS = Bachelor of Ayurvedic Medicine and Surgery.
2. BHMS = Bachelor of Homeopathic Medicine and Surgery.
3. MBBS = Either completed MBBS or MBBS Final Year.
4. MBBS-III/MBBS-IV = MBBS Third Year and MBBS Final Year, respectively.

Working professionals (staff nurses, doctors, tutors, lecturers/teachers, etc.) formed **20.79%** of the respondents while **79.21%** of the respondents were students.

5.1.2 Formal Prior Training in Disaster Management:

- ✓ 89.64% of respondents said they didn't have any formal training in disaster management.

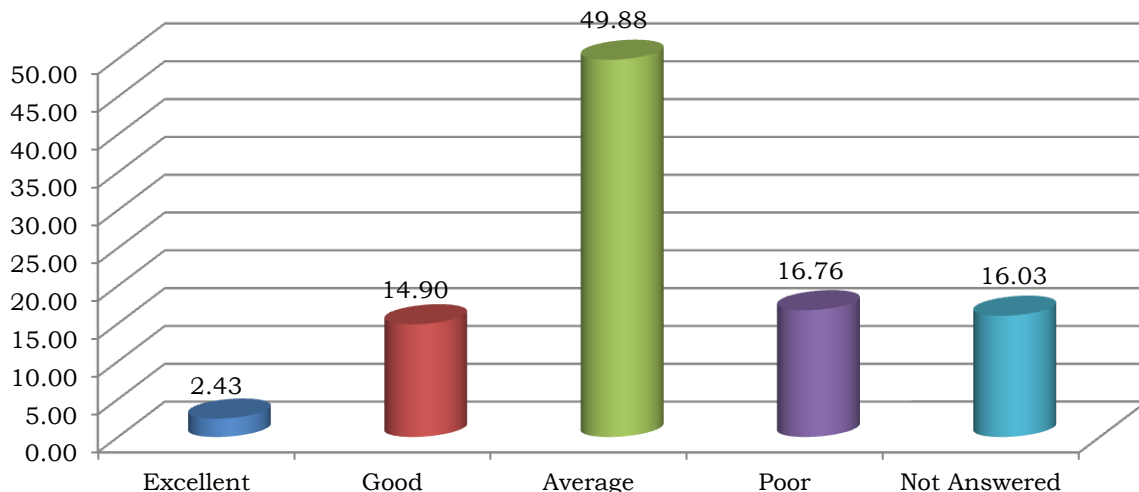
C-4. Prior Training in Disaster Management



The above numbers indicate the lack of avenues for learning disaster management in a structured manner or lack of awareness of such avenues. Either way, it highlights the need to formalize the disaster management for healthcare professionals and others in the healthcare sector.

5.1.3 Current Disaster Preparedness:

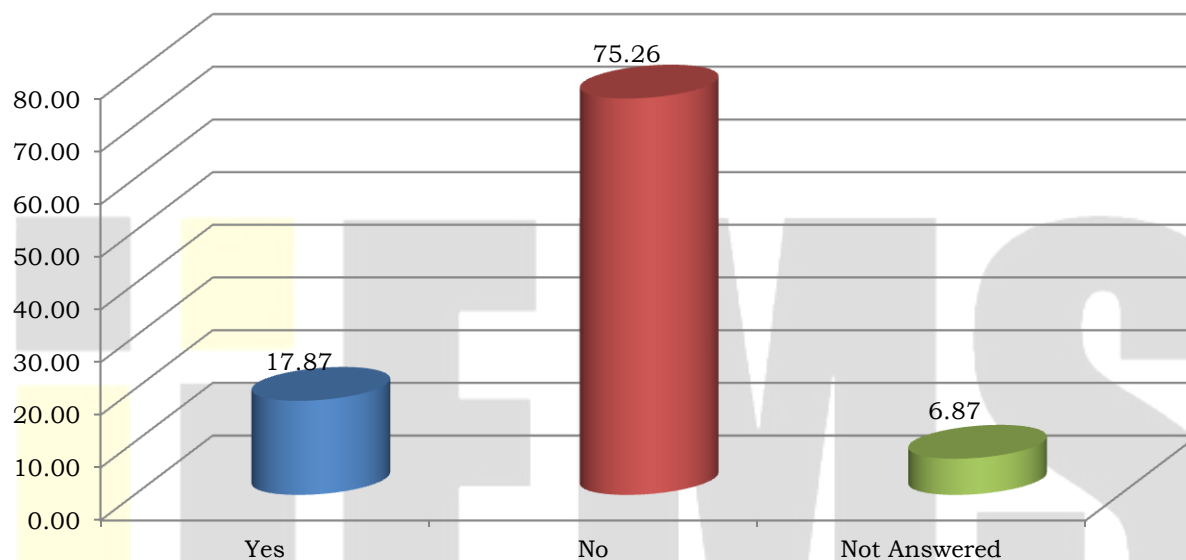
C-5. Disaster Preparedness



The above graph shows the disaster preparedness of the respondents as perceived by them. Approximately 50% of the respondents felt that their disaster preparedness was average, while 16.76% felt that it was below average. This indicates that a majority of the respondents, felt that their preparedness was average or below average. This indicates the learner-perceived gap in the disaster management knowledge.

5.1.4 Mock Drills:

C-6. Mock Drill Experience



This graph shows that the majority of the respondents (75%) have not participated in any mock drills. This is an alarming fact, as even though the respondents felt that their knowledge was average, their knowledge and their expertise have not been put to the test. Mock drills may be able to uncover the gaps in the awareness and training of the HCPs and this may help in improving the existing skills of the HCPs and also in strengthening the disaster plans that are in existence.

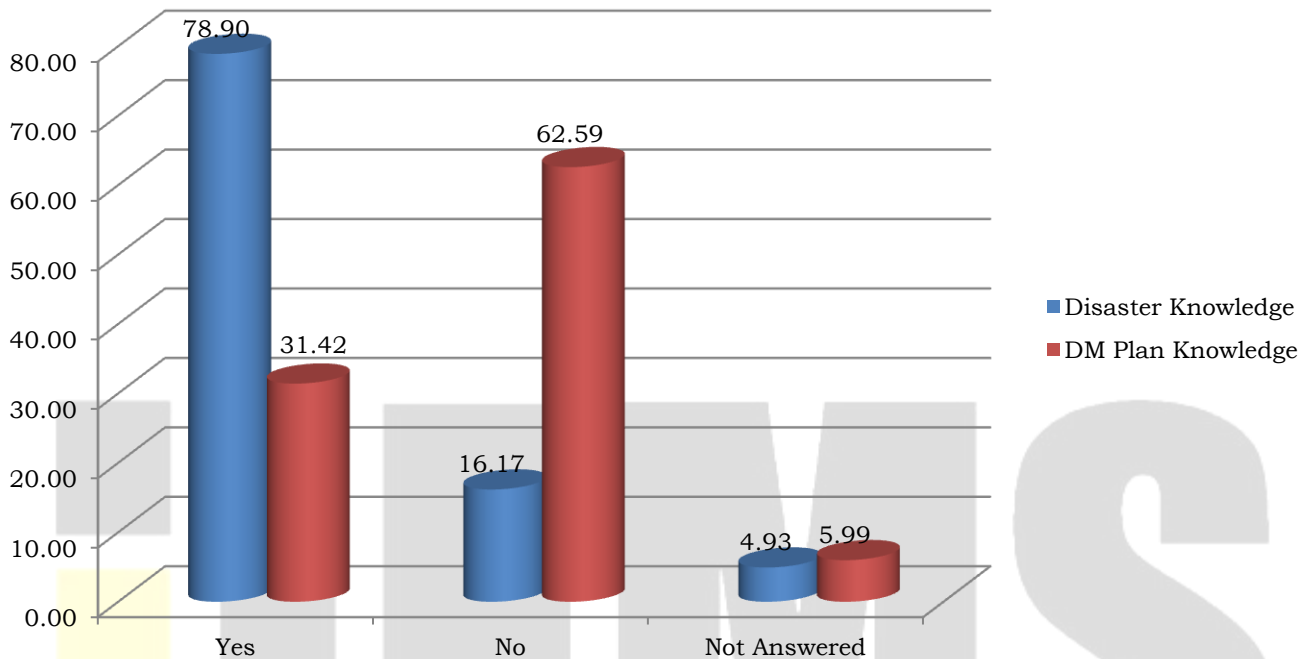
5.1.5 Awareness of different types of disasters and disaster management plans:

- ✓ Though there is reasonably high awareness (78.9%) about the different types of disasters, the lack of awareness about state/district disaster plans (~63%) is alarming.

This graph compares the awareness about the various types of disasters among the respondents versus their awareness of the state/district disaster management plans. It shows an alarming trend, that the respondents who may be a part of the disaster response team during a real disaster may not be aware as to what they are supposed to do or who

they should be contacting in realtime. Jumping into action without knowledge of local disaster management plans may adversely affect those vol.

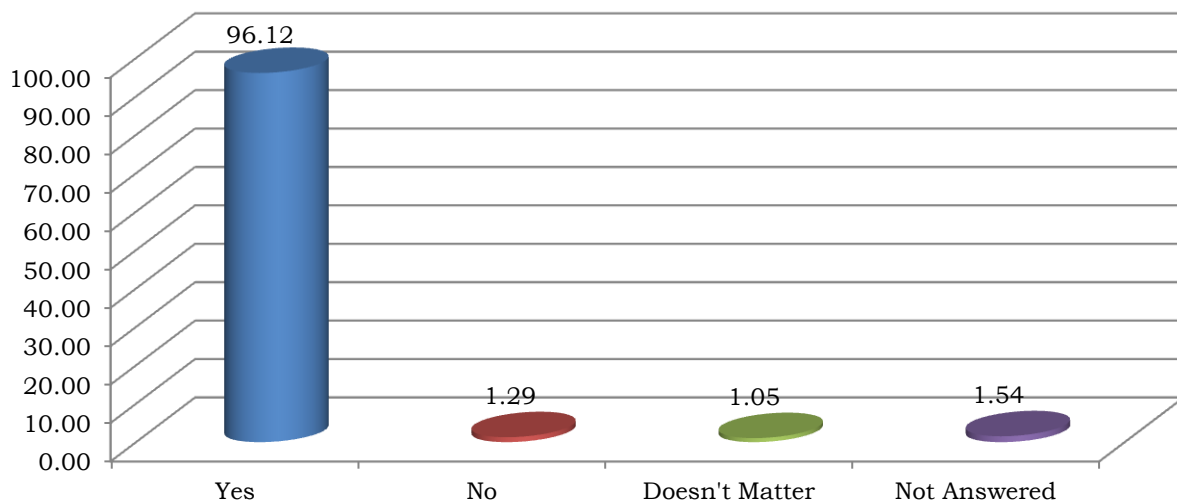
C-7. Disaster Awareness v/s DM Plan Awareness



5.1.6 Need to Learn Disaster Management:

- ✓ A whopping 96.12% of the respondents felt that it is necessary to learn disaster management.

C-8. Need to Learn Disaster Management

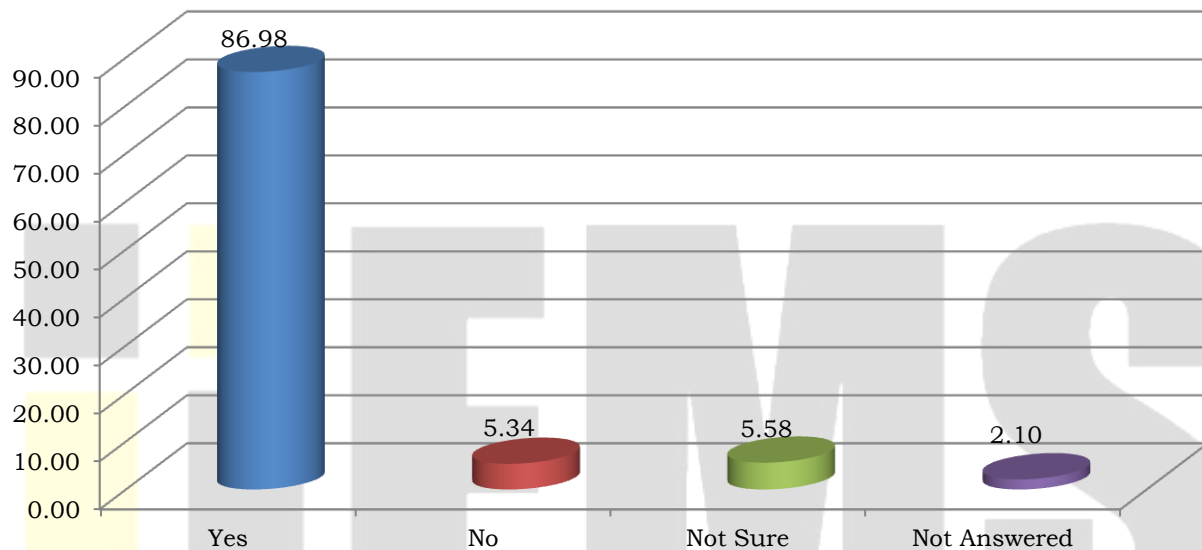


The above graph shows that the majority of the respondents were willing to learn about disaster management , and this could indicate that there is a willingness to be a part of the disaster response.

5.1.7 Approach towards disaster management training:

- ✓ A vast majority of the respondents (86.98%) indicated that they would like to be trained in disaster management.

C-9. Approach towards DM training



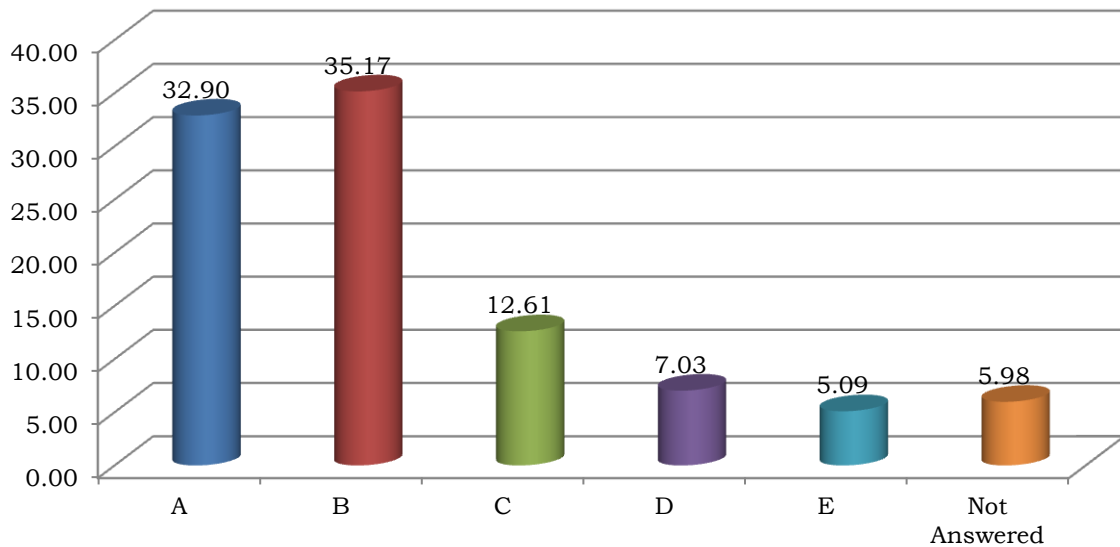
The above graph shows that the majority of the respondents were willing to learn about disaster management, and this could indicate that there is a willingness to be a part of the disaster response.

5.1.8 Disaster Management training mandatory or not:

- ✓ Approximately 68% of the respondents felt that DM should be included as a mandatory course for all medical students and/or public health professionals.

The below graph shows that the majority of the respondents (70%) feel that disaster management should be taught as a part of the curriculum of HCPs and students. This will help in developing the cognitive knowledge about the concepts of disaster management, which will help in building the psychomotor skills and team work that can be taught later as a part of a mock drill or table-top exercises.

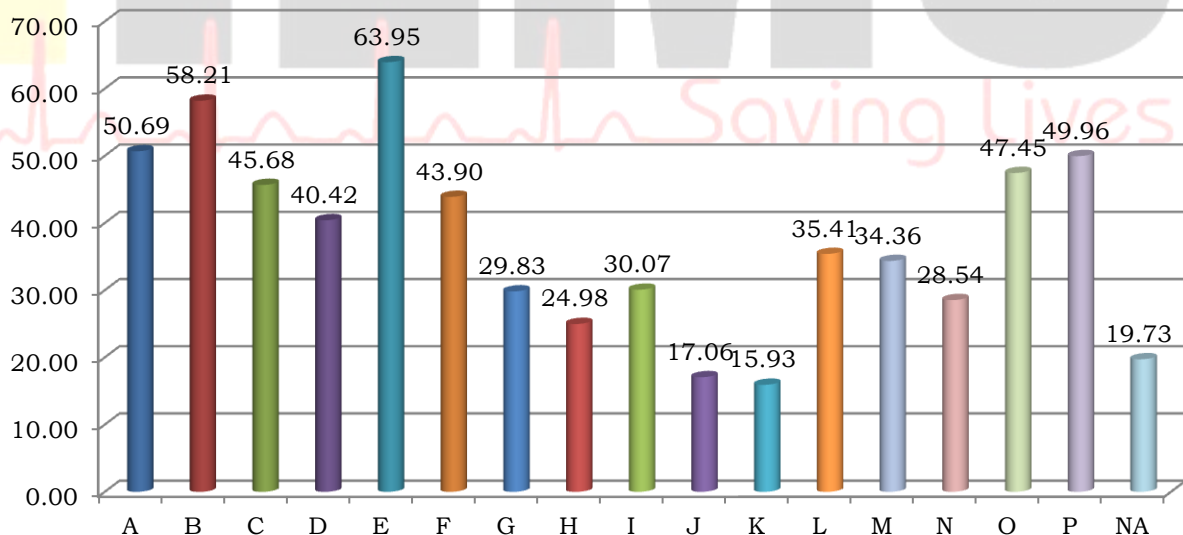
C-10. DM Training compulsory or not



- A: Mandatory course for all medical students.
- B: Mandatory course for public health professionals.
- C: Selective course for all medical students.
- D: Selective course for public health professional.
- E: Informal course – part-time.

5.1.9 Topics of interest for disaster management training:

C11. Topics for Disaster Management training



- A. National and local disaster reduction plans and preparedness against disaster.
- B. Basic principles of disaster assistance.
- C. The role of modern information technology in disaster assistance.
- D. The role of field hospitals in disaster assistance.
- E. Treatment principles and first-aid skills.

- F. The rescue and transport of the wounded.
- G. Chemical Accidents.
- H. Nuclear accidents and radiation Accidents.
- I. Legal issues of disaster assistance.
- J. Population vulnerability assessment.
- K. Hazard vulnerability profile of the district and state.
- L. Post-disaster psychological relief.
- M. Post-disaster epidemic prevention.
- N. Incident command system.
- O. Hospital disaster management plan.
- P. Public health emergencies.

In the demand survey, the respondents were asked to select the topics that they felt were important as part of their disaster management training. The aim was to compare the topics selected by them against those selected by the stakeholders. The difference in priorities can provide an insight into the knowledge gap.

The top 5 topics selected by the respondents were as follows:

- Treatment principles and first-aid skills.
- Basic principles of disaster assistance.
- National and local disaster reduction plans and preparedness against disaster.
- Public health emergencies.
- Hospital disaster management plan.

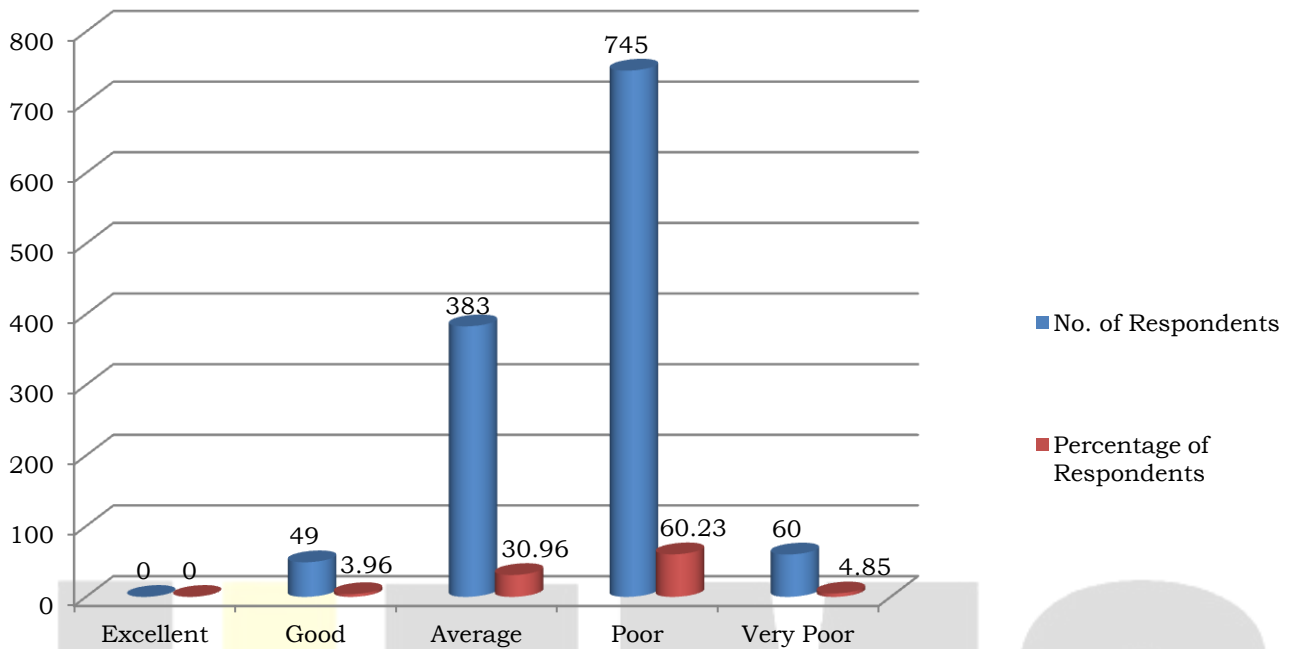
Topics like incident command system and hazard vulnerability profile of the district and state were given least priority, primarily because of lack of awareness of overall disaster management system.

5.1.10 Overall Performance in Disaster Knowledge Test:

Table 10: Scores and Ratings

Score	Rating	No. of Respondents	Percentage of respondents
21 - 25	Excellent	0	0
16 - 20	Good	49	4.21
11 - 15	Average	383	31.55
5 - 10	Poor	745	59.33
<5	Very Poor	60	4.91

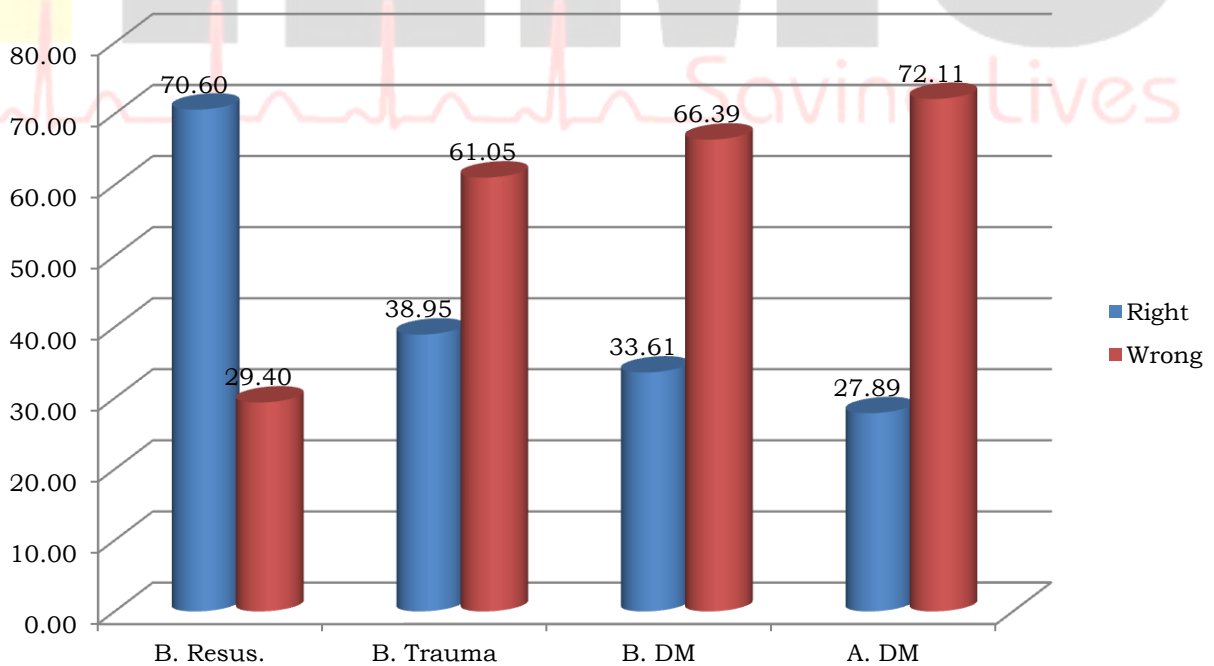
C-12. Overall Performance in Knowledge Test



Even if we attribute the 'very poor' performance to lack of interest on part of the respondents and ignore the same it is noteworthy that a vast majority (a combined total of ~90%) has only 'poor-to-average' performance.

5.1.11 Skill-wise Performance:

C-13. Skill-wise Performance



B. Resus.: Basic Resuscitation Skills.

B. DM: Basic Disaster Management Skills.

B. Trauma: Basic Trauma Skills.

A. DM: Advanced Disaster Management Skills

This graph compares the various cognitive skills that were evaluated among the respondents. The questions were so designed so as to evaluate the basic knowledge of the respondents with regards to basic resuscitation , trauma care and disaster care.

Basic Resuscitation Skills Analysis:

The respondents were asked three questions related to basic resuscitation skills. The questions were related to identifying the right victim for administering CPR, the right method of initiating CPR and fatal mistake to be avoided during CPR. The results were thus:

- Only 75% of the respondents could correctly identify a victim who required a CPR (cardiopulmonary resuscitation).
- About 84% of the respondents could correctly identify the best method to initiate CPR.
- Surprisingly, 48% of the respondents could not identify the fatal mistake to be avoided during cardiac arrest management.
- Overall, only 32.5% could correctly identify all three.

Considering the health risk profile of Kerala, the above figures are alarmingly low. It is high time 'basic life support' skills be made mandatory for every HCP in the state and a bystander-level CPR training for non-HCPs.

Basic Trauma Management Skills Analysis:

The respondents were asked six questions related to basic trauma skills. These questions broadly covered the following topics: On-site care, life-threatening injuries, symptoms of shock, managing head injury, managing chest injury and assessment of a trauma patient. The results were thus:

- About 62% of the respondents could correctly identify immediate life-threatening injury among a list of injuries.
- About 50% of the respondents could correctly answer the question pertaining to on-site care.
- Only 32% of the respondents could correctly identify the MOST reliable early indicator for determining shock in an injured child.
- Only 30% of the respondents knew the most important step in managing a head injury.
- Hardly 17% of the respondents knew how to manage a chest injury.
- Only 43% of the respondents knew the lowest priority in assessment of the trauma patient.
- Overall, only 37% could answer 3 to 5 questions correctly.

As indicated by the numbers above, the knowledge of trauma care skills is minimal.

Basic Disaster Management Skills Analysis:

The respondents were asked ten questions related to basic disaster management skills. These questions broadly covered the following topics: Community and disaster, disaster recovery, disaster response, mass casualty management, disaster and public health system, bioterrorism, and role of the state/central government in a disaster. The results were as follows:

- To questions related to community and disaster, approximately 40% answered correctly.
- On an average, only 28% of the respondents had knowledge about the activities related to disaster response and disaster recovery.
- About 69% had knowledge about mass casualty triage.
- On an average, only 17% could correct answer questions related to post-disaster activities and role of state/central government in a disaster.
- Overall, only 22% of the respondents could get at least 5-8 answers correctly.

The above figures underscore the lack of proper training in basic disaster management concepts. Proper sensitization and competency based disaster management training are the two ways to address this knowledge gap.

Advanced Disaster Management Skills Analysis:

The respondents were asked six questions related to advanced disaster management skills. These questions were related to hazardous materials, decontamination, CBRNE agents, and personal protective equipment. The results were as follows:

- Around 35% of the respondents could correctly answer the questions on hazardous materials.
- About 45% of the respondents could correctly identify the biological terrorism toxin that had an antitoxin.
- About 89% of the respondents did not have an idea about chemical terrorism agents.
- About 81% of the respondents did not know where the decontamination had to be performed at the disaster site.
- Only 23% could differentiate between Level C and Level D personal protective equipment.

Knowledge of hazardous materials, proper methods of decontamination, various CBRNE agents, and proper use of personal protective equipment are essential for HCPs in Kerala, especially in cities like Kochi, where hoards of chemical and oil industries are thriving. The

advanced skills may be focussed upon after building a sound foundation, for which courses like BDLS and AHLS would be highly helpful.

The above figures indicate that even though the respondents have some idea about basic resuscitation, basic trauma care and basic disaster management skills, their knowledge level does not seem sufficient to translate it into proper application of the knowledge. This can be overcome only by conducting structured courses like BLS, ACLS, ITLS, AHLS, BDLS and ADLS, which will ensure that the HCP has acquired the requisite skills, which will be evidenced by their scores in the theory and the practical examinations marking the completion of the above courses.

5.2 Literature Review – Summary

As part of the literature review, a lot of documents/articles – mostly online – were reviewed. The key learning from some of the major documents/articles reviewed are given below.

An online search for information on disaster management training in Kerala for healthcare professionals yielded very limited results. As per an article in The Hindu, dated June 25, 2008, Department of Revenue and Disaster Management in association with UNDP had implemented a State-wide project aimed at equipping the medical community to handle emergencies during natural calamities and other disasters during June-July period of 2008. Named **Emergency Health Management Programme (EHMP)**, the project involved training programmes for doctors and healthcare workers. A further search on outcome of EHMP and its follow-up programs yielded no results.

The disaster management education in undergraduate studies in medical schools is currently restricted to the 6-page chapter on disaster management in the book by K. Park. No additional workshops or courses are currently being offered in medical schools on disaster management.

In 2012, AIIMS had conducted a “**Pilot Project on Capacity Building in Advanced Trauma Life Support in India**” in three states, viz., Andhra Pradesh, Assam and Bihar, wherein it had set a goal of training doctors, nurses, and paramedics from each state in ATLS, ATCN, PHTLS, and RTTDC courses. As per the project report, ATLS and ATCN are evidence-based courses that rightly address the critical fields in which India needs to improve, namely – the pre-hospital care and the in-hospital acute care (Acute Trauma Care). ATLS and ATCN provide the

right training, guidelines and protocols for the healthcare providers in the above two areas. The report also recommends two other courses – PHTLS and RTTDC. While PHTLS focuses on promoting excellence in trauma patient management by all providers involved in the delivery of prehospital care, RTTDC focuses on development of rural trauma teams in under-resourced institutions to improve trauma care.

A study on “**Training need analysis of disaster management personnel**” done by Dr. AG Matani, Prof. AA Gulhane and Ms. Pallavi Matani (published in *International Journal of Conceptions on Management and Social Sciences*) suggests that professional training in disaster management should be built into the existing pedagogic research and education. It discusses the usefulness of various programs like AHLS, Chemical Agents of Opportunity for Terrorism, Physician Preparedness for Acts of Water Terrorism, Medical Effects of Ionizing Radiation (MEIR), Medical Preparedness and Response: Training for Radiation and Emergency Preparedness and Response, et al for medical professionals engaged in disaster management.

The **Kerala Health Policy 2013** observes that with 10% of the road-traffic accidents resulting in death, Kerala would need an efficient system for efficient evacuation and good management of victims of road traffic accidents. It plans to extend the 108 Ambulance services to the entire state, building up a specialist cadre of doctors and nurses trained in life saving and trauma management techniques and starting postgraduate courses in emergency medicine and emergency nursing in the state.

The “**Guidelines for Hospital Emergency Preparedness Planning**” prepared by GoI-UNDP DRM Programme calls for an urgent need to increase the preparedness of hospitals in mass casualties and to expand their focus to include both internal hospital planning as well as be a part of the regional plan for disasters and mass casualties. Since the disasters do not strike at the vicinity of only bigger hospitals, it is imperative that all hospitals whether small or big providing emergency care have an emergency plan.

In its six-year strategy for the health sector and community capacity development in **Risk Reduction and Emergency Preparedness**, WHO expresses its confidence in emergency preparedness based on an “All- Hazard / Whole-Health” concept, which requires multi-sectorial/multi-agency coordination.

WHO and ICN in “**International Council of Nurses Framework of Disaster Nursing Competencies**” highlight the need for disaster education for nurses as they are the largest group of healthcare providers. The ICN framework underscores the need for qualified

individuals ready to respond to disasters and to participate in preparedness and disaster recovery activities. The framework lists out 10 key competencies for nurses in disaster management: (1) Risk reduction, disease prevention and health promotion; (2) Policy development and planning; (3) Ethical practice, legal practice and accountability; (4) Communication and information sharing; (5) Education and preparedness; (6) Care of the community; (7) Care of individuals and families; (8) Psychological care; (9) Care of vulnerable populations; and (10) Long-term recovery of individuals, families and communities.

Directorate of Health Services, Trivandrum, has brought out booklets in both English and Malayalam on “**Preparedness for Disaster and Healthcare Management.**” These booklets provide an overview of the preparation of disaster management plan, and provide guidelines on clinic-managerial challenges, EMS, post-disaster public health and mental health services, disaster epidemiology, and management of CBRN disaster, among others.

5.3 Stakeholder’s Response

Following are the major points that came up during the consultations/discussions with the stakeholders:

1. There is need for sensitization of the existing healthcare professionals (HCP) about the concept of incident command system and also to train them in the operations part of major disasters.
2. In future, HCPs will play a major role in helping reinforce the existing disaster management system and will also complement the other stakeholders.
3. HCPs will need to be trained in providing proactive, preventive and curative measures through onsite and sentinel services.
4. HCPs will need to be trained in mass casualty management according to the latest evidence-based guidelines and also to update them on a regular basis as and when the guidelines change.
5. The need to develop providers to leaders to managers was voiced by almost all stakeholders.
6. Disaster and Public Health should be the second specialty for every HCP, but structured training for at least a thousand HCPs is needed.
7. Although the number of trained HCPs (in government sector) in disaster management cannot be fixed as they get transferred regularly, an ideal scenario would require that at least 100 HCPs be trained per district distributed according to

panchayat and municipalities.

8. Focus on developing the following core competencies in HCPs:

- Knowledge about pre-disaster planning, preparation and Disaster response.
- CPR, Trauma and mass casualty management.
- Triage, Resuscitation and trauma care.
- Doctors with attitude and aptitude should be trained in personnel management, leadership, clear understanding of followup from triage and uncommon presentations, and ability to prioritize treatment at primary, secondary, tertiary care and outside triage.
- Mechanism of triaging needs to be taught to the staff nurses at PHC level.
- (Disaster) knowledge and man-management.

9. The awareness and training of DM in the current HCPs is not up to the mark.

10. The various examples stated by the persons interviewed were Chikungunya outbreak in Ernakulam district in 2007-2008, Vypin and Fort Kochi hooch tragedy, School bus tragedy in Parvathy Puthanar canal, Kashmir floods etc.

11. Currently there are not many avenues to learn Disaster Management. If there are avenues there is not much awareness about them either.

12. Disaster and Public Health are related. It would be nice to modify undergraduate curriculum to cover these aspects.

13. Make training universal. Focus on peer and core group training with cascading effects. Focus on practical, evidence-based disaster management training. Start early; teach students how to respond to different situations.

14. Provide at least the theoretical training in medical colleges. Give hands-on training when they become professionals. Issues of succession management and knowledge transfer needs to be addressed. Train students to be a standby SWAT team.

15. NGOs can be used to train HCPs in DM.

16. Along with including DM in curriculum, a structured course or program in DM can be considered. Include DM as a part of the curriculum. Practice what needs to be done in the future. Call the students – 3rd year, 1st day, to the scene of disaster and provide them a real-time creative exposure.

17. Most of the hospitals have no Disaster plan. They are ill-prepared to deal with a disaster. There is also no staff safety mechanism to deal with disasters. Some hospitals have plans made, but no mechanisms or motivations to check the efficiency of these plans.

18. Even though Rapid Response Teams (RRTs) exist at district, panchayat and ward levels they don't know their exact role during a disaster.

19. EMExes are very important if they are well organized and address the local scenarios.

20. A focus group discussion was held among 15 ASHA workers of Vadavathoor panchayath of Kottayam district. Highlights of the discussion are as follows:

- a) None of the ASHA workers had any prior training in disaster management, but claimed that they had attended First-Aid and CPR training given by IEMS. Currently, their training or area of work does not include disaster management.
- b) None of the ASHA workers had any real-time disaster experience.
- c) Though they were aware of prevention of vector-borne diseases, they weren't aware of the disease surveillance program.
- d) As per them, flood was the main natural disaster affecting Kottayam and cited few other potential man-made hazards – Vadavathoor waste dump yard, pollution created by MRF, etc.
- e) All of them were eager to learn about disaster management.
- f) When asked about their role in disaster management, they said they can help people with First aid and CPR as well as, once properly trained, can spread awareness among the mass about the potential natural and man-made hazards in the area and how to reduce the risks caused by them.



6. SWOC Analysis and Recommendations

Conclusions 1: Poor Basic CPR Skills

Strength	Weaknesses
<ul style="list-style-type: none"> Awareness about basic CPR skills is good in the doctors, nurses, medical and nursing students 	<ul style="list-style-type: none"> No method of confirming the psychomotor skills as only the cognitive awareness of the respondents can be tested with the limited resources.
Opportunities	Challenges
<ul style="list-style-type: none"> Improvement in the quality of resuscitation skills will result in more effective management of the casualties during a disaster. 	<ul style="list-style-type: none"> Imparting the training to this diverse group of individuals Ensuring continued performance quality standards as their skills may not be put to test regularly.

Recommendations:

Training Interventions: Conducting regular CPR training courses like BLS and ACLS and to develop a mechanism for ensuring the persistence of these skills in the HCPs, by conducting regular refresher courses.

Non-training Interventions: Policies and procedures need to be developed and enforced by State government/Department of Health directing all HCPs to be trained in life-saving skills and regular updation of these skills.

Conclusion 2: Disaster management training – a must for all HCPs.

Strength	Weaknesses
Huge number of HCPs and first responders who have the willingness to be a part of the disaster response.	<ul style="list-style-type: none"> Lack of training and exposure of the majority of the HCPs and first responders. No mechanism to monitor the trained individuals as disasters may not be happening on a regular basis and are unpredictable when they happen.
Opportunities	Challenges
Whether it is a community health worker or a medical director, each one has a definitive role to play during a disaster. With proper emergency plans in place, we need to only sensitize these players about their roles and responsibilities and provide them with the necessary skills through systematic training.	Without qualified healthcare professionals to address the healthcare needs of disaster-affected communities and people, the ability to alleviate human suffering is severely limited.

Recommendations:

Training Interventions: HCPs may be made to attend the short-term courses like, BDLS, ADLS and AHLS on disaster management.

Non-training Intervention: Develop a *Kerala Disaster Management Training Plan* clearly defining the core competencies for each stakeholder group depending on their current background and their expected role in future disaster response activities.

To develop these competencies, clear-cut, relevant, current, and practical training policies and guidelines may be developed as part of KDMTP and incorporated in the state, district and village disaster management plans.

This process must be initiated and led by KSDMA as part of its greater strategy and amply supported by its regional/national partners.

Conclusion 3: Current training for HCPs in disaster response is inadequate.

Strength	Weaknesses
The attainment of the skills and knowledge for disaster management by healthcare professionals in Kerala at present seems to be an ad hoc process.	<ul style="list-style-type: none">• Some still lack the knowledge of basic resuscitation skills.• Knowledge of basic and advanced disaster management concepts is very poor.• Knowledge of basic trauma skills is also poor.
Opportunities	Challenges
The knowledge gap needs to be addressed by developing a professional development program that is systematic and gradually builds upon previously-learnt knowledge and experience.	<p>The sheer mass of the HCPs who have to be trained is large.</p> <p>The level of knowledge in the various groups of HCPs and First responders is variable.</p> <p>Inter-agency communication which forms the vital link in a disaster response also has to be a part of the course, as disaster response is a coordinated interagency response.</p>

Recommendations:

Training Interventions:

1. Start Training Early: Train medical students to provide basic auxiliary support to doctors, which will take the burden off the shoulders of the doctors/nurses at the primary treating facility during the pre- hospital care or on-field care.

2. Formal education in disaster management: One of the best ways to ensure that healthcare professionals are better prepared to face any disaster situation is to introduce emergency management curricula into the core curricula of medical school (including nursing and other Indian systems of medicine), residency training, and CME programs. The disaster management course imparted in the medical/nursing colleges may be restructured with the following core subjects in mind:

1. Phases of disaster management.
2. Hazard Vulnerability Profile of the State.
3. Functional Response Roles.
4. Incident Command System.
5. Communication during disaster.
6. Government Resources and Authority.
7. Emergency preparedness Evaluation.
8. CBRNE Agents.
9. Personal Protective Equipment and Decontamination.
10. Principles and practice of surveillance.

3. Include relevant add-on courses: Basic life support skills and basic first-aid and safety skills must be made mandatory to all students in the first year of their professional courses, irrespective of the system of medicine they have opted. Basics of pre-hospital trauma care skills may be introduced early on for general medicine/nursing students. Advanced trauma care courses like ATLS and ATCN should be made mandatory for medical PG students and professionals working in emergency departments. Until the time we have indigenous courses developed and ready to be delivered, we may very well utilize the internationally-recognized life support skill and trauma care training programs that may be provided as is or improvised to suit the local context. A list of such programs is given in Appendix D.

Non-training Interventions:

1. Create a positive vibe: Conducting conferences, seminars, workshops, symposia, celebrity talks, road shows, flash mobs, TV shows, posters, leaflets, videos, dramas, mock drills, print/social media campaigns, etc., are effective ways to generate awareness about disasters and create interest in disaster management. Instituting awards and publicly recognizing volunteers and rescue workers for their efforts in disaster response would also add impetus to this cause.

2. Encourage mentorship and first-hand experience: Once adequately trained, the HCPs should be given as much real-time exposure to disasters as possible. Experienced healthcare officials should be invited as mentors to share their experiences and groom the next cadre of HCPs in disaster management. Seminars, workshops, symposia, etc., may be arranged to facilitate mentor-mentee relationship.

3. Make Assessments and Needs Analysis a continuous process: The nature of disaster, its intensity, the extent of damage and number of casualties do not remain the same all the time. Accurate record of disaster response activities should be maintained to

assess the shortcomings and new learning. The current training programs must be assessed, reviewed, and if needed, revised to incorporate the new findings of post-disaster analysis. A systematic needs analysis would add impetus to the review, design and delivery process.

4. Appoint Training Officers/Managers: To oversee the disaster preparedness and response training activities in each district, appointment of District Training Officers (DTOs) under each DDMA may be considered. The DTOs will have to report to the State Training Officer (STO)/State Training Manager (STM), who will be appointed by the KSDMA. The entire gamut of training activities, viz. need assessment, design, delivery and evaluation, should be the responsibility of the training team.

5. Other recommendations:

- Establish a system of rapidly providing healthcare workers (e.g. voluntary health workers) with necessary skills in an emergency situation.
- Cross-train health-care providers in high-demand services (e.g. emergency, surgical, and intensive care units).
- Provide training and exercises in areas of potential increased clinical demand, including emergency and intensive care, to ensure adequate staff capacity and competency.
- Consult Department of Health and Department of Medical Education along with authorities of universities in order to clarify the role that can be played by medical students during disaster.

Conclusion 4: Lack of Coordinated Training

Strength	Weaknesses
An 'inter-agency' approach which is essential for a coordinated response to disaster is the need of the hour.	<p>There is limited attempt among the various agencies to genuinely coordinate the various components of disaster management training.</p> <p>Different agencies are not clearly aware of each other's roles and responsibilities before, during and after the disaster.</p> <p>Quite often, training sessions are isolated, disjointed activities without any multi- agency involvement and without the 'big picture' in mind.</p>
Opportunities	Challenges
Different agencies have a great deal of knowledge and experience in there area of expertise.	<p>There is a lack of an inter- agency coordinated approach to disaster management training.</p> <p>Knowledge sharing among different agencies is not done in a timely manner.</p>

Recommendations:

Training Interventions:

1. Conduct more inter-agency exercises: Greater emphasis should be placed on joint simulation exercises and training that includes all relevant agencies like Health Dept, Police, Fire, SDRF, Revenue Dept. DDMA/SDMA, et al in the state. Creating a challenging emergency management exercise, involving all relevant agencies, will help increase learning in a realistic way, as well as aid in coordination training.

7. Tentative Training Plan

7.1 Objectives:

- Train resource group, who can respond and act effectively at the time of disaster.
- Prepare the staff and institutional resources of the hospital for effective performance in different disaster situations.
- Recognize the types of emergencies and disasters that can impact healthcare facilities depending on hazard vulnerability assessment.
- Understand the phases of emergency management and purpose & component of the Incident Response System.
- Prepare healthcare and public health employees for their roles and responsibilities during a disaster.

7.2 Expected Outcome:

- Subsequent to the training, the candidates would have acquired the following:

1. CPR skills.
2. Mass casualty triage skills.
3. Basic airway management skills.
4. Awareness about the incident command system and emergency operation center.
5. Basic trauma management skills.
6. Awareness about PPE and decontamination.
7. Awareness about the vulnerable groups, managing the dead and psychosocial needs in disaster.

7.3 Tentative Plan:

In light of the lacunae found during the current study of medical sector in Kerala, we suggest the following training plan to meet the training needs of the healthcare professionals in disaster management.

Based on the background and current skills, the target group has been divided into four major groups. Training programs provide personnel belonging to each category with the knowledge, skills, and abilities needed to perform key tasks required by specific capabilities. Training programs have been suggested to match the current knowledge level of trainees of each category.

Target Group:

- Group 1: Doctors and Hospital Administrators.
- Group 2: Medical Students, Nurses and Paramedics.
- Group 3: Police, Fire Force, Ambulance drivers, Civilian volunteers.
- Group 4: Public Health Workers (ASHA, ANM, VHW, etc).

The detailed training plan is given in table 11.

Note:

1. Training for the different groups can be conducted simultaneously or separately.
2. These training programs do not qualify them to teach expert-level disaster management, basic life support, trauma care skills, or individual patient management. They also cannot use this certification to conduct independent programs unless authorised by sanctioning authority.
3. To become a certified trainer of the above skills, they will have to undergo the certified provider and instructor courses accredited to the respective institution.
4. Training module for Police, Fire, etc. have also been included so as to facilitate inter-agency coordination training.

Mock Drill: On the completion level A and level B courses, a mock drill will be conducted with all the participants to assess their cognitive and psychomotor skills that have been developed over the 3-day course.

Train the Trainer (TTT): Candidates considered as “Instructor Potential” candidates among the attendees, will be groomed to become trainers over a 1-day or 2-day instructor training program. After TTT program, the *Instructor Trainee* will be monitored by the Course Director on a live training session and if found satisfactory he/she will be recognized as a Trainer for the programs he/she is trained in.

Table 11: Training Plan and Budget

Training Program	Target group	Expected Outcome	Content/Sessions	Total days	Language	Budget (in Rs.)	Prerequisite	Certifying authority
Basic Life Support (BLS)	Group 1,2,3,4	Better management of cardiac and respiratory arrest cases	CPR Basic Airway AED usage	1	English	3000	Health Care Professional	American Heart Association (AHA)
Advanced Cardiac Life Support (ACLS)	Group 1,2	Better management of pre-arrest cases integrating basic resuscitation skills with pre and peri-arrest cases	CPR Basic Airway AED usage Advanced Airway Use of Manual defibrillator	2	English	4000	BLS Trained Health Care Professional	AHA
Hospital Preparedness & Mass Casualty Management	Group 1,2	<ol style="list-style-type: none"> 1. Awareness about disaster basics 2. Training in current evidence based guidelines about mass casualty management 3. Skills development by practicing on mannequins and simulated scenarios 4. Special care of vulnerable groups 5. How to communicate during a disaster 6. Caring for the dead 	<ol style="list-style-type: none"> 1. Overview of Disasters 2. Triage 3. First Response 4. Incident Command System 5. Types of Injuries/Emergencies during disaster and basic management 6. Demonstration on mannequins and first aid skills 7. Constituting a medical team in different disasters 8. Medical planning and structured 9. Personal safety measures 10. Care of the unconscious 11. Skills training : <ul style="list-style-type: none"> • Spine immobilization with and without collar • ABC of BLS • Airway adjuncts • Treating tension 		English & Malayalam	9000	Health Care Professional	IIEMS

			<ul style="list-style-type: none"> • pneumothorax • Use of AED • Splinting • Psychological first aid • Pain management • Emergencies of eye, tooth, snakebite and drowning • Wound management • Treatment of specific injuries chest, abdominal, head and fractures • Vulnerable groups <p>12. Communication during disaster including media management</p> <p>13. Management of the dead</p> <p>14. Disaster ready hospitals</p>				
Mass Casualty Management	Group 3,4		<ol style="list-style-type: none"> 1. Overview of Disasters 2. Field Triage 3. First Response 4. Demonstration on mannequins and first aid skills 5. Personal safety measures 6. Skills training : <ul style="list-style-type: none"> • Spine immobilization with and without collar • ABC of BLS • Airway adjuncts • Treating tension pneumothorax • Use of AED • Splinting • Emergencies of eye, tooth, snakebite and drowning 	English & Malayalam	5000	First Responders	IIEMS

			<ul style="list-style-type: none"> Vulnerable groups <ol style="list-style-type: none"> Extrication, transport & evacuation Communication during disaster including media management Management of the dead How to utilize supports of social agencies, NGOs and community 					
International Trauma Life Support (ITLS)	Group 1,2,3	Will impart the knowledge and hands-on skills to take better care of trauma patients.	<ol style="list-style-type: none"> Rapid assessment Appropriate intervention and identification of immediate life-threatening injuries. Pre-hospital trauma care. 		English	7000	Health Care Professional or First Responder	
Advanced Trauma Life Support (ATLS)	Group 1	1. Emphasizes the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury and continuing through initial assessment, life-saving intervention, re-evaluation, stabilization, and	<ol style="list-style-type: none"> Assess the patient's condition rapidly and accurately Resuscitate and stabilize the patient on a priority basis Determine if the patient's needs will likely exceed a facility's capabilities Arrange for the patient's inter-hospital transfer 		English	20000	Doctors with MBBS and one year of clinical experience	American College of Surgeons (ACS)

		<p>when needed, transfer to a facility in which the patient can receive specialized care, such as a trauma centre.</p> <p>2. Based on well-established principles and objectives of trauma management, the course is intended to provide doctors with ONE acceptable method for SAFE, immediate management and the basic knowledge necessary to manage a trauma victim</p>	<p>5. Assure that optimum care is provided each step of the way.</p>				
Advanced Trauma Care for Nurses (ATCN)		Well-established principles and objectives of trauma management, the course is intended to provide nurses with one acceptable method for safe, immediate	<ol style="list-style-type: none"> 1. Initial Assessment and Management 2. Airway & Ventilatory Management 3. Paediatric Trauma Hemorrhagic Shock 4. Musculoskeletal & 		English	16000	Society of Trauma Nurses (STN)

		management and the basic knowledge necessary to manage trauma patients	Spinal Trauma 5. Head Trauma					
Core Disaster Life Support TM (CDLS®) Provider Course	Group 1,2,3,4	The aim of the CDLS Course is to provide participants from diverse professions, disciplines, and backgrounds with a common lexicon, vocabulary, and knowledge in disaster related medicine and public health that can be reinforced and expanded in the BDLS® and ADLS® Courses.	It is a competency-based, awareness-level course that introduces clinical and public health concepts and principles for the management of disasters and public health emergencies. The course incorporates the “all-hazards” approach to personal, institutional, and community disaster management through the use of two unique mnemonics, the PRE DISASTER Paradigm (which applies to event mitigation and preparedness) and the DISASTER Paradigm (which applies to event recognition, response, and recovery).		English	5000		National Disaster Life Support Foundation (NDLSF)
Basic Disaster Life Support (BDLS®) Provider Course	Group 1,2,3	Seven-hour, competency- based, awareness-level course that introduces concepts and principles to prepare health professionals for the	<ul style="list-style-type: none"> • Disaster Basics • Natural Disasters • Workforce Readiness & Deployment • Chemical Disasters • Mass Casualty and 		English	6000	Health Care Professional	National Disaster Life Support Foundation (NDLSF)

		management of injuries and illnesses caused by disasters and public health emergencies.	<p>Fatality Management</p> <ul style="list-style-type: none"> • Explosive & Radiologic Disasters • Public Health & Population Health • Biologic Disasters 				
Advanced Disaster Life Support (ADLS®) Provider Course	Group 1,2,3	Its a two-day course that allows participants to demonstrate competencies in mass casualty management.	<ul style="list-style-type: none"> • Disasters and Public Health Emergencies. • Triage in Disasters and Public Health Emergencies. • Health System Surge Capacity for Disasters and Public Health Emergencies. • Community Health Emergency Operations and Response. • Legal and Ethical Issues in Disasters. • PPE and Decontamination 	English	10000	Health Care Professional	National Disaster Life Support Foundation (NDLSF)

** Rates are tentative only and are negotiable depending on total number of candidates.

8. Learning Strategies

Our training programs are conducted using an ideal mix of some or all of the following training methodologies:

- Lectures, videos, PPTs etc.
- Group discussions and role plays.
- Workshops.
- Hands-on training using manikins.
- Enacting scenarios.
- Models.
- Mock drills.

9. Monitoring the success of the programme

9.1 Assessment of trainees:

- MCQ
- Practical Assessment
- Trainer feedback
- Observer feedback

9.2 Overall effectiveness of training programme:

- Trainee feedback
- Observer feedback
- Mock Drills/Emergency Management Exercises

10. Way Ahead

To reduce the mortality and morbidity in a post disaster setup, it is imperative that we have adequately trained healthcare professionals. In order to prepare the healthcare personnel to meet the healthcare needs of a population affected by disaster, various educational programs will have to be developed by universities, hospitals, professional bodies, governments, and non-government organizations. Standardized curriculum with more emphasis on regional disasters and disaster management plans will have to be developed. Thematic symposia, seminars, workshops, short courses, conferences and talk-discussions may be conducted to raise awareness among the medical students about their role in disaster response. “Physician Achievers” / “Master Trainers” in disaster management will have to be developed and recognized to sustain and build the interest of future generation of medical students.

This study presents an overall picture of disaster management training currently being provided in Kerala. This study may be used as a base for further research on disaster management training in healthcare sector in Kerala.



11. Appendix-A – Survey Questionnaire

Dear Friend!

Hope you have heard about the recent stampede in Patna during Dusshera, floods in Jammu & Kashmir, and explosion in the GAIL pipeline among many other disasters that rocked India in 2014. Hope you are also aware of the vulnerability of Kerala to natural/man-made disasters like floods, Tsunami, landslide, road traffic accidents, etc. What would have been your response had you witnessed these disasters or you were asked to manage these disaster as a healthcare professional? Do you think you are equipped with enough knowledge/skills to respond to any disaster, any time? If yes, kindly share your experience with us so that we can enlighten others. If not, please let us know how you would like to be trained in disaster management?

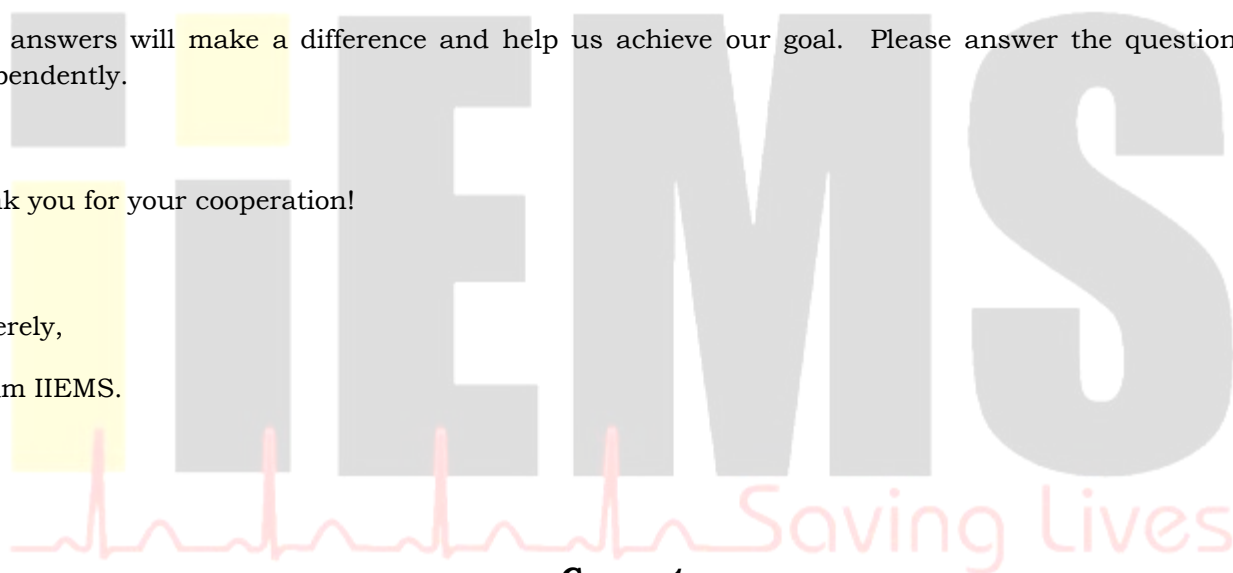
On behalf of Kerala State Disaster Management Authority (KSDMA), we are conducting a study to understand the level of awareness/preparedness among medical students about disaster management, possibly identify the knowledge gap, if any, that needs to be addressed on a priority basis and recommend possible solutions/strategies to fix the gap, if any, to the appropriate authorities.

Your answers will make a difference and help us achieve our goal. Please answer the questionnaire independently.

Thank you for your cooperation!

Sincerely,

- Team IIEMS.



Consent

I am voluntarily willing to participate in the study, on “Training Need Analysis of Medical Sector in Kerala”, conducted by IIEMS, and to co-operate in providing necessary information. I am informed about the project and that the information provided by me will be kept confidential and will use only for above mentioned study.

Place:

Signature with name

Section 1: DEMOGRAPHICS

- 1) Name: _____ 2) Gender: M / F 3) Age: _____
4) Educational Level: _____ 5) Occupation _____
6) Mobile: _____ 7) Email: _____
8) Course and the year: _____
9) Institution Name: _____ Location: _____
10) Board/University: _____

Section 2: DISASTER KNOWLEDGE, AWARENESS AND EXPERIENCE

1. Have you undergone any formal training in disaster management? Yes No
If yes, please provide details, else proceed to next question. _____

2. Have you participated in any real-time disaster response activity? Yes No
If yes, please provide details, else proceed to next question. _____

3. How would you rate your current preparedness to respond to any disaster as a healthcare professional (HCP)? Excellent / Good / Average / Poor
4. Have you participated in any mock drills for disaster management? Yes No
5. Are you aware of different types of natural/man-made disasters affecting your district? Yes No
6. Are you aware of your district's/state's disaster management plan and activity? Yes No
7. Are you aware of your school's/college's/hospital's disaster management plan? Yes No
8. Are you aware of disease surveillance program in your district/state? Yes No
9. Do you know about the potential man-made disasters in your area? Yes No
10. Do you know about the potential natural disasters in your area? Yes No

Section 3: MULTIPLE-CHOICE QUESTIONS

Instructions: Please Choose One Best Answer

- 1) Which victim requires cardiopulmonary resuscitation (CPR)?
 - a) A victim who is unresponsive, has no breathing and no pulse
 - b) A victim who is unresponsive but breathing normally
 - c) A victim with a pulse but is breathing inadequately
 - d) A victim who has chest pain and indigestion

- 2) What is the best way to open the airway of an unresponsive patient?
 - a) Use the tongue lift and finger sweep method
 - b) Use the head tilt and chin lift method
 - c) Use the head tilt only
 - d) Use a mask

- 3) What is a common but sometimes fatal mistake in cardiac arrest management?
 - a) Failure to obtain vascular access
 - b) Prolonged periods of no ventilations
 - c) Failure to perform endotracheal intubation
 - d) Prolonged interruptions in chest compressions

- 4) For the "load and go" patient, which of the following should be performed at the scene?
 - a) Apply splint to open tibia fracture
 - b) Attempt correction of an airway obstruction
 - c) Initiate intravenous line access
 - d) Obtain measured vital signs.

- 5) All of the following are immediate life-threatening thoracic injuries **EXCEPT**
 - a) Tension pneumothorax
 - b) Simple pneumothorax
 - c) Pericardial tamponade
 - d) Massive hemothorax

- 6) Which one of the following is the MOST reliable early indicator for determining shock in the injured child?
 - a) Decreased blood pressure.
 - b) Skin mottling.
 - c) Central and distal pulse comparison
 - d) Persistent tachycardia.

- 7) In managing a patient with head injury, the most important step is:
 - a) Secure the airway
 - b) Obtain a C-Spine film
 - c) Support the circulation
 - d) Determine the GCS score

- 8) The first manoeuvre to improve oxygenation after a chest injury is:
 - a) Intubate the patient
 - b) Administer supplemental oxygen
 - c) Ascertain the need for a chest tube
 - d) Obtain a Chest X-ray

- 9) What is the best fluid for skin decontamination after skin contact with a liquid or solid hazardous material?
 - a) Acetone
 - b) Hydrogen Peroxide
 - c) Saline
 - d) Water

- 10) Secondary contamination is virtually impossible for hazardous materials in which physical state?
 - a) Gas
 - b) Solid
 - c) Liquid
 - d) None of the above

- 11) Which biological terrorism toxin has an antitoxin?
 - a) Ricin
 - b) Botulinum toxin
 - c) Staphylococcal enterotoxin
 - d) T2 mycotoxin

- 12) What chemical terrorism agent has antidotes?
a) Mace b) Phosgene c) Sulphur mustard d) Tabun
- 13) During a disaster the most common thing to fail is usually?
a) Healthcare b) Communication c) Support d) Antidote availability
- 14) What best determines the resilience of a community after a Disaster?
a) Support from hospitals and clinics c) Planning and Education
b) Good support and equipment d) Prompt Triage and Treatment
- 15) Which is the **LOWEST** priority in assessment of the trauma patient?
a) Completion of initial assessment c) Evaluation of Scene Size up
b) Performing a secondary survey d) Performing an Ongoing Exam
- 16) Where is Decontamination performed at the disaster site?
a) Hot Zone b) Warm Zone c) Cold Zone d) All of the above
- 17) Which activity should take place as part of the recovery from a disaster?
a) Evacuation b) SALT Triage
c) After-action review d) Risk communication
- 18) When does treatment at the disaster scene end?
a) After arrival of EMS
b) After all casualties have been transported from scene
c) Once triage is complete
d) After lifesaving interventions have been administered
- 19) What is the initial goal of mass casualty triage?
a) Treat all patients, regardless of injury, as quickly as possible
b) Sort and assess casualties, identifying life-threatening injuries
c) Remove the dead from the scene
d) Ensure all patients are treated equally
- 20) Which of the following is a function of the public health system during a disaster?
a) Provide triage and treatment
b) Protect population against injury and disease
c) Transport casualties to local health care centers
d) None of the above is a function of the public health system
- 21) Which of the following is the most appropriate authority to contact if an incident of bioterrorism is suspected?
a) Chief Minister's office b) Local or state health department
c) Local media d) Personal physician

- 22) The main difference between Level C and Level D personal protective equipment (PPE) is the degree of
- a) alpha-particle radiation protection.
 - b) contact biological fluid protection.
 - c) foot protection.
 - d) respiratory protection.
- 23) In approaching the scene of a disaster, the first priority is protecting
- a) Bystanders.
 - b) Casualties.
 - c) Responders.
 - d) The scene.
- 24) The most common problem in disaster response that is identified in post disaster after-action reviews is
- a) Difficult casualty tracking.
 - b) Inadequate supplies.
 - c) Personnel shortages.
 - d) Poor communication.
- 25) Which one of the following is a function of the state/central government in a disaster?
- a) Declares a state of emergency.
 - b) Approves emergency licensure and credentialing of volunteers.
 - c) Provides general immunity to all responders.
 - d) Provides assistance when requested.

Section 4: DEMAND SURVEY

Instructions: Please choose one or more answers.

1. Do you think it is necessary to learn disaster management?
- A. Yes
 - B. No
 - C. It does not matter.
2. Would you like to be trained in disaster management?
- A. Yes
 - B. No
 - C. Not sure.
3. Which of the following do you think disaster management should be included as?
- A. Mandatory course for all medical students.
 - B. Mandatory course for public health professionals.
 - C. Selective course for all medical students.
 - D. Selective course for public health professional.
 - E. Informal course – part-time.

4. Which kind of teaching materials for disaster management course do you want to use?

- A. Handouts for internal use.
- B. MCI-approved textbook.
- E. Others.
- C. Foreign teaching materials.
- D. Military teaching materials.

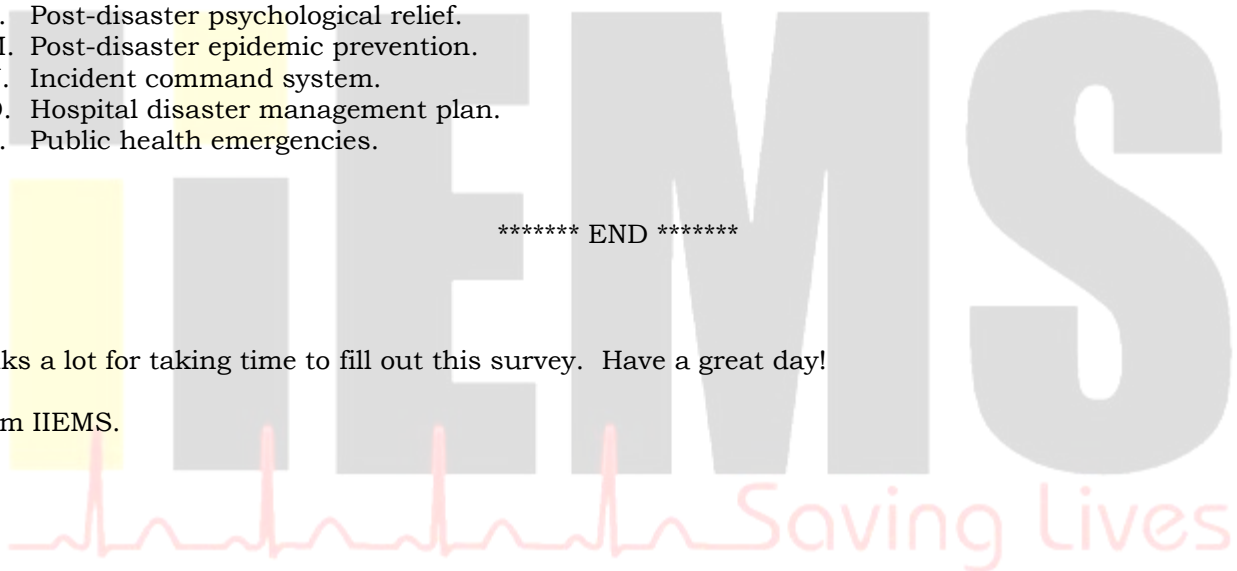
5. The contents that you will be interested in as part of your disaster management training and would like to further learn are (select all that are applicable):

- A. National and local disaster reduction plans and preparedness against disaster.
- B. Basic principles of disaster assistance.
- C. The role of modern information technology in disaster assistance.
- D. The role of field hospitals in disaster assistance.
- E. Treatment principles and first-aid skills.
- F. The rescue and transport of the wounded.
- G. Chemical Accidents.
- H. Nuclear accidents and radiation Accidents.
- I. Legal issues of disaster assistance.
- J. Population vulnerability assessment.
- K. Hazard vulnerability profile of the district and state.
- L. Post-disaster psychological relief.
- M. Post-disaster epidemic prevention.
- N. Incident command system.
- O. Hospital disaster management plan.
- P. Public health emergencies.

***** END *****

Thanks a lot for taking time to fill out this survey. Have a great day!

- Team IEMS.



12. Appendix-B –Questionnaire for Stakeholders

Name :

Designation :

Working at :

Mobile No. :

Email id:

Number	Question	Response
1	In the next 5 years, what roles will the healthcare professionals (HCPs) play in the field of disaster management (DM)?	
2	How will their roles evolve?	
3	As per you estimate, how many HCPs trained in DM would be required in the next 5 years?	
4	What are the core competencies that you would expect from such HCPs?	
5	Do the current lot possess these competencies?	
6	Can you cite few examples where they have met/not met your expectations?	
7	Is the current training provided in medical colleges/schools sufficient enough to be “future-ready”?	
8	Are there avenues of learning for students interested in disaster management?	

9	If yes, what are the avenues? Are they sufficient to meet the demands of the future?	
10	If not sufficient, would you recommend any specialized training to be included?	
11	Would you recommend/suggest that this training be part of the core curriculum?	
12	If not part of the core curriculum, which other agencies according to you can be engaged for such training?	
13	How would you rate the level of awareness about DM among medical students?	
14	If good and acceptable, what strategies have been employed to raise the awareness level? Result?	
15	Are they interested in engaging in DM activities initiated by district/state agencies?	
16	If not good and needs improvement, what strategies would you recommend to raise the awareness level among them?	
17	If they are not interested in engaging in DM activities initiated by district/state agencies, what could be the reasons?	
18	How would you rate the preparedness of the hospitals in your district/state to manage the	

	disasters likely to take place in your district/state?	
19	Are there enough trained HCPs to meet any eventuality in your district/state?	
20	Are there any Rapid Response Teams (RRTs) in your district/state?	
21	If yes, can you provide more details about the same.	
22	If no, would you recommend formation of such RRTs in your district/state?	
23	What support can your organization provide to the development and sustenance of such teams, if formed?	
24	Can DM be taken as a career option?	
25	What are the career prospects/incentives?	
26	How important are EMExs?	
27	Have any prior studies been conducted to assess the preparedness of hospitals or HCPs in disaster management?	
28	If yes, can you provide any access or reference?	
29	Would you recommend any other person/agency/institution whom we should meet who might be able to contribute to the current	

	project?	
30	Any other recommendations/suggestions	

Note: Please note that the only relevant questions and answers will be documented in the interview response sheet after approval of the interviewee.”



13. Appendix-C – List of Interviewees

1. Dr. Anoop T Chakrapani
Emergency Physician, KIMS, Trivandrum.
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2. Dr. Shreejith SO
Medical Officer (NHRM Homeo Dispensary), & State-level NHRM Training Coordinator
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State Program Manager (AYUSH) Homeo.
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5. Sri. Minhaj Alam, IAS
State Mission Director (NRHM)
6. Dr. N. Sreedhar
Additional Director of Health Services (FW) & State Programme Manager (NRHM).
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7. Dr. C. K. Jagadeesh
Assistant Director of Health Services (PH)
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8. Mr. Anil Kumar
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9. Dr. Gopakumar Kartha
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10. Dr Babu Urumese Palatty
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11. Dr. Dhanesh E S
Senior Resident of Medicine, SNIMS
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12. Dr. Philip Thomas
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13. Dr. Sasidharan K
Senior Medical Officer of Medicine & Deputy Medical Superintendent (2007-2014)
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14. Shyni Shibu
ASHA – Ward No. VIII, Vadavathoor Panchayath, Kottayam
(M): 9744681749
15. Ambily Binu
ASHA – Ward No. VIII, Vadavathoor Panchayath, Kottayam
(M): 9605137599
16. Jyothei V S
ASHA – Ward No. XVII, Vadavathoor Panchayath, Kottayam
(M): 9539684742
17. Sindhu Giju
ASHA – Ward No. X, Vadavathoor Panchayath, Kottayam
(M): 9495171197
18. Indhu Renjith
ASHA – Ward No. IX, Vadavathoor Panchayath, Kottayam
(M): 9656411983
19. Bindhu Rajan
ASHA – Ward No. XVIII, Vadavathoor Panchayath, Kottayam
(M): 9526718743
20. Sumadevi V S
ASHA – Ward No. III, Vadavathoor Panchayath, Kottayam
(M): 9495394922
21. Jessy A P
ASHA – Ward No. XVII, Vadavathoor Panchayath, Kottayam
(M): 9562949867
22. Elizabeth Ouseph
ASHA – Ward No. IV, Vadavathoor Panchayath, Kottayam
(M): 9497495052
23. Thresiamma Jose
ASHA – Ward No. XV, Vadavathoor Panchayath, Kottayam
(M): 9744602964

24. Mini Jose
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(M): 9495670237
25. Jancy Joseph
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(M): 0605736206
26. Minimol P C
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27. Daisy A P
ASHA – Ward No. XIII, Vadavathoor Panchayath, Kottayam
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28. Maya G Nair
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14. Appendix-D –Trauma-care and Life-support Courses

14.1 American Heart Association Programs

Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) is not a single skill but a series of assessments and interventions. Cardiac arrest is not a single problem and the steps of CPR and ECC may need to vary depending on the type or etiology of the cardiac arrest. To get more healthcare providers learn CPR and ECC and perform it well, American Heart Association (AHA) has introduced certified Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Paediatric Advanced Life Support workshops for healthcare providers, who provide trauma and emergency care to patients.

14.1.1. BLS Provider Course

Course Description

The BLS Healthcare Provider Course is designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner. The course is intended for certified or noncertified, licensed or non-licensed healthcare professionals.

Intended Audience

Healthcare providers such as physicians, nurses, paramedics, emergency medical technicians, respiratory therapists, physical and occupational therapists, physician's assistants, residents or fellows, or medical or nursing students in training, aides, medical or nursing assistants, police officers, and other allied health personnel.

14.1.2. ACLS Provider Course

Course Description

The American Heart Association's Advanced Cardiovascular Life Support course is totally redesigned for healthcare providers who either direct or participate in the resuscitation of a patient, whether in or out of hospital. Through the ACLS course, providers will enhance their skills in the treatment of the adult victim of a cardiac arrest or other cardiopulmonary emergencies. ACLS emphasizes the importance of

basic life support CPR to patient survival; the integration of effective basic life support with advanced cardiovascular life support interventions; and the importance of effective team interaction and communication during resuscitation.

ACLS is based on simulated clinical scenarios that encourage active, hands-on participation through learning stations where students will practice essential skills individually, as part of a team, and as team leader. Realistic simulations reinforce the following key concepts: proficiency in basic life support care; recognizing and initiating early management of peri-arrest conditions; managing cardiac arrest; identifying and treating ischemic chest pain and acute coronary syndromes; recognizing other life-threatening clinical situations (such as stroke) and providing initial care; ACLS algorithms; and effective resuscitation team dynamics.

Intended Audience

The course is designed for medical providers such as physicians, nurses, emergency medical technicians, paramedics, respiratory therapists, and other professionals who may respond to a cardiovascular emergency.

14.1.3. PALS Provider Course

Course Description

The AHA's *Paediatric Advanced Life Support* course is based on science evidence from the 2010 AHA Guidelines for CPR and ECC. The goal of the PALS course is to aid the paediatric healthcare provider in developing the knowledge and skills necessary to efficiently and effectively manage critically ill infants and children, resulting in improved outcomes. Skills taught include recognition and treatment of infants and children at risk for cardiopulmonary arrest; the systematic approach to paediatric assessment; effective respiratory management; defibrillation and synchronized cardioversion; intraosseous access and fluid bolus administration; and effective resuscitation team dynamics.

Intended Audience

For paediatricians, emergency physicians, family physicians, physician assistants, nurses, nurse practitioners, paramedics, respiratory therapists, and other healthcare providers who initiate and direct advanced life support in paediatric emergencies.

14.2 International Trauma Life Support (ITLS)

Course Description

International Trauma Life Support Courses give you the knowledge and hands-on skills to take better care of trauma patients. The ITLS framework is a global standard that enables you to master the latest techniques in rapid assessment, appropriate intervention and identification of immediate life-threatening injuries. ITLS is accepted internationally as the standard training course for pre-hospital trauma care. It's used as a state-of-the-art continuing education course and as an essential curriculum in many paramedic, EMT and first-responder training programs.

Each ITLS course includes a comprehensive manual which is a must and should be procured in advance. The manual enhances the learning experience with in-depth content, photos, and illustrations. After the course, the manual can be used as a valuable recap of what has been learned.

14.3 Advanced Trauma Life Support (ATLS)

Course Description

The **ATLS®** Program developed and designed by American College of Surgeons (ACS) Committee on Trauma (COT), emphasises the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury and continuing through initial assessment, life-saving intervention, re-evaluation, stabilisation, and when needed, transfer to a facility in which the patient can receive specialised care, such as a trauma centre.

Based on well-established principles and objectives of trauma management, the course is intended to provide doctors with **ONE** acceptable method for **SAFE**, immediate management and the basic knowledge necessary to:

- ❖ Assess the patient's condition rapidly and accurately;
- ❖ Resuscitate and stabilize the patient on a priority basis;
- ❖ Determine if the patient's needs will likely exceed a facility's capabilities;
- ❖ Arrange for the patient's inter-hospital transfer; and
- ❖ Assure that optimum care is provided each step of the way.

Intended Audience

Any candidate who holds a valid MBBS degree with at least one year's clinical experience.

14.3 Advanced Trauma Care for Nurses (ATCN)

Course Description

The **ATCN®** Program developed and designed by Society of Trauma Nurses (*STN*), is based on an interactive “hands-on”, scenario-based approach to adult education. The practical testing station allows the ATCN Students to demonstrate the applications of ATLS and ATCN information on a moulaged patient. ATCN students are given both the ATLS Student Manual and the ATCN Student Manual.

ATCN is currently available in IEMS Campus. ATCN is also available internationally including Denmark, Saudi Arabia, Italy, Hong Kong, Sweden, Puerto Rico, Spain and India; all offer both student and faculty courses.

Based on well-established principles and objectives of trauma management, the course is intended to provide nurses with one acceptable method for safe, immediate management and the basic knowledge necessary to:

- ❖ Initial Assessment and Management;
- ❖ Airway & Ventilatory Management;
- ❖ Paediatric Trauma
- ❖ Hemorrhagic Shock
- ❖ Musculoskeletal & Spinal Trauma
- ❖ Head Trauma

Intended Audience

Any candidate who holds a valid Medical / Nursing Degree with at least one-year clinical experience.

14.4 Core Disaster Life Support™ (CDLS®) Provider Course

Course Description

The **Core Disaster Life Support™ (CDLS®)** Course is a competency-based, awareness-level course that introduces clinical and public health concepts and principles for the management of disasters and public health emergencies.

The course incorporates the “all-hazards” approach to personal, institutional, and community disaster management through the use of two unique mnemonics, the PRE DISASTER Paradigm™ (which applies to event mitigation and preparedness) and the DISASTER Paradigm™ (which applies to event recognition, response, and recovery).

The overarching aim of the CDLS Course is to provide participants from diverse professions, disciplines, and backgrounds with a common lexicon, vocabulary, and knowledge in disaster related medicine and public health that can be reinforced and expanded in the BDLS® and ADLS® Courses.

Intended Audience:

The CDLS Course is aimed at a broad range of audience categories, including medical first responders, health professionals, health service providers, public health workers, and health support personnel.

14.5 Basic Disaster Life Support™ (BDLS®) Provider Course

Course Description

The **Basic Disaster Life Support™ (BDLS®)** course is a seven-hour, competency-based, awareness-level course that introduces concepts and principles to prepare health professionals for the management of injuries and illnesses caused by disasters and public health emergencies. The major topics include:

- Disaster Basics
- Natural Disasters
- Workforce Readiness & Deployment
- Chemical Disasters
- Mass Casualty and Fatality Management
- Explosive & Radiologic Disasters
- Public Health & Population Health
- Biologic Disasters

Intended Audience:

All healthcare professionals including Physicians, Nurses, Physician Assistants, Paramedics.

14.6 Advanced Disaster Life Support (ADLS®) Provider Course

Course Description

The **Advanced Disaster Life Support (ADLS®)** course is an intense two-day course that allows participants to demonstrate competencies in mass casualty management.

Core education elements include the ADLS manual and five interactive lectures. The major topics covered are:

- Disasters and Public Health Emergencies.
- Triage in Disasters and Public Health Emergencies.
- Health System Surge Capacity for Disasters and Public Health Emergencies.
- Community Health Emergency Operations and Response.
- Legal and Ethical Issues in Disasters.
- PPE and Decontamination.

Intended Audience:

All healthcare professionals including Physicians, Nurses, Physician Assistants, Paramedic.

14.7 First Aid and Safety Training (FAST)-Basic

FAST-B course is specially designed to train anyone, who might be the first to respond in the workplace or community, and can be tailored to address the needs of a specific workplace or group of employees. The First Aid and Safety Training Course provides the skills to effectively assess and maintain life from the critical minutes immediately following an emergency until the arrival of emergency medical services personnel.

14.8 First Aid and Safety Training (FAST)-Advanced

FAST-A course provides complete health and safety training solution for First Aid, Cardio Pulmonary Resuscitation (CPR), and Automated External Defibrillator (AED). There will be live demonstration on AED and hands-on training on CPR manikins.

FAST programs help to:

- Recognize and care for breathing and cardiac emergencies in infants, children and adults.
- Perform first aid for cuts, scrapes, bruises, bleeding, sprains and strains.
- Treat sudden illnesses, including poisonings and heat and cold emergencies.
- Minimize the effects of shock.
- Recognize emergencies and take action.

- Understand the role of automated external defibrillators (AEDs) in the Cardiac Chain of Survival.

14.9 Advanced HAZMAT Life Support Program

AHLS is offered in collaboration with the American Academy of Clinical Toxicology (AACT), and was developed by the Arizona Emergency Medicine Research Center (AEMRC), a Center of Excellence at The University of Arizona College of Medicine. Each Provider Course involves a board-certified toxicologist and physician and is taught by AHLS verified Instructors.

AHLS Provider course is an advanced, comprehensive, 16-hour, two days' course that gives health professionals a timely and effective response strategy in medical management of Hazmat incidents.

The topics covered during the course are:

- Hazardous materials epidemiology.
- Toxic inhalation
- Pesticide poisoning
- Table top exercises
- Toxic terrorism
- Corrosives, hydrocarbons & halogenated Hydrocarbons.
- Miscellaneous toxicants
- Antidotes.

Intended Audience:

All healthcare professionals including Physicians, Nurses, Physician Assistants, and Paramedics.

14.10 Emergency Medical Technician- Basic (EMT –B)

EMT Basic training includes entry level course to the Emergency Medical Service(Pre hospital care) profession, EMT roles and responsibilities ,Basic airway management, patient assessment, medical emergencies, anatomy and physiology, documentation, lifting and moving, and effective patient communications.

Key contents:-

- Foundation of EMT Basic

- Patient Assessment/ Trauma and Medical emergencies
- General Emergency Pharmacology
- Obstetric and pediatric emergencies
- Geriatrics emergencies
- Neonatal Resuscitation
- Hemorrhage control
- Fracture and spinal stabilization

Eligibility:

- 18 years old and above.
- Intermediate (Biology, Physics and Chemistry) and Allied Sciences such as Arts/Commerce/Humanities, BPT, BDS, BAMS, BHMS, BSc./MSc. MLT, BSc. Yogic Science, Diploma in Radiography.

Duration: 25 days.

14.11 Emergency Medical Technician- (EMT –Advanced)

EMT Intermediate training includes skills such as ECG interpretation, advanced or alternative airway management (Endotracheal intubation, dual –lumen airway device), intravenous fluid therapy and administration of certain intravenous indications.

Key Contents:-

- Foundations of EMT Intermediate
- Patient Assessment
- Emergency Pharmacology
- Venous access and medication administration
- Trauma and medical emergencies
- Obstetric and pediatric emergencies
- Geriatrics emergencies
- Neonatal resuscitation
- Hemorrhage control
- Fracture and spinal stabilization

Eligibility: EMT Basic qualified, Registered Nurse (BSc. Nursing, ANM, GNM), Medical Assistants. Duration: 45 days.

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- <http://www.hindu.com/2009/05/04/stories/2009050457960300.htm>

16. List of Respondents

Sl.No.	Survey No.	Name	Institution name	Phone number	Location
1	1613	Sarada P.K.	Thaluk Head Quarters Hospital, Pampady	9656834328	Kottayam
2	1612	Vasanthakumari T.N.	Thaluk Head Quarters Hospital, Pampady	9946228025	Kottayam
3	1604	Joshitha Krishnan	Thaluk Head Quarters Hospital, Pampady	8893668951	Kottayam
4	1605	Sulekha S.	Thaluk Head Quarters Hospital, Pampady	9605518201	Kottayam
5	1601	Nirmala K.K.	Thaluk Head Quarters Hospital, Pampady	9656884473	Kottayam
6	1602	Susamma John	Thaluk Head Quarters Hospital, Pampady	9645757487	Kottayam
7	1599	Thushara P. Gopal	Thaluk Head Quarters Hospital, Pampady	9605074277	Kottayam
8	1580	Presannakumariyamma	Thaluk Head Quarters Hospital, Pampady	9747470715	Kottayam
9	1581	Remesh Kumar	Medical College	9495273114	Trivandrum
10	1579	Kuttappan A.C.	Thaluk Head Quarters Hospital, Pampady	9746667552	Kottayam
11	1617	Sibymon P.T.	Thaluk Head Quarters Hospital, Pampady	9048483711	Kottayam
12	1624	Dineshkumar P.J	Thaluk Head Quarters Hospital, Pampady	9497820091	Kottayam
13	1622	P.D. Chacko		9656093223	
14	1606	Biju V.S.	Thaluk Head Quarters Hospital, Pampady	9746533646	Kottayam
15	575	Subith Kuriakose		9947653719	Kottayam
16	578	Tubin Antony J.S.		8305422886	Kottayam
17	584	Nancy Shaji		9446822344	Kottayam
18	573	Benzilal K.S.		7025007303	Kottayam
19	572	Hareesh	Sneha College of Nursing	9472089197	Mangalore
20	574	Rino John	Sneha College of Nursing	8086040845	Mangalore
21	580	Jipsa Merin Abraham	Eben-Ezer College	9048088967	Bangalore
22	571	Divya S.	Nightingale College of Nursing	9645431286	Trivandrum
23	1570	Nisha Abey	Matha college of Nursing	8547307176	Meenadam
24	582	Alan Mary Mathew	BGS Appollo College of Nursing	9497666994	Mysore
25	1565	Anu S. Prasad	Rani Meyyammai College of Nursing	9446865632	Tamil Naidu
26	1574	Vinodini	Thaluk Head Quarters Hospital, Pampady	944644424	Kottayam
27	1610	Joji P. Jacob	Theaphilus College of Nursing	9995453873	Devangari
28	1594	Ruby Abraham	MV Sheety College of Nursing	8606545195	Mangalore
29	1572	Jessy E.M.	St. Marys School of Nursing	94963223713	Manarcad
30	1566	Minimol P.D.	Govt. School of Nursing	9497226810	Kottayam
31	1578	Lijeena Jacob	Thaluk Head Quarters Hospital, Pampady	9539091969	Pampady
32	1609	Midhun G. Thomas	Varalekshmi School of Nursing	9400267912	Bangalore
33	1611	Mariamamma Kuriakose	Thaluk Head Quarters Hospital, Pampady	9746778181	Pampady
34	576	Sajeev G	VSM Hospital	9496327521	Mavelikara
35	585	Josmy Joseph	Unity Hospital	9605846050	Kottayam
36	586	Ronia Raju	IIEMS	9847850863	Kottayam
37	1569	Usha P Kurian	Govt. School of Nursing	9447258108	Kottayam

38	1568	Naissy P.S.	Govt. School of Nursing	9562166241	Kottayam
39	1562	Mariamamma T.V.		9447181193	
40	1573	Seenamma S	Sacred Heart School of Nursing	8547015429	Alappuzha
41	1607	Smitha moni		9496724475	
42	1616	Tintu K. Joseph	VMKV Engg College	9809571714	Salem
43	1575	Ragini M.R.	Thaluk Head Quarters Hospital, Pampady	9495550738	Kottayam
44	1571	Radhika Devi K.S.	Thaluk Head Quarters Hospital, Pampady	9446264965	Kottayam
45	1618	Dr. Anuja Thankappan	Thaluk Head Quarters Hospital, Pampady	9048872545	Pampady
46	1576	Dr. Jyothy Anthony	Thaluk Head Quarters Hospital, Pampady	9947960449	Pampady
47	276	Dr. Vatsala Sree	IIEMS	9843660083	Kottayam
48	577	Mathew Jose Kottarathra	Pushpagiri Institute of Medical Science	7034371976	Thiruvalla
49	579	Thomson Mathew	Shreyas College of PG Nursing	8153808284	Gujarat
50	1577	Ansamma Varghese	Thaluk Head Quarters Hospital, Pampady	9497118790	Pampady
51	581	Ann Antony	IIEMS		Kottayam
52	270	Kochumon V.	Manarcadu College	7559955070	Bangalore
53	1615	Vijimol V.V.	K.G. College	9961290882	Pampady
54	122	Resmi Chandran	St. Joseph College of Nursing	954448047	Anchal
55	110	Sr. Juli Agnes D.M.	St. Joseph's Hospital	8281900080	Anchal
56	120	Remya Mohan	St. Joseph College of Nursing	9895803063	Anchal
57	121	Raji Rajan	St. Joseph College of Nursing	9447089189	Anchal
58	114	Raghi Rajan	St. Joseph College of Nursing	9446654151	Anchal
59	23	Sruthy K	Government College of Nursing	9447786958	Kozhikode
60	20	Unnikrishnan R.	Government College of Nursing	9745878580	Kozhikode
61	22	Nabeel P	Government College of Nursing	9961975714	Kozhikode
62	212	Mrs. Y			
63	140				
64	158				
65	156				
66	2284	Fenna Davis C	Caritas College of Nursing		Thellakom
67	2297	Akshaya Thankachan	Caritas College of Nursing		Thellakom
68	2282	Anumol Stephen	Caritas College of Nursing		Thellakom
69	2306	Chinchumol Mathew	Caritas College of Nursing		Thellakom
70	2274	Biby K Paul	Caritas College of Nursing	8219234500	Thellakom
71	2281	Anu Stephen	Caritas College of Nursing	9496602561	Thellakom
72	2294	Ester Roy	Caritas College of Nursing	8012781300	Thellakom
73	1936	Ivy Alex	Caritas College of Nursing	9495874554	Thellakom
74	1938	Aiby Siby	Caritas College of Nursing	9526510588	Thellakom
75	1934	Albi Elizabeth Joseph	Caritas College of Nursing	9539224458	Thellakom
76	2285	Anu Anna John	Caritas College of Nursing	949655671	Thellakom
77	2293	Annmary Chacko	Caritas College of Nursing	9496904266	Thellakom
78	2278	Ansu Josi	Caritas College of Nursing	9496213400	Thellakom
79	2287	Anju Joy	Caritas College of Nursing	9496680209	Thellakom
80	1940	Anu Philip	Caritas College of Nursing	8281133200	Thellakom
81	2283	Amalu P. Uthup	Caritas College of Nursing	9400605505	Thellakom
82	1929	Alphonsa Sebastian	Caritas College of Nursing	7804562300	Thellakom
83	2305	Aleena Mathew	Caritas College of Nursing	9605177801	Thellakom
84	2276	Aleena Babu	Caritas College of Nursing	9605676524	Thellakom
85	2286	Akhila Thomas	Caritas College of Nursing	9495975915	Thellakom

86	1417	Jejina K.A.	MES MCH	9496995020	Perinthalmanna
87	1558	Reshma S.	MES College of Nursing	8547031954	Perinthalmanna
88	1556	Ansu Abraham	Malanakara Medical Mission		Thrissur
89	1757	Simi	MES Medical College	9961949109	Perinthalmanna
90	1445	Sabitha		9048108677	Perinthalmanna
91	1432	Sabitha Biby.N	Vijay Marie School OF Nursing	8606397503	Malaparambu
92	1442	Ambily Chacko	MES	9961600719	Perinthalmanna
93	1753	Jincy Elias	Sabyadri Instistute	8943965121	Mangalore
94	1450	Bushira Basheer	MES	9744516542	Malaparambu
95	1439	Ginu Thomas	Karuna School of Nursing	9846082857	Malaparambu
96	1754	Romiyomol Varghese	Mcmorial Mysore	9895617077	
97	1552	Jancy James	Priya Darshini		
98	1438	Lincy Joseph			
99	1428	Ranjisha	MB Hospital		
100	1256	Jisha K.P		9847481486	Vadakara
101	1282	Rosemary		9995346079	
102	1368				
103	1369				
104	1370				
105	1270	Jaseela Beegham	MH School of Nursing	8589882682	Bangalore
106	1283	Saritha PS	MES	9747932876	Perinthalmanna
107	1383	Sandhya VB	MES		Perinthalmanna
108	1399	Fousiya Aliyar	MES		Perinthalmanna
109	1364	Dr..Jagan	MES	9500499965	Perinthalmanna
110	1379	Sabith V.A	MES	8129693995	Perinthalmanna
111	1425	Swapna John	MES	9744867188	Malapparamba
112	1426	Aneesh T.J	Assumption school of Nursing	9747840395	Wayanad
113	1448	Anila . V	Valluvanad Hospital	9633934520	Ottappalam
114	379	Anju George	Josco College of Nursing, Pandalam		Pathanamthitta
115	434	Rogish Susan Sunny	Josco College of Nursing, Pandalam	9746944068	Pathanamthitta
116	430	Gladymol Raju	Josco College of Nursing, Pandalam	9544886502	Pathanamthitta
117	445	Remya B		9605296903	
118	432	Sherrin Anna Iype	Josco College of Nursing, Pandalam		Pathanamthitta
119	436	Shari R Pilla	Josco College of Nursing, Pandalam		Pathanamthitta
120	435	Monisha. S	Josco College of Nursing, Pandalam		Pathanamthitta
121	431	Joice Joseph	Josco College of Nursing, Pandalam		Pathanamthitta
122	378	Acny S Cherian	Josco College of Nursing, Pandalam		Pathanamthitta
123	65	Lekshmi	S.S.N.M.M	9446030071	Varkala
124	53	Aswathy Dharmaraj	S.S.N.M.M	8281271886	Varkala
125	58	Archana .K	S.S.N.M.M	8547106114	Varkala
126	54	Priya.F.Prakash	S.S.N.M.M	9746448352	Varkala
127	113	Devi Priya A,K	S.S.N.M.M	9544034126	Varkala
128	52	Gayathri .G	S.S.N.M.M	9400491214	Varkala
129	66	Praveen.P	S.S.N.M.M	9562178790	Varkala
130	13	Ajitha .S.S	Government College of Nursing	9656638635	Alappuzha
131	24	Resmi.U	Government College of Nursing	9544521610	Alappuzha
132	47	Safeena S	Government College of Nursing	9400687086	Trivandrum
133	48	Sreelekshmi D.S	Government College of Nursing	9562951569	Trivandrum
134	45	Reshma.R	Government College of Nursing	9497327201	Trivandrum
135	49	Dimple		8943591707	
136	77	SR.Daya Thomas	St.Johns	9562978845	Bangalore
137	203	Gigi George	Government College of Nursing	9656591754	Trivandrum

138	171	Sajitha V Thampi	St.Thomas	9846557472	Chaganacherry
139	172	Suby Fejpe	St.Thomas	9562768093	Chaganacherry
140	108	Sherin Shana	Government College of Nursing	9946805684	Calicut
141	112	Anshi .T	Government MedicalCollege of Nursing	8891682947	
142	109	Soumya N.K	Government Medical College of Nursing	9995872501	Calicut
143	169	Meby Leya Abraham	St.Thomas	8289848880	Chaganacherry
144	232	Ludhiya Raj B P	MGM Muthoot		Pathanamthitta
145	267	Riya Rachel George	MGM Muthoot		Kozencherry
146	160	Mrs.Jisha Sasu Thomas	MGM Muthoot	9496469817	Kozencherry
147	238	Mrs.Siji John	MGM Muthoot		Kozencherry
148	272	Suriya .R	MGM Muthoot	9645347097	Kozencherry
149	278	Litty Ann Varghes	MGM Muthoot	9656408821	Kozencherry
150	236	Reshma Mary	MGM Muthoot	9495110761	Kozencherry
151	259	Riniju . Mathews	MGM Muthoot		Kozencherry
152	271	Perthy James	MGM Muthoot	97457719657	Kozencherry
153	239	Rency P Rajan	MGM Muthoot		Kozencherry
154	243	Ansu Raichal Rajan	MGM Muthoot		Kozencherry
155	224	Anu Wilson	MGM Muthoot		Kozencherry
156	263	Sheeshma S Lal	MGM Muthoot		Kozencherry
157	251	Amala Davin	MGM Muthoot		Kozencherry
158	250	Anu Elizabethjaison	MGM Muthoot		Kozencherry
159	260	Sheena E A	MGM Muthoot		Kozencherry
160	1608	Smitha K Abraham		9495751261	
161	503	Aksa Jacob	TMM College	9048722280	Thiruvalla
162	502	Aida Baby	TMM College	9447825692	Kaviyoor
163	504	Anita George	TMM College		Kaviyoor
164	511	Libiya George	TMM College		Kaviyoor
165	505	Anjumol Abraham	TMM College	99447105762	Thiruvalla
166	563	Tijy Mary	TMM College	9544199754	Thiruvalla
167	541	Shekinah Varghes	TMM College	9446709140	Kaviyoor
168	514	Henna Mathew	TMM College	9995377939	Thiruvalla
169	537	Reshma Mohan	TMM College	9605781155	Thiruvalla
170	532	Nissymol P George	TMM College		Thiruvalla
171	531	Nikhila Wilson	TMM College		Kaviyoor
172	545	Sini Thomas	TMM College	9605618829	Thiruvalla
173	535	Rebekah Samuel	TMM College	8547651360	Thiruvalla
174	509	Bincymol Baby	TMM College	9961362065	Thiruvalla
175	538	Resmy Akhil	TMM College	9400556579	Thiruvalla
176	507	Asha George	TMM College	9544851621	Kaviyoor
177	512	Esther Abraham	TMM College	9961015032	Kaviyoor
178	542	Shinymol Joseph	TMM College		Kaviyoor
179	539	Lizitha Anna Cherian	TMM College	9745370614	Thiruvalla
180	524	Saranya	TMM College	9441224156	Thiruvalla
181	543	SIJI Thomas	TMM College	9747562780	Thiruvalla
182	515	Jain Mary Mathew	TMM College	7560824565	Thiruvalla
183	544	Simi Elizabeth Sam	TMM College	9847004205	Thiruvalla
184	536	Reshma Marya Thomas	TMM College		Thiruvalla
185	530	Neethu Krishna	TMM College		Thiruvalla
186	540	Sheeja Rajan	TMM College	9961587543	Thiruvalla
187	516	Jane Baby Varghese	TMM College		Thiruvalla
188	510	Bilessy Miriam Varghese	TMM College	9947510110	Kaviyoor

189	501	Aabbeyanu Princess	TMM College	9495480477	Thiruvalla
190	519	Jessy Jose	TMM College	9544353157	Thiruvalla
191	546	Sneha	TMM College	9446374747	Thiruvalla
192	525	Jinitha Vincent	TMM College		Kaviyoor
193	533	Parvathy K Nair	TMM College	9446155889	Kaviyoor
194	523	Jisna Elizabeth Varghese	TMM College	9744244810	Kaviyoor
195	506	Anumol Abraham	TMM College		Kaviyoor
196	522	Limcy John	TMM College		Kaviyoor
197	508	Bincy Babu	TMM College		Thiruvalla
198	564	Swathy Suresh	TMM College	8606531495	Thiruvalla
199	521	Jincy Jose	TMM College		Kaviyoor
200	520	Jinsy Elza Thomas	TMM College		Thiruvalla
201	534	Rachel Davis	TMM College		Thiruvalla
202	2291	Tintu Sebastian	Caritas College of Nursing		Thellakom
203	1930	Sneha Saju	Caritas College of Nursing	8086267054	Thellakom
204	1931	Thushara Mohandas	Caritas College of Nursing	9744784315	Thellakom
205	2292	Seethu Suresh	Caritas College of Nursing	9747702727	Thellakom
206	2300	Reenu Alex	Caritas College of Nursing		Kottayam
207	2296	Sneha Simon	Caritas College of Nursing	9497663373	Thellakom
208	1932	Sharanya Franklin	Caritas College of Nursing	8593831413	Thellakom
209	2304	Sneha Jose	Caritas College of Nursing	9400436739	Thellakom
210	1928	Elizabeth Michael	Caritas College of Nursing		Thellakom
211	2279	Justina Shaju	Caritas College of Nursing		Thellakom
212	2280	Jescy Jacob	Caritas College of Nursing		Kottayam
213	2302	Leeba Mariya John	Caritas College of Nursing		Kottayam
214	2288	Maria Kurian	Caritas College of Nursing		Thellakom
215	2295	Manju Thomas	Caritas College of Nursing	9605063029	Thellakom
216	2289	Mariya Abraham	Caritas College of Nursing	9947850213	Kottayam
217	2303	Merin C Baby	Caritas College of Nursing	0485-2243210	Thellakom
218	1927	Meera Thomas	Caritas College of Nursing		Thellakom
219	2299	Mariya Michael	Caritas College of Nursing		Thellakom
220	1933	Neenu James	Caritas College of Nursing		Kottayam
221	2301	Karishma Mary Mathew	Caritas College of Nursing		Neendoor
222	1937	Rincy Kurian	Caritas College of Nursing	9497282641	Thellakom
223	2273	Reethu Paul V P	Caritas College of Nursing		Kottayam
224	2277	Reshma P Mathew	Caritas College of Nursing		Thellakom
225	2290	Neethu Varghese	Caritas College of Nursing	9446110006	Thellakom
226	2270	Nitha Joseph	Caritas College of Nursing		Thellakom
227	2275	Mariya Thomas	Caritas College of Nursing		Thellakom
228	2298	Sherin Michael	Caritas College of Nursing		Thellakom
229	1939	Seara Mohan	Caritas College of Nursing		Thellakom
230	713-A	Chippy Joseph	Pushpagiri College of Pharmacy	9746420189	Thiruvalla
231	749	Jose Sebastian K	Pushpagiri College of Pharmacy	9048156766	Thiruvalla
232	724	Aleena Maria George	Pushpagiri College of Pharmacy	7558989749	Thiruvalla
233	723	Alisha Maria Shaji	Pushpagiri College of Pharmacy	9747777036	Thiruvalla
234	771	Lipna James	Pushpagiri College of Pharmacy		Thiruvalla
235	753	Lorain Mary Jose	Pushpagiri College of Pharmacy	8301601203	Thiruvalla
236	727	Merin K Johnson	Pushpagiri College of Pharmacy	9496733874	Thiruvalla
237	750	Leenu Thomas	Pushpagiri College of Pharmacy	9645938942	Thiruvalla
238	742	Jerlin Mary Jesly	Pushpagiri College of Pharmacy	9847545931	Thiruvalla
239	717	Baiju Varghese	Pushpagiri College of Pharmacy	9656763649	Thiruvalla
240	747	Jobin Thomas	Pushpagiri College of Pharmacy	9656085449	Thiruvalla

241	744	Jibin Thomas	Pushpagiri College of Pharmacy	9495327290	Thiruvalla
242	745	Jijo Jacob John	Pushpagiri College of Pharmacy		Thiruvalla
243	725	Mohammed Nihal	Pushpagiri College of Pharmacy	9744457702	Thiruvalla
244	746	Jino Varghese John	Pushpagiri College of Pharmacy	9562708228	Thiruvalla
245	712	Deepthi Rani K	Pushpagiri College of Pharmacy	9496946301	Thiruvalla
246	711	Dhanya Krishnan	Pushpagiri College of Pharmacy	8281427429	Thiruvalla
247	710	Elsa Kuriakose	Pushpagiri College of Pharmacy	9447806265	Thiruvalla
248	709	Gifty Ann Thomas	Pushpagiri College of Pharmacy	9048126565	Thiruvalla
249	707	Gopikrishnan S	Pushpagiri College of Pharmacy		Thiruvalla
250	708	Harikrishnan K M	Pushpagiri College of Pharmacy	9633739659	Thiruvalla
251	722	Anitha Mary Johnson	Pushpagiri College of Pharmacy	9446717976	Thiruvalla
252	721	Anjana Johny	Pushpagiri College of Pharmacy	9895688187	Thiruvalla
253	720	Anu P George	Pushpagiri College of Pharmacy	9446888651	Thiruvalla
254	719	Anusha V Thomas	Pushpagiri College of Pharmacy	8289886388	Thiruvalla
255	718	Ashana Sali	Pushpagiri College of Pharmacy	9495684030	Thiruvalla
256	716	Bhavana s	Pushpagiri College of Pharmacy	9745720335	Thiruvalla
257	715	Biji Joseph	Pushpagiri College of Pharmacy	8943935018	Thiruvalla
258	714	Binisha Bose	Pushpagiri College of Pharmacy	8289890882	Thiruvalla
259	1090	Neethish V	Malabar Medical College	8714216685	Calicut
260	1095	Elizabeth Roy	Malabar Medical College	9400578315	Calicut
261	1099	Fathima Bathool	Malabar Medical College	9526366088	Calicut
262	1110	Jesymol Joy	Malabar Medical College	7025571896	Calicut
263	1111	Anshil	Malabar Medical College	8547490812	Calicut
264	1112	Aswathy B I	Malabar Medical College	9400777573	Calicut
265	1113	Oshin S R	Malabar Medical College	9645420551	Calicut
266	1114	Vishnuhari K S	Malabar Medical College	9747038869	Calicut
267	1106	Nidheesh K P	Malabar Medical College	9526377976	Calicut
268	1108	Gokul SS	Malabar Medical College	8547490812	Calicut
269	1054-A	Sini Sreenivas	Malabar Medical College	9645420551	Calicut
270	1074	Chandini Bimaldev	Malabar Medical College	9447664858	Calicut
271	1079	Jasna T	Malabar Medical College	8606461124	Calicut
272	1080	Haseena K P	Malabar Medical College	9809580768	Calicut
273	1082	Chithra C Nath	Malabar Medical College	9544414510	Calicut
274	1084	Jelna Mary	Malabar Medical College	9961677434	Calicut
275	1085	Haripriya J N	Malabar Medical College	9495682730	Calicut
276	1220	Sreedevi V S	Malabar Medical College	9895958799	Calicut
277	1221	Shaheen Khan	Malabar Medical College	9746833783	Calicut
278	1222	Rincy S	Malabar Medical College	9747074028	Calicut
279	1223	Shintu S S	Malabar Medical College	8547770645	Calicut
280	1225	Sreelakshmi R	Malabar Medical College		Calicut
281	1226	Varun G Krishnan	Malabar Medical College	9497312698	Calicut
282	1229	Varkeyachan	Malabar Medical College	9496208120	Calicut
283	1237	Shibla Narghese T	Malabar Medical College	8156990122	Calicut
284	1126	Athira K	Malabar Medical College	8086123171	Calicut
285	1127	Amina Kamal	Malabar Medical College	9497476719	Calicut
286	1128	Asila P	Malabar Medical College	9495982216	Calicut
287	1129	Ameera A M	Malabar Medical College	9645343912	Calicut
288	1130	Abhilash P	Malabar Medical College	9446570735	Calicut
289	1131	Ajai Sasi	Malabar Medical College	8281674492	Calicut
290	1132	Alona Mary George	Malabar Medical College	8547871708	Calicut
291	1133	Abhijith Varma R	Malabar Medical College	9446308065	Calicut
292	1115	Seethal Rose	Malabar Medical College	9656376450	Calicut

293	1116	Ardra Rajendran	Malabar Medical College	8606214456	Calicut
294	1117	Agnes Nimisha	Malabar Medical College	9497451511	Calicut
295	1119	Amitha Krishna	Malabar Medical College	9446062596	Calicut
296	1120	Ahalya P S	Malabar Medical College	9048416099	Calicut
297	1121	Ashina Badar	Malabar Medical College	9497359159	Calicut
298	1122	Aswathi T	Malabar Medical College	9048322230	Calicut
299	1125	Ayishabi	Malabar Medical College	9746321272	Calicut
300	1086	Chithra V	Malabar Medical College	9446496894	Calicut
301	1241	Reshma Gopal	Malabar Medical College	8606214226	Calicut
302	1243	Vaishakhi Muraleedharan	Malabar Medical College		Calicut
303	1244	Shilpa Jose	Malabar Medical College		Calicut
304	1248	Suhana N J	Malabar Medical College		Calicut
305	1250	Swetha S	Malabar Medical College	9495983909	Calicut
306	1252	Swathi C S	Malabar Medical College	9388390433	Calicut
307	1247	Nishma M John	Malabar Medical College		Calicut
308	1249	Priya Mol P	Malabar Medical College	964535619	Calicut
309	1253	Peter Anto	Malabar Medical College	9645429551	Calicut
310	1239	Raveena Raveendran	Malabar Medical College	9497312698	Calicut
311	1242	Salwa Subair	Malabar Medical College	9497312698	Calicut
312	1251	Nithin Raghav	Malabar Medical College	9496719811	Calicut
313	1228	Shameema M	Malabar Medical College	8946685420	Calicut
314	1231	Rita Jose Noble	Malabar Medical College	9496762801	Calicut
315	1233	Nouf T P	Malabar Medical College	8547894357	Calicut
316	1234	Shilpa V	Malabar Medical College	8547390200	Calicut
317	1236	Ransila Noor KM	Malabar Medical College	9495259733	Calicut
318	1238	Reenu Thomas	Malabar Medical College	9447766762	Chengannur
319	456	Femi John	St. Gregorious College of Nursing	9656651185	Chengannur
320	482	Anju S Nair	St. Gregorious College of Nursing		Chengannur
321	473	Silpa Mary Philip	St. Gregorious College of Nursing		Chengannur
322	490	Merin Susan Tharakan	St. Gregorious College of Nursing	9961870293	Chengannur
323	497	Jibi V Ponnachan	St. Gregorious College of Nursing		Chengannur
324	478	Leena Riju	St. Gregorious College of Nursing		Chengannur
325	481	Sanju Anna Thomas	St. Gregorious College of Nursing	8086860184	Chengannur
326	455	Helen Mary Mathew	St. Gregorious College of Nursing	9847356986	Chengannur
327	484	Jishamol Mathai	St. Gregorious College of Nursing	9633895527	Chengannur
328	498	Anu Anna Joy	St. Gregorious College of Nursing		Chengannur
329	479	Shefy I T	St. Gregorious College of Nursing		Chengannur
330	471	Jibi Jacob	St. Gregorious College of Nursing		Chengannur
331	483	Reshma Rajan	St. Gregorious College of Nursing		Chengannur
332	487	Jopsy K John	St. Gregorious College of Nursing		Chengannur
333	470	Jincy M J	St. Gregorious College of Nursing		Chengannur
334	480	Anju Alex	St. Gregorious College of Nursing		Chengannur
335	495	Swapna J Ommen	St. Gregorious College of Nursing		Chengannur
336	496	Teena George	St. Gregorious College of Nursing		Chengannur
337	476	Anju Shaji	St. Gregorious College of Nursing		Chengannur
338	493	Joice K	St. Gregorious College of Nursing		Chengannur
339	464	Riya Anna Thomas	St. Gregorious College of Nursing		Chengannur
340	467	Anu K Babu	St. Gregorious College of Nursing		Chengannur
341	492	Ancy Jose	St. Gregorious College of Nursing	8907739159	Chengannur
342	469	Lissa Yohannan	St. Gregorious College of Nursing		Chengannur
343	477	Shenu Charlie Zachariah	St. Gregorious College of Nursing	9496964329	Chengannur

344	494	Anjumol Philippose	St. Gregorious College of Nursing	9656685672	Chengannur
345	468	Anju Abraham	St. Gregorious College of Nursing	9605438515	Chengannur
346	491	Lisha Susan George	St. Gregorious College of Nursing	9947727094	Chengannur
347	486	Shinto P Shaji	St. Gregorious College of Nursing	9947993611	Chengannur
348	485	Shelin Elza John	St. Gregorious College of Nursing	9744803266	Chengannur
349	466	Annamma Kuriakose	St. Gregorious College of Nursing		Chengannur
350	461	Chinchu S	St. Gregorious College of Nursing		Chengannur
351	474	Jeena Alice Devasia	St. Gregorious College of Nursing	9656245401	Chengannur
352	488	Chinchu Sunny	St. Gregorious College of Nursing	8086242758	Chengannur
353	500	Helen Sunny	St. Gregorious College of Nursing	9961295338	Chengannur
354	460	Jiji G Joy	St. Gregorious College of Nursing		Chengannur
355	462	Jisha Susan Kuruvilla	St. Gregorious College of Nursing		Chengannur
356	465	Blessy Thankachen	St. Gregorious College of Nursing		Chengannur
357	472	Anu Liza John	St. Gregorious College of Nursing	9895877032	Chengannur
358	475	Surya Saji	St. Gregorious College of Nursing		Chengannur
359	463	Varsha Lal	St. Gregorious College of Nursing	9961872858	Chengannur
360	489	Agna Babu	St. Gregorious College of Nursing	9446211201	Chengannur
361	1899		University College of Nursing, Gandhi Nagar		Kottayam
362	1906		University College of Nursing, Gandhi Nagar		Kottayam
363	1905		University College of Nursing, Gandhi Nagar		Kottayam
364	1904		University College of Nursing, Gandhi Nagar		Kottayam
365	1897		University College of Nursing, Gandhi Nagar		Kottayam
366	1891		University College of Nursing, Gandhi Nagar		Kottayam
367	1896		University College of Nursing, Gandhi Nagar		Kottayam
368	1895		University College of Nursing, Gandhi Nagar		Kottayam
369	1889		University College of Nursing, Gandhi Nagar		Kottayam
370	1885		University College of Nursing, Gandhi Nagar		Kottayam
371	1873		University College of Nursing, Gandhi Nagar		Kottayam
372	1902		University College of Nursing, Gandhi Nagar		Kottayam
373	1883		University College of Nursing, Gandhi Nagar		Kottayam
374	1886		University College of Nursing, Gandhi Nagar		Kottayam
375	1894		University College of Nursing, Gandhi Nagar		Kottayam
376	1893		University College of Nursing, Gandhi Nagar		Kottayam
377	1898		University College of Nursing, Gandhi Nagar		Kottayam
378	1907		University College of Nursing, Gandhi Nagar		Kottayam
379	1890		University College of Nursing, Gandhi Nagar		Kottayam
380	1909		University College of Nursing, Gandhi Nagar		Kottayam
381	740	Krishnapriya C R	ANSS Homeo Medical College		Kottayam
382	690	Jaseela MM	ANSS Homeo Medical College		Kottayam

383	703	Ancy CM	ANSS Homeo Medical College		Kottayam
384	643	Pallavi Jayendran	ANSS Homeo Medical College		Kottayam
385	754	Sweja V T	ANSS Homeo Medical College		Kottayam
386	696	Aryasree VP	ANSS Homeo Medical College		Kottayam
387	688	Susmkitha P	ANSS Homeo Medical College		Kottayam
388	691	Gino Abraham	ANSS Homeo Medical College		Kottayam
389	758	Jayaraj K R	ANSS Homeo Medical College	9544669006	Kottayam
390	767	Unnikrishnan K R	ANSS Homeo Medical College	9947402402	Kottayam
391	732	Ginchu P Kurian	ANSS Homeo Medical College		Kottayam
392	770	Mashar K M	ANSS Homeo Medical College		Kottayam
393	755	Parvathy V R	ANSS Homeo Medical College		Kottayam
394	756	Vishnupriya V S	ANSS Homeo Medical College		Kottayam
395	704	Hameeda Habeeb	ANSS Homeo Medical College		Kottayam
396	701	Harsha M	ANSS Homeo Medical College		Kottayam
397	689	Anjaly R Nair	ANSS Homeo Medical College		Kottayam
398	736	Vajida Meharin V	ANSS Homeo Medical College		Kottayam
399	734	Anju K N	ANSS Homeo Medical College		Kottayam
400	692	Fathima Rahim	ANSS Homeo Medical College		Kottayam
401	738	Sreelakshmi S	ANSS Homeo Medical College		Kottayam
402	698	Jaseela V	ANSS Homeo Medical College		Kottayam
403	697	Lintu Merin Shaji	ANSS Homeo Medical College		Kottayam
404	730	Krishnendu P	ANSS Homeo Medical College		Kottayam
405	760	Asha Thankachen	ANSS Homeo Medical College		Kottayam
406	731	Suranya T	ANSS Homeo Medical College		Kottayam
407	642	Rushda P K	ANSS Homeo Medical College		Kottayam
408	687	Jasmin K	ANSS Homeo Medical College		Kottayam
409	695	Athira Vijayan	ANSS Homeo Medical College		Kottayam
410	641	Adila Shirin P	ANSS Homeo Medical College		Kottayam
411	769	Shaibina V A	ANSS Homeo Medical College		Kottayam
412	761	Athulya C Soman	ANSS Homeo Medical College		Kottayam
413	705	Aswathy Shanmugham	ANSS Homeo Medical College		Kottayam
414	737	Mansoor K	ANSS Homeo Medical College		Kottayam
415	759	Mubeena P	ANSS Homeo Medical College		Kottayam
416	702	Anu V P	ANSS Homeo Medical College		Kottayam
417	739	Safvana C P	ANSS Homeo Medical College	9446904571	Kottayam
418	729	Noufimol R	ANSS Homeo Medical College		Kottayam
419	694	Zakkiya Abdulla	ANSS Homeo Medical College		Kottayam
420	768	Jinsiya Oalakkal	ANSS Homeo Medical College		Kottayam
421	733	Jisheina T P	ANSS Homeo Medical College		Kottayam
422	726	Suthi Sunil	ANSS Homeo Medical College		Kottayam
423	764	Saranya Mohan	ANSS Homeo Medical College		Kottayam
424	762	Aswathy V Nair	ANSS Homeo Medical College		Kottayam
425	766	Reshma M R	ANSS Homeo Medical College		Kottayam
426	765	Unnimaya R	ANSS Homeo Medical College		Kottayam
427	699	Renitha Rasheed	ANSS Homeo Medical College		Kottayam
428	735	Mushina K A	ANSS Homeo Medical College		Kottayam
429	1063	Rosham A Mathew	ACME, Pariyaram	9497268290	Kannur
430	1064	Swaroop Sujath	ACME, Pariyaram	8907336780	Kannur
431	1065	Martin Tom Simon	ACME, Pariyaram		Kannur
432	1066	Remya N	ACME, Pariyaram	9496468813	Kannur
433	1067	Athulya Janardhanan	ACME, Pariyaram		Kannur
434	1068	Ashwin Vaithot	ACME, Pariyaram		Kannur

435	1069	Ajay Narayan S	ACME, Pariyaram	9400540709	Kannur
436	1070	Aswin MG	ACME, Pariyaram	9495083909	Kannur
437	1071	Akhila Mohan	ACME, Pariyaram	9436478900	Kannur
438	1057	Krishna Prasad	ACME, Pariyaram	9400015003	Kannur
439	1058	Gishnu Krishnan	ACME, Pariyaram	9746584022	Kannur
440	1059	Harish R	ACME, Pariyaram	9645815820	Kannur
441	1060	Vishnu R	ACME, Pariyaram	9400593905	Kannur
442	1061	Lulu Damsas	ACME, Pariyaram	8907833383	Kannur
443	1062	Anand Vijay	ACME, Pariyaram	9400624347	Kannur
444	1048	Devi Padmakumar	ACME, Pariyaram		Kannur
445	1049	Anchitha Meenu R	ACME, Pariyaram	9447329783	Kannur
446	1050	Veena Nandakumar	ACME, Pariyaram	9400524246	Kannur
447	1051	Kavitha K P	ACME, Pariyaram	9400234337	Kannur
448	1052	Lamis KK	ACME, Pariyaram	9946005268	Kannur
449	1053	Neethumol Krishnan	ACME, Pariyaram	9605738128	Kannur
450	1054	Reshma Joshy	ACME, Pariyaram	9400681471	Kannur
451	1055	Anusree Viswanath C	ACME, Pariyaram	9496238504	Kannur
452	1056	Fathima Beevi	ACME, Pariyaram	9946780039	Kannur
453	1037	Anas Hussain	ACME, Pariyaram		Kannur
454	1038	Renjini MR	ACME, Pariyaram		Kannur
455	1039	Nadeera KM	ACME, Pariyaram		Kannur
456	1040	Keerthana Valsaraj	ACME, Pariyaram		Kannur
457	1041	Suja S	ACME, Pariyaram		Kannur
458	1042	Rini Paul	ACME, Pariyaram	9746043807	Kannur
459	1043	Sadhika Santosh M	ACME, Pariyaram	8281250608	Kannur
460	1044	Anju Jain Jose	ACME, Pariyaram	8547392917	Kannur
461	1045	Sruthi G M	ACME, Pariyaram	9400611612	Kannur
462	1046	Reshma Thomas	ACME, Pariyaram	9539380708	Kannur
463	1047	Anu Paul	ACME, Pariyaram	9020852989	Kannur
464	1030	Urmila MG	ACME, Pariyaram	9495136132	Kannur
465	1031	Anjal Rajeev	ACME, Pariyaram	9497625675	Kannur
466	1032	Anuliz Mathew	ACME, Pariyaram		Kannur
467	1033	Fidha A	ACME, Pariyaram	9567365365	Kannur
468	1034	Aiswarya Das	ACME, Pariyaram		Kannur
469	1035	Sabarinath S	ACME, Pariyaram	9895570697	Kannur
470	1036	Arun G	ACME, Pariyaram	9895846480	Kannur
471	1011	Anagha P A	ACME, Pariyaram	9446091986	Kannur
472	1012	Arya Premanand	ACME, Pariyaram	984748114	Kannur
473	1013	Ashima H	ACME, Pariyaram	944783771	Kannur
474	1014	Rishna Ravindran	ACME, Pariyaram		Kannur
475	1015	Gisha S Das	ACME, Pariyaram		Kannur
476	1016	Bindhya Prakash	ACME, Pariyaram		Kannur
477	1017	Anaswara K Rameshan	ACME, Pariyaram		Kannur
478	1018	Arjunjith PK	ACME, Pariyaram	9645351115	Kannur
479	1019	Aarcha J Thottappilly	ACME, Pariyaram	9048005742	Kannur
480	1020	Diveena Musthafa	ACME, Pariyaram	9847938304	Kannur
481	1021	Shahnaz Nazeer	ACME, Pariyaram	9400966667	Kannur
482	1022	Chithra P S	ACME, Pariyaram	9745562024	Kannur
483	1023	Bini Mary Varughese	ACME, Pariyaram	9645698683	Kannur
484	1024	Swetha Premanath T	ACME, Pariyaram	9400691668	Kannur
485	1025	Amina Raiza Moyin	ACME, Pariyaram	8086723769	Kannur
486	1026	Sajina C B	ACME, Pariyaram	9809800094	Kannur

487	1027	Dishitha P	ACME, Pariyaram	8547377463	Kannur
488	1028	Shalin James	ACME, Pariyaram	9496576692	Kannur
489	1029	V. Shruthi Das	ACME, Pariyaram	9961374395	Kannur
490	1001	Nishal N	ACME, Pariyaram	8281133321	Kannur
491	1002	Shaheen Sulaiman	ACME, Pariyaram	9809453473	Kannur
492	1003	Arun Rajendran	ACME, Pariyaram	828190445	Kannur
493	1004	Mohaed Shafiq	ACME, Pariyaram	9133757577	Kannur
494	1005	Preetu P T	ACME, Pariyaram	8129710844	Kannur
495	1006	Pravanya P K	ACME, Pariyaram	9645674643	Kannur
496	1007	Arjun Murali	ACME, Pariyaram	984070821	Kannur
497	1008	Anoop L	ACME, Pariyaram	9400467729	Kannur
498	1009	Anju	ACME, Pariyaram		Kannur
499	1010	Ann Willy	ACME, Pariyaram	9400783572	Kannur
500	686	Maleetha Shamsudeen	Pushpagiri College of Pharmacy	9747846838	Kottayam
501	752	Linta Thomas	Pushpagiri College of Pharmacy	8289905611	Kottayam
502	748	Jancy Maria Jose	Pushpagiri College of Pharmacy	8574917999	Kottayam
503	713	Jesline Raju	Pushpagiri College of Pharmacy	8281097775	Kottayam
504	751	Lekshmi S Nair	Pushpagiri College of Pharmacy	9605402737	Kottayam
505	772	Maria TT	Pushpagiri College of Pharmacy		Kottayam
506	706	Jeena Joseph	Pushpagiri College of Pharmacy		Kottayam
507	757	Merin Jincy Joseph	Pushpagiri College of Pharmacy	9961054675	Kottayam
508	741	Jency Varghese	Pushpagiri College of Pharmacy	9744522517	Kottayam
509	264	Sonia Ann Verghese	Pushpagiri College of Pharmacy	9539180835	Kottayam
510	265	Sruthi Philipose	Pushpagiri College of Pharmacy	9446277391	Kottayam
511	268	Steffi Sara Sam	Pushpagiri College of Pharmacy	8547326540	Kottayam
512	269	Subitha B Mathews	Pushpagiri College of Pharmacy	9947946690	Kottayam
513	279	Sufiya A S	Pushpagiri College of Pharmacy	9446452666	Kottayam
514	280	Thaneem Thangal	Pushpagiri College of Pharmacy	9446661544	Kottayam
515	283	Tisha S Thankachan	Pushpagiri College of Pharmacy	9400893109	Kottayam
516	325	Ninu Paul M O	Pushpagiri College of Pharmacy	9994227092	Kottayam
517	326	Nisha Varghese	Pushpagiri College of Pharmacy	8606566700	Kottayam
518	147	Manjusha M	Govt. College of Nursing	9526643506	Kottayam
519	148	Asa Rani A S	Govt. College of Nursing	9746048102	Kottayam
520	327	Riju Elizabeth Raju	Pushpagiri College of Pharmacy	9995707833	Kottayam
521	328	Roshin E Rajan	Pushpagiri College of Pharmacy	9526713432	Kottayam
522	329	Sandra Susan Sebastian	Pushpagiri College of Pharmacy	8289967506	Kottayam
523	330	Sanju T Saji	Pushpagiri College of Pharmacy	9446895249	Kottayam
524	331	Sebin J Mathew	Pushpagiri College of Pharmacy	9747932363	Kottayam
525	332	Sharin Ann Abraham	Pushpagiri College of Pharmacy	8289891706	Kottayam
526	333	Sneha Aney Jose	Pushpagiri College of Pharmacy	8547425789	Kottayam
527	2	Manulal V S	Govt. College of Nursing	989543386	Trivandrum
528	144	Jancy PO	San Joe College of Nursing	9562212888	Ernakulam
529	1	Shanty AY			
530	50	Bincy Joseph	San Joe College of Nursing	9544537934	Ernakulam
531	67	Vishnu Priya MB	San Joe College of Nursing	8089737202	Ernakulam
532	107	Robymol Varghese	St. Joseph's Hospital		Anchal
533	106	Nirmal Thereze	St. Joseph's Hospital		Anchal
534	146	Varghese Y		9645110774	
535	334	Niju abraham Jacob	Pushpagiri College of Pharmacy	8606349782	Kottayam
536	335	Linu V Koshy	Pushpagiri College of Pharmacy	9496326268	Thiruvalla
537	336	Rameesa Rahim	Pushpagiri College of Pharmacy	8289929504	Thiruvalla
538	117	Reshmi B R	Govt. College of Nursing	9446894748	Alappuzha

539	116	Harsha C Nair	Govt. College of Nursing		Alappuzha
540	118	Jerly K Joseph	Govt. College of Nursing	9495407695	Alappuzha
541	80	Lijin L	Pushpagiri College of Nursing	9497278563	Thiruvalla
542	59	Salman Habeeb	Govt. College of Nursing	9633351999	Alappuzha
543	39	Nisha C P	Govt. College of Nursing	9495352221	Trivandrum
544	11	Vishnu Priya S	Govt. College of Nursing	9220551552	Trivandrum
545	174	Monisha P	Govt. College of Nursing	9495750336	Alappuzha
546	187	Reethu Felix	Bishop Benziger College of Nursing	7736603810	Kollam
547	91	Niveditha Taji	Bishop Benziger College of Nursing	9995937208	Kollam
548	185	Saritha Mohan	Bishop Benziger College of Nursing	9747952380	Kollam
549	133	Akhila V Vijayan	Govt. College of Nursing	8593954285	Kottayam
550	87	Nisha P Nair	Govt. College of Nursing	8129460310	Trivandrum
551	88	Resmi R S	Govt. College of Nursing	9633064777	Trivandrum
552	102	Reshma B S	Govt. College of Nursing	9633398664	Trivandrum
553	103	Aswathy R S	Sree Mookambika Institute of Medical Science	9496772791	Marthandam
554	85	Anju M S	Govt. College of Nursing		Trivandrum
555	8	Gifty Raju	Govt. College of Nursing	9495200836	Trivandrum
556	44	Resmi S R	Govt. College of Nursing		Trivandrum
557	10	Remya Thomas	Govt. College of Nursing		Trivandrum
558	82	Sony AN	Govt. College of Nursing		Trivandrum
559	125	Ancy Chacko	Govt. College of Nursing		Alappuzha
560	126	Deepthy P Thomas	Govt. College of Nursing		Alappuzha
561	119	Jisha U	Govt. College of Nursing		Alappuzha
562	1190	Naheem Ashfaq M S	Kannur Medical College	9400404682	Kannur
563	1191	Sumesh P M	Kannur Medical College	9495031051	Kannur
564	1213	MM Abdul Kadar Sha	Kannur Medical College	9995429841	Kannur
565	1214	Jihan Jamal	Kannur Medical College		Kannur
566	1215	Ransheena AK	Kannur Medical College		Kannur
567	1217	Thashreefa K U	Kannur Medical College		Kannur
568	1218	Geoff Nihal NA	Kannur Medical College	9562411777	Kannur
569	1183	Neethu C S	Kannur Medical College	9400981365	Kannur
570	1158	Shamna T P	Kannur Medical College	8086733239	Kannur
571	1159	Aleena Roshni Mathew	Kannur Medical College	9744778590	Kannur
572	1160	Rosme David	Kannur Medical College	9495122165	Kannur
573	1163	Archana Ramachandran	Kannur Medical College	9995547811	Kannur
574	1164	Anagha Unnikrishnan	Kannur Medical College	9995574628	Kannur
575	1165	Meera Ramanath	Kannur Medical College	9895237527	Kannur
576	1169	Arathy Anand	Kannur Medical College		Kannur
577	1182	Aneesa N	Kannur Medical College	9961645721	Kannur
578	1186	Fahmida Abdul Ghani	Kannur Medical College	9605761780	Kannur
579	1187	Sminu Mary John	Kannur Medical College	9544127184	Kannur
580	1207	Nidhin C	Kannur Medical College	9633006450	Kannur
581	1208	Abdul Rasheed N B	Kannur Medical College	9567753216	Kannur
582	1210	Afzal P M	Kannur Medical College		Kannur
583	1211	Ameenathul Rashida P	Kannur Medical College	9496660900	Kannur
584	1212	Lasima Noor SMK	Kannur Medical College	9526045259	Kannur
585	1216	Raseena G	Kannur Medical College		Kannur
586	1219	Jasna Mohammed	Kannur Medical College	9567122021	Kannur
587	1155	Shreekanth V B	Kannur Medical College	9400977814	Kannur
588	1156	Anju PK	Kannur Medical College	9400883372	Kannur
589	1157	Anagha Dinesh	Kannur Medical College	9846488709	Kannur

590	1196	Dilsha Sidheekh	Kannur Medical College	9995521891	Kannur
591	1197	Hasmine K	Kannur Medical College		Kannur
592	1202	A Muhammed Anzar	Kannur Medical College	9633832568	Kannur
593	1203	Athira P	Kannur Medical College	9400904745	Kannur
594	1205	Shadiya Backer	Kannur Medical College		Kannur
595	1209	Arun Balan	Kannur Medical College	9496470343	Kannur
596	1204	Nithin C S	Kannur Medical College	8606120984	Kannur
597	1206	Cibin KC	Kannur Medical College	9746902874	Kannur
598	1181	Noorjahan K	Kannur Medical College	946362893	Kannur
599	1184	Renjini Ramachandran	Kannur Medical College	9747581337	Kannur
600	1185	Anjah Thackath	Kannur Medical College	9495045542	Kannur
601	1188	Haroon Salam A	Kannur Medical College	8547061243	Kannur
602	1189	Hashiq N	Kannur Medical College	9447081947	Kannur
603	1192	Nikitha Basheer	Kannur Medical College		Kannur
604	1193	Amalna Arif	Kannur Medical College		Kannur
605	1194	Shalma M	Kannur Medical College		Kannur
606	1195	Anjali C	Kannur Medical College		Kannur
607	1175	Midhu Mohan	Kannur Medical College		Kannur
608	1176	Mary Chacko	Kannur Medical College		Kannur
609	1177	Rasha F Rehman	Kannur Medical College		Kannur
610	1178	Remmies Raphel	Kannur Medical College	9656118633	Kannur
611	1179	Rinsija KP	Kannur Medical College		Kannur
612	1180	Rizvana AA	Kannur Medical College		Kannur
613	1154	Ambily Mohan S	Kannur Medical College	9895509155	Kannur
614	1161	Jify Thampi	Kannur Medical College	9400842874	Kannur
615	1162	Aparna T	Kannur Medical College		Kannur
616	1166	Khadeeja Bistrath	Kannur Medical College	9497300074	Kannur
617	1167	Aysha Shireen T M	Kannur Medical College	9499415266	Kannur
618	1168	Hima C	Kannur Medical College		Kannur
619	1170	Ranisha	Kannur Medical College		Kannur
620	1171	C Didhi	Kannur Medical College	9400437178	Kannur
621	1172	Shadiya Farsana	Kannur Medical College	9400548920	Kannur
622	1173	Shibily Parveen AB	Kannur Medical College	8347035384	Kannur
623	1174	Aswini VV	Kannur Medical College		Kannur
624	1910		University College of Nursing, Gandhi Nagar		Kottayam
625	1908		University College of Nursing, Gandhi Nagar		Kottayam
626	1925		University College of Nursing, Gandhi Nagar		Kottayam
627	1875		University College of Nursing, Gandhi Nagar		Kottayam
628	1872		University College of Nursing, Gandhi Nagar		Kottayam
629	1882		University College of Nursing, Gandhi Nagar		Kottayam
630	1881		University College of Nursing, Gandhi Nagar		Kottayam
631	1880		University College of Nursing, Gandhi Nagar		Kottayam
632	1884		University College of Nursing, Gandhi Nagar		Kottayam
633	1887		University College of Nursing, Gandhi Nagar		Kottayam
634	1447	Josna Joseph	Prince School of Nursing	9544396942	Bangalore

635	1901		University College of Nursing, Gandhi Nagar		Kottayam
636	1900		University College of Nursing, Gandhi Nagar		Kottayam
637	1903		University College of Nursing, Gandhi Nagar		Kottayam
638	1876		University College of Nursing, Gandhi Nagar		Kottayam
639	1888		University College of Nursing, Gandhi Nagar		Kottayam
640	1878		University College of Nursing, Gandhi Nagar		Kottayam
641	1879		University College of Nursing, Gandhi Nagar		Kottayam
642	1874		University College of Nursing, Gandhi Nagar		Kottayam
643	1877		University College of Nursing, Gandhi Nagar		Kottayam
644	1355	Roshna K P	MES College of Nursing		Perinthalmanna
645	1354	Shruthi S	MES College of Nursing		Perinthalmanna
646	1361	Shahbas Banu P	MES College of Nursing		Perinthalmanna
647	1358	Neethu Baby	UCME, Regional Center, Angamaly		Ernakulam
648	1393		MES College of Nursing		Perinthalmanna
649	1394		MES College of Nursing		Perinthalmanna
650	1440	Binimol Varughese	MES College of Nursing	8593809406	Perinthalmanna
651	1763	Nija M J		8606787308	
652	1395		MES College of Nursing		Perinthalmanna
653	1382		MES College of Nursing		Perinthalmanna
654	1410		MES College of Nursing		Perinthalmanna
655	1401		MES College of Nursing		Perinthalmanna
656	1408		MES College of Nursing		Perinthalmanna
657	1385		MES College of Nursing		Perinthalmanna
658	1386		MES College of Nursing		Perinthalmanna
659	1363	S Vimala	MES College of Nursing		Perinthalmanna
660	1359	Arathi	MES College of Nursing		Perinthalmanna
661	1357	Shincy Raju	MES College of Nursing		Perinthalmanna
662	1376	Neenu Nizar	MES College of Nursing		Perinthalmanna
663	1397		MES College of Nursing		Perinthalmanna
664	1380		MES College of Nursing		Perinthalmanna
665	1406		MES College of Nursing		Perinthalmanna
666	1381		MES College of Nursing		Perinthalmanna
667	1415		MES College of Nursing		Perinthalmanna
668	1391		MES College of Nursing		Perinthalmanna
669	1409		MES College of Nursing		Perinthalmanna
670	1405		MES College of Nursing		Perinthalmanna
671	1400		MES College of Nursing		Perinthalmanna
672	1372		MES College of Nursing		Perinthalmanna
673	1404		MES College of Nursing		Perinthalmanna
674	1365		MES College of Nursing		Perinthalmanna
675	1366		MES College of Nursing		Perinthalmanna
676	1367		MES College of Nursing		Perinthalmanna
677	141				
678	252	Krupa Jacob			
679	246	Heleena Zachariah	MGM Muthoot College of Nursing		Kozhencherry
680	247	Keziya P Chacko	MGM Muthoot College of Nursing		Kozhencherry

681	226	Suryamol K S	MGM Muthoot College of Nursing		Kozhencherry
682	244	Jissa Ann Varghese	MGM Muthoot College of Nursing		Kozhencherry
683	225	Neethu A K	MGM Muthoot College of Nursing		Kozhencherry
684	245	Kitty Mathew	MGM Muthoot College of Nursing		Kozhencherry
685	220	Jiji Elizabeth Mathew	MGM Muthoot College of Nursing		Kozhencherry
686	222	Jeena Lukose	MGM Muthoot College of Nursing		Kozhencherry
687	240	Aparna S Nair	MGM Muthoot College of Nursing		Kozhencherry
688	168	Nitya Jose	MBCN		Kothamangalam
689	254	Bilty Jacob			
690	233	Nisha Aniyam			
691	150	Akhila	Muthoot Nursing College		Pathanamthitta
692	157				
693	274				
694	273				
695	64	Nithuna L Nair	KIMS College of Nursing		Trivandrum
696	90	Dhanya S	KIMS College of Nursing		Trivandrum
697	81	Nayana Vijayan	KIMS College of Nursing		Trivandrum
698	83	Bincy Babu	KIMS College of Nursing	8593928118	Trivandrum
699	170				
700	242	Anju Thomas			
701	227	Sreeja S R	MGM Muthoot College of Nursing		Kozhencherry
702	255	Chinnumol Babu			
703	241	Divyamol P M			
704	21	Tessy Chandran	Govt. College of Nursing		Calicut
705	105	Arathy M	KIMS College of Nursing		Trivandrum
706	97	Soumya S	KIMS College of Nursing		Trivandrum
707	63	Vidya R P	KIMS College of Nursing		Trivandrum
708	161	Anjitha M R	KIMS College of Nursing		Trivandrum
709	964		Sree Narayana Insititute of Medical Science		Ernakulam
710	985		Sree Narayana Insititute of Medical Science		Ernakulam
711	948		Sree Narayana Insititute of Medical Science		Ernakulam
712	938		Sree Narayana Insititute of Medical Science		Ernakulam
713	947		Sree Narayana Insititute of Medical Science		Ernakulam
714	994		Sree Narayana Insititute of Medical Science		Ernakulam
715	976		Sree Narayana Insititute of Medical Science		Ernakulam
716	987		Sree Narayana Insititute of Medical Science		Ernakulam
717	941		Sree Narayana Insititute of Medical Science		Ernakulam
718	935		Sree Narayana Insititute of Medical Science		Ernakulam
719	975		Sree Narayana Insititute of Medical Science		Ernakulam
720	974		Sree Narayana Insititute of Medical Science		Ernakulam
721	936		Sree Narayana Insititute of Medical Science		Ernakulam
722	997		Sree Narayana Insititute of Medical Science		Ernakulam
723	999		Sree Narayana Insititute of Medical		Ernakulam

			Science	
724	934		Sree Narayana Insititute of Medical Science	Ernakulam
725	980		Sree Narayana Insititute of Medical Science	Ernakulam
726	969		Sree Narayana Insititute of Medical Science	Ernakulam
727	968		Sree Narayana Insititute of Medical Science	Ernakulam
728	996		Sree Narayana Insititute of Medical Science	Ernakulam
729	989		Sree Narayana Insititute of Medical Science	Ernakulam
730	950		Sree Narayana Insititute of Medical Science	Ernakulam
731	990		Sree Narayana Insititute of Medical Science	Ernakulam
732	981		Sree Narayana Insititute of Medical Science	Ernakulam
733	979		Sree Narayana Insititute of Medical Science	Ernakulam
734	998		Sree Narayana Insititute of Medical Science	Ernakulam
735	991		Sree Narayana Insititute of Medical Science	Ernakulam
736	957		Sree Narayana Insititute of Medical Science	Ernakulam
737	955		Sree Narayana Insititute of Medical Science	Ernakulam
738	959		Sree Narayana Insititute of Medical Science	Ernakulam
739	963		Sree Narayana Insititute of Medical Science	Ernakulam
740	984		Sree Narayana Insititute of Medical Science	Ernakulam
741	967		Sree Narayana Insititute of Medical Science	Ernakulam
742	965		Sree Narayana Insititute of Medical Science	Ernakulam
743	930		Sree Narayana Insititute of Medical Science	Ernakulam
744	931		Sree Narayana Insititute of Medical Science	Ernakulam
745	953		Sree Narayana Insititute of Medical Science	Ernakulam
746	958		Sree Narayana Insititute of Medical Science	Ernakulam
747	925		Sree Narayana Insititute of Medical Science	Ernakulam
748	942		Sree Narayana Insititute of Medical Science	Ernakulam
749	923		Sree Narayana Insititute of Medical Science	Ernakulam
750	884		Jubilee Mission	Thrissur
751	880		Jubilee Mission	Thrissur
752	887		Jubilee Mission	Thrissur
753	883		Jubilee Mission	Thrissur
754	781		Jubilee Mission	Thrissur
755	885		Jubilee Mission	Thrissur
756	882		Jubilee Mission	Thrissur
757	881		Jubilee Mission	Thrissur

758	891		Jubilee Mission		Thrissur
759	879		Jubilee Mission		Thrissur
760	783		Jubilee Mission		Thrissur
761	892		Jubilee Mission		Thrissur
762	888		Jubilee Mission		Thrissur
763	889		Jubilee Mission		Thrissur
764	2169		Amala Institute of Medical Sciences		Thrissur
765	2170		Amala Institute of Medical Sciences		Thrissur
766	2171		Amala Institute of Medical Sciences		Thrissur
767	2172		Amala Institute of Medical Sciences		Thrissur
768	2173		Amala Institute of Medical Sciences		Thrissur
769	2174		Amala Institute of Medical Sciences		Thrissur
770	2175		Amala Institute of Medical Sciences		Thrissur
771	2176		Amala Institute of Medical Sciences		Thrissur
772	2177		Amala Institute of Medical Sciences		Thrissur
773	2178		Amala Institute of Medical Sciences		Thrissur
774	2179		Amala Institute of Medical Sciences		Thrissur
775	2180		Amala Institute of Medical Sciences		Thrissur
776	2181		Amala Institute of Medical Sciences		Thrissur
777	2182		Amala Institute of Medical Sciences		Thrissur
778	2183		Amala Institute of Medical Sciences		Thrissur
779	2184		Amala Institute of Medical Sciences		Thrissur
780	2185		Amala Institute of Medical Sciences		Thrissur
781	2203		Amala Institute of Medical Sciences		Thrissur
782	2207		Amala Institute of Medical Sciences		Thrissur
783	2209		Amala Institute of Medical Sciences		Thrissur
784	2210		Amala Institute of Medical Sciences		Thrissur
785	2211		Amala Institute of Medical Sciences		Thrissur
786	2212		Amala Institute of Medical Sciences		Thrissur
787	2213		Amala Institute of Medical Sciences		Thrissur
788	2218		Amala Institute of Medical Sciences		Thrissur
789	2220		Amala Institute of Medical Sciences		Thrissur
790	2224		Amala Institute of Medical Sciences		Thrissur
791	438		Josco College of Nursing, Pandalam		Pathanamthitta
792	413		Josco College of Nursing, Pandalam		Pathanamthitta
793	412		Josco College of Nursing, Pandalam		Pathanamthitta
794	409		Josco College of Nursing, Pandalam		Pathanamthitta
795	410		Josco College of Nursing, Pandalam		Pathanamthitta
796	427		Josco College of Nursing, Pandalam		Pathanamthitta
797	426		Josco College of Nursing, Pandalam		Pathanamthitta
798	424		Josco College of Nursing, Pandalam		Pathanamthitta
799	421		Josco College of Nursing, Pandalam		Pathanamthitta
800	422		Josco College of Nursing, Pandalam		Pathanamthitta
801	420		Josco College of Nursing, Pandalam		Pathanamthitta
802	419		Josco College of Nursing, Pandalam		Pathanamthitta
803	408		Josco College of Nursing, Pandalam		Pathanamthitta
804	397		Josco College of Nursing, Pandalam		Pathanamthitta
805	428		Josco College of Nursing, Pandalam		Pathanamthitta
806	395		Josco College of Nursing, Pandalam		Pathanamthitta
807	396		Josco College of Nursing, Pandalam		Pathanamthitta
808	550		Josco College of Nursing, Pandalam		Pathanamthitta
809	547		Josco College of Nursing, Pandalam		Pathanamthitta

810	360		Josco College of Nursing, Pandalam	Pathanamthitta
811	548		Josco College of Nursing, Pandalam	Pathanamthitta
812	549		Josco College of Nursing, Pandalam	Pathanamthitta
813	554		Josco College of Nursing, Pandalam	Pathanamthitta
814	552		Josco College of Nursing, Pandalam	Pathanamthitta
815	355		Josco College of Nursing, Pandalam	Pathanamthitta
816	437		Josco College of Nursing, Pandalam	Pathanamthitta
817	425		Josco College of Nursing, Pandalam	Pathanamthitta
818	423		Josco College of Nursing, Pandalam	Pathanamthitta
819	558		Josco College of Nursing, Pandalam	Pathanamthitta
820	357		Josco College of Nursing, Pandalam	Pathanamthitta
821	361		Josco College of Nursing, Pandalam	Pathanamthitta
822	557		Josco College of Nursing, Pandalam	Pathanamthitta
823	556		Josco College of Nursing, Pandalam	Pathanamthitta
824	354		Josco College of Nursing, Pandalam	Pathanamthitta
825	358		Josco College of Nursing, Pandalam	Pathanamthitta
826	352		Josco College of Nursing, Pandalam	Pathanamthitta
827	551		Josco College of Nursing, Pandalam	Pathanamthitta
828	405		Josco College of Nursing, Pandalam	Pathanamthitta
829	353		Josco College of Nursing, Pandalam	Pathanamthitta
830	406		Josco College of Nursing, Pandalam	Pathanamthitta
831	351		Josco College of Nursing, Pandalam	Pathanamthitta
832	386		Josco College of Nursing, Pandalam	Pathanamthitta
833	407		Josco College of Nursing, Pandalam	Pathanamthitta
834	418		Josco College of Nursing, Pandalam	Pathanamthitta
835	359		Josco College of Nursing, Pandalam	Pathanamthitta
836	429		Josco College of Nursing, Pandalam	Pathanamthitta
837	443		Josco College of Nursing, Pandalam	Pathanamthitta
838	441		Josco College of Nursing, Pandalam	Pathanamthitta
839	442		Josco College of Nursing, Pandalam	Pathanamthitta
840	444		Josco College of Nursing, Pandalam	Pathanamthitta
841	394		Josco College of Nursing, Pandalam	Pathanamthitta
842	385		Josco College of Nursing, Pandalam	Pathanamthitta
843	384		Josco College of Nursing, Pandalam	Pathanamthitta
844	374		Josco College of Nursing, Pandalam	Pathanamthitta
845	365		Josco College of Nursing, Pandalam	Pathanamthitta
846	363		Josco College of Nursing, Pandalam	Pathanamthitta
847	369		Josco College of Nursing, Pandalam	Pathanamthitta
848	356		Josco College of Nursing, Pandalam	Pathanamthitta
849	553		Josco College of Nursing, Pandalam	Pathanamthitta
850	377		Josco College of Nursing, Pandalam	Pathanamthitta
851	380		Josco College of Nursing, Pandalam	Pathanamthitta
852	364		Josco College of Nursing, Pandalam	Pathanamthitta
853	367		Josco College of Nursing, Pandalam	Pathanamthitta
854	376		Josco College of Nursing, Pandalam	Pathanamthitta
855	383		Josco College of Nursing, Pandalam	Pathanamthitta
856	373		Josco College of Nursing, Pandalam	Pathanamthitta
857	368		Josco College of Nursing, Pandalam	Pathanamthitta
858	381		Josco College of Nursing, Pandalam	Pathanamthitta
859	382		Josco College of Nursing, Pandalam	Pathanamthitta
860	375		Josco College of Nursing, Pandalam	Pathanamthitta
861	555		Josco College of Nursing, Pandalam	Pathanamthitta

862	372		Josco College of Nursing, Pandalam		Pathanamthitta
863	371		Josco College of Nursing, Pandalam		Pathanamthitta
864	370		Josco College of Nursing, Pandalam		Pathanamthitta
865	366		Josco College of Nursing, Pandalam		Pathanamthitta
866	362		Josco College of Nursing, Pandalam		Pathanamthitta
867	417		Josco College of Nursing, Pandalam		Pathanamthitta
868	398		Josco College of Nursing, Pandalam		Pathanamthitta
869	415		Josco College of Nursing, Pandalam		Pathanamthitta
870	416		Josco College of Nursing, Pandalam		Pathanamthitta
871	399		Josco College of Nursing, Pandalam		Pathanamthitta
872	400		Josco College of Nursing, Pandalam		Pathanamthitta
873	414		Josco College of Nursing, Pandalam		Pathanamthitta
874	411		Josco College of Nursing, Pandalam		Pathanamthitta
875	1254		MES,MCH		Perinthalmanna
876	1414		MES		Perinthalmanna
877	1416		MESCON		Perinthalmanna
878	1402		MESCON		Perinthalmanna
879	1378		MES		Perinthalmanna
880	1384		MES		Perinthalmanna
881	1392		MES		Perinthalmanna
882	253		MGMMK		Kozhencherry
883	229		MGMMK		Kozhencherry
884	221		MGMMK		Kozhencherry
885	231		MGMMK		Kozhencherry
886	235		MGMMK		Kozhencherry
887	143		MGMMK		Kozhencherry
888	151		MGMMK		Kozhencherry
889	149		MGMMK		Kozhencherry
890	153		MGMMK		Kozhencherry
891	154		MGMMK		Kozhencherry
892	152		MGMMK		Kozhencherry
893	277		MGMMK		Kozhencherry
894	223		MGMMK		Kozhencherry
895	248		MGMMK		Kozhencherry
896	249		MGMMK		Kozhencherry
897	258		MGMMK		Kozhencherry
898	256		MGMMK		Kozhencherry
899	261		MGMMK		Kozhencherry
900	262		MGMMK		Kozhencherry
901	234		MGMMK		Kozhencherry
902	228		MGMMK		Kozhencherry
903	230		MGMMK		Kozhencherry
904	55		SSNMM		Kozhencherry
905	68		Sanjoe College,EKM		Ernakulam
906	1253-A		MMC		Calicut
907	825		PNNM Ayurveda College		Shoranur
908	824		PNNM Ayurveda College		Shoranur
909	830		PNNM Ayurveda College		Shoranur
910	829		PNNM Ayurveda College		Shoranur
911	800		PNNM Ayurveda College		Shoranur
912	828		PNNM Ayurveda College		Shoranur
913	827		PNNM Ayurveda College		Shoranur

914	810		PNNM Ayurveda College		Shoranur
915	811		PNNM Ayurveda College		Shoranur
916	799		PNNM Ayurveda College		Shoranur
917	844		PNNM Ayurveda College		Shoranur
918	843		PNNM Ayurveda College		Shoranur
919	812		PNNM Ayurveda College		Shoranur
920	845		PNNM Ayurveda College		Shoranur
921	814		PNNM Ayurveda College		Shoranur
922	833		PNNM Ayurveda College		Shoranur
923	820		PNNM Ayurveda College		Shoranur
924	819		PNNM Ayurveda College		Shoranur
925	818		PNNM Ayurveda College		Shoranur
926	809		PNNM Ayurveda College		Shoranur
927	808		PNNM Ayurveda College		Shoranur
928	823		PNNM Ayurveda College		Shoranur
929	822		PNNM Ayurveda College		Shoranur
930	821		PNNM Ayurveda College		Shoranur
931	835		PNNM Ayurveda College		Shoranur
932	802		PNNM Ayurveda College		Shoranur
933	801		PNNM Ayurveda College		Shoranur
934	803		PNNM Ayurveda College		Shoranur
935	805		PNNM Ayurveda College		Shoranur
936	806		PNNM Ayurveda College		Shoranur
937	831		PNNM Ayurveda College		Shoranur
938	807		PNNM Ayurveda College		Shoranur
939	816		PNNM Ayurveda College		Shoranur
940	817		PNNM Ayurveda College		Shoranur
941	826		PNNM Ayurveda College		Shoranur
942	841		PNNM Ayurveda College		Shoranur
943	840		PNNM Ayurveda College		Shoranur
944	836		PNNM Ayurveda College		Shoranur
945	838		PNNM Ayurveda College		Shoranur
946	804		PNNM Ayurveda College		Shoranur
947	834		PNNM Ayurveda College		Shoranur
948	832		PNNM Ayurveda College		Shoranur
949	815		PNNM Ayurveda College		Shoranur
950	1284		PNNM Ayurveda College		Shoranur
951	1285		PNNM Ayurveda College		Shoranur
952	1286		PNNM Ayurveda College		Shoranur
953	1287		PNNM Ayurveda College		Shoranur
954	1288		PNNM Ayurveda College		Shoranur
955	1289		PNNM Ayurveda College		Shoranur
956	1290		PNNM Ayurveda College		Shoranur
957	1291		PNNM Ayurveda College		Shoranur
958	1292		PNNM Ayurveda College		Shoranur
959	1293		PNNM Ayurveda College		Shoranur
960	1294		PNNM Ayurveda College		Shoranur
961	1295		PNNM Ayurveda College		Shoranur
962	1296		PNNM Ayurveda College		Shoranur
963	1297		PNNM Ayurveda College		Shoranur
964	1298		PNNM Ayurveda College		Shoranur
965	1299		PNNM Ayurveda College		Shoranur

966	1300		PNNM Ayurveda College		Shoranur
967	1301		PNNM Ayurveda College		Shoranur
968	1302		PNNM Ayurveda College		Shoranur
969	2187		AIMS		Thrissur
970	2188		AIMS		Thrissur
971	2189		AIMS		Thrissur
972	2190		AIMS		Thrissur
973	2191		AIMS		Thrissur
974	2192		AIMS		Thrissur
975	2193		AIMS		Thrissur
976	2194		AIMS		Thrissur
977	2195		AIMS		Thrissur
978	2197		AIMS		Thrissur
979	2198		AIMS		Thrissur
980	2199		AIMS		Thrissur
981	2223		AIMS		Thrissur
982	2225		AIMS		Thrissur
983	2226		AIMS		Thrissur
984	2228		AIMS		Thrissur
985	2231		AIMS		Thrissur
986	2232		AIMS		Thrissur
987	2233		AIMS		Thrissur
988	2237		AIMS		Thrissur
989	2242		AIMS		Thrissur
990	2243		AIMS		Thrissur
991	2244		AIMS		Thrissur
992	2245		AIMS		Thrissur
993	2247		AIMS		Thrissur
994	2248		AIMS		Thrissur
995	2256		AIMS		Thrissur
996	2257		AIMS		Thrissur
997	2258		AIMS		Thrissur
998	2262		AIMS		Thrissur
999	2264		AIMS		Thrissur
1000	2265		AIMS		Thrissur
1001	2266		AIMS		Thrissur
1002	2267		AIMS		Thrissur
1003	2268		AIMS		Thrissur
1004	1303	Binish Baby			Kottayam
1005	1304	Anila Alex			Kottayam
1006	1305	Krishnalatha.P.K			Kottayam
1007	1306	Nayana.C.Nair			Kottayam
1008	1307	Mukesh T M			Kottayam
1009	1308	Alphonsa Joseph			Kottayam
1010	1309	Soumya M Nair			Kottayam
1011	1310	Laiby P Thomas			Kottayam
1012	1311	Soubin K Baby			Kottayam
1013	1312	Shinithamol K S			Kottayam
1014	1313	Sumitha M G			Kottayam
1015	1314	Jins Francis			Kottayam
1016	1315	Hima M P			Kottayam
1017	1316	Rosmy V Alex			Kottayam

1018	1317	Alphonsa Thomas		Kottayam
1019	1318	Saramma Daniel		Kottayam
1020	1319	Jainimol George		Kottayam
1021	1320	Nishamol T.K		Kottayam
1022	1321	Nintu Mariya Alex		Kottayam
1023	1322	Sneha George		Kottayam
1024	1323	Liji N L.		Trivandrum
1025	1324	Pinky Ravi		Trivandrum
1026	1325	Akhil K Appukuttan		Trivandrum
1027	1326	Anu Mathew		Trivandrum
1028	1327	P.H. Leelamma		Trivandrum
1029	1633	Shebeer Basheer		Trivandrum
1030	1634	Sham Oommen John		Trivandrum
1031	1635	Amal Raj		Trivandrum
1032	1636	Sajan Thomas		Trivandrum
1033	1637	Anil.P.James		Trivandrum
1034	1638	Jinsonvarghese		Trivandrum
1035	1639	Jojoy Kurian		Trivandrum
1036	1640	Jobin Ks		Trivandrum
1037	1641	Lyji Mol K K		Trivandrum
1038	1642	Alby Sebastian		Trivandrum
1039	1643	Anju M J		Trivandrum
1040	2387	Sneha Johny		Trivandrum
1041	2388	Ashmi Raja		Trivandrum
1042	2389	Simi Ninan		Trivandrum
1043	2390	Shameer Y. R.		Trivandrum
1044	2391	Binu M.		Trivandrum
1045	2392	Julie Susan Thomas		Trivandrum
1046	2393	Sumy Solomon		Trivandrum
1047	2394	Dalia Kurian		Trivandrum
1048	2395	Dhanesh Sp		Trivandrum
1049	2396	Rohini .M.Nair		Trivandrum
1050	2397	Thasnimol R.S		Trivandrum
1051	2398	Diana S.L		Trivandrum
1052	2399	Gayathry Gopinath		Trivandrum
1053	2400	Mercy P George		Trivandrum
1054	2401	Subi .K		Trivandrum
1055	2402	Daya Raj. J		Trivandrum
1056	2403	Sheena George		Trivandrum
1057	2404	Shamnad S.R		Trivandrum
1058	2405	Berlin Nisha .B		Trivandrum
1059	2406	Jerlin Jacob		Ernakulam
1060	2407	Saranya.S		Ernakulam
1061	2408	Ameen Aslam		Ernakulam
1062	2409	Anumol Antony		Ernakulam
1063	2410	Anju Mathew		Ernakulam
1064	2411	Anu Prasad		Ernakulam
1065	2412	Sheethal P M		Ernakulam
1066	2413	Nirmal Raj		Ernakulam
1067	2461	Shaiji Antony C		Ernakulam
1068	2462	Shaiby Mj		Ernakulam
1069	2463	Alhajis Hassan		Ernakulam

1070	2464	Sasikumar.K.V		Ernakulam
1071	2465	Sony Thomas		Ernakulam
1072	2466	Vishnu P Raj		Ernakulam
1073	2467	Rajesh B Gopal		Ernakulam
1074	2468	Tom John Mathew		Ernakulam
1075	2469	Tim Mathew Varghese		Ernakulam
1076	2470	Sheheer		Ernakulam
1077	2471	Adhith K J		Ernakulam
1078	2472	Blesson Augustine		Ernakulam
1079	2473	Asha Sebastian		Angamali
1080	2474	Josmy M Thomas		Angamali
1081	2475	Milta Mathew		Angamali
1082	2476	Sijisha Sudhakaran		Angamali
1083	2477	Stella Mathew		Angamali
1084	2478	Teffin Rani		Angamali
1085	2479	Anu Rose		Angamali
1086	2480	Neethu Jose		Angamali
1087	2481	Surya Mol Jose		Angamali
1088	2482	Meritta Thomas		Angamali
1089	2483	Dhanya S Mohan		Angamali
1090	2484	Wins Kunnel		Angamali
1091	2485	Safeera K		Angamali
1092	2486	Roshini P Raj		Angamali
1093	2487	Oshya George		Angamali
1094	2488	Rachana K P		Angamali
1095	2489	Tintu M Jose		Angamali
1096	2490	Leena John		Angamali
1097	2491	Shintu Joseph		Angamali
1098	2492	Josmy K J		Angamali
1099	2493	Felcy M K		Kannur
1100	2494	Anju Antony		Kannur
1101	2495	Limna Thomas		Kannur
1102	2496	Anto Augustine		Kannur
1103	2497	Anitha Job		Kannur
1104	2498	Arathy Ashokan		Kannur
1105	2499	Tintu Paulachan		Kannur
1106	2500	Naiby C A		Kannur
1107	2501	Maymol Thomas		Kannur
1108	2502	Bincy Mathew		Kannur
1109	2503	Minu Varghese		Kannur
1110	2504	Jibin Thomas		Kannur
1111	2505	Anju Madhavan		Kannur
1112	2506	Sarath Babu T		Kannur
1113	2507	Milan Mathew M		Kannur
1114	2508	Daly K D		Kannur
1115	2509	Ageena K V		Kannur
1116	2510	Vigi M V		Kannur
1117	2566	Chinju Benny		Kannur
1118	2567	Tintu C Paulose		Kannur
1119	2568	Anu Johnny		Kannur
1120	2569	Aswathy Peethambaran		Kannur
1121	2570	Nitheesh Thomas		Kannur

1122	2571	Eldo Varghese			Kannur
1123	2572	Arya Gopi			
1124	2573	Nittu R			
1125	2574	Nissy Ann Jolly			
1126	2575	Elizabeth Saji			
1127	2576	Anooja Elizabeth Mathew			
1128	2577	Sherin L .A			
1129	2578	Dona C Varghese			
1130	2579	Jomon Thomas			
1131	2580	Bijili Annie Alex			
1132	2581	Dotty Alex			
1133	2582	Shiby P Varghese			
1134	2583	Manju.G			
1135	2519	Bindhu P.G			
1136	2520	Neethu Joy			
1137	2521	Manu Thomas			
1138	2522	Roymon K Mathew			
1139	2523	Sreemol P Shinoy			
1140	2524	Jeeva Thankachan			
1141	2525	Thomas George			
1142	2526	Shyamly Thomas			Kottayam
1143	2527	Neena Joseph			
1144	2528	Shiby Jose			
1145	2529	Jiji Rajan			
1146	2530	Sherin Varghese			
1147	2531	Salini T S			
1148	2532	Vidhya K V			
1149	2533	Smitha Mol S			
1150	2534	Sabithamol P S			
1151	2535	Shanty P John			
1152	2536	Jency James			
1153	2537	Josna Malayil Joseph			
1154	2538	Neenu Jose			
1155	2539	Sheena Thomas			
1156	2540	Iby K Abraham			
1157	2541	Stephy Sebastian			
1158	2542	Shiny Thomas			
1159	2543	Simila Sanju			
1160	2511	Prabeesh B P			
1161	2512	Elezabeth John			
1162	2513	Fasil V Salam			
1163	2514	Blasson Babu			
1164	2515	Sunitha Gopi			
1165	2516	Sathrajith M.V			
1166	2517	Nikhil Cyriac			
1167	2420	Jobin Thomas			
1168	2421	Anish Paul			
1169	2422	Libin Lukose			
1170	2423	Litty Joy			
1171	2424	Justin Mathew			
1172	2425	Abin Babu			
1173	2426	Sindhu Elizabeth			

		Sebastian			
1174	2427	Sheena Joseph			
1175	2428	Shijomon M Thomas			
1176	2429	Jincy Abraham			
1177	2430	Panchamy V V			
1178	2431	Binimol Vargese			Perinthalmanna
1179	2432	Jinsha Jose			
1180	2433	Jisha Antony			
1181	2434	Lincy Thomas			
1182	2435	Jisha Varghese			
1183	2436	Saranya Raveendran			
1184	2437	Liji Joseph			
1185	2438	Nancy Joseph			
1186	2439	Anu Baby			
1187	2440	Mariya Joseph			
1188	2441	Shiny.Michael			
1189	2442	Shani Abraham			
1190	2443	Thressiamma .S			
1191	2444	Jomy.M.John			
1192	2445	Lishamol.K.Aloshious			
1193	2446	Anu Kuriyan			
1194	2447	Liya Joseph			
1195	2448	Soubath.A			
1196	2449	Thahira B.V			
1197	2450	Lini Varghese			
1198	2451	Sanumol Thomas			
1199	2452	Aneesha.T.J			
1200	2453	Anju.K.Poulose			
1201	2454	Manju Mathew			
1202	2518	Fayisha.P			
1203	2551	Jemsheer.N			
1204	2552	Anila Mathew			
1205	2553	Nidhin Varkey			
1206	2554	Vinu Baby			
1207	1328	Sherin.Y. C			
1208	1329	Sherly Daniel			
1209	1330	Sreelakshmi. V			
1210	1331	Linson Thomas			
1211	1332	Anchu Antony			
1212	1333	Aswathy S			
1213	1334	Joseph Daniel			
1214	1335	Mubeena H M			
1215	1336	Aswathy.R			
1216	1337	Asha Mol C			
1217	1338	Rejani S			
1218	1339	Archana R			
1219	1340	Jamshad.Pa			
1220	1341	Sowmya S			
1221	1342	Nadiya Thomas			
1222	1343	Amilia Lukose			
1223	1344	Remya Rajan			
1224	1345	Suryajith M P			

1225	1346	Jintu Joy			
1226	1347	Easo John			
1227	1348	Riju Salim			
1228	1349	Gokul M			
1229	2455	R.Abinaya			
1230	2456	Saranya.J			
1231	2457	Dhanya Cleatus			
1232	2458	Parvathy Gopan			
1233	2459	Neetha Cherian			
1234	2460	Rakhi Rajan			
1235	2555	Linet Thomas			
1236	1647	Sofia John			

NB: Some of the respondents were reluctant to disclose their name, contact details and/or institution they were affiliated to; hence, the corresponding columns have been left blank.







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