# Disaster Management Plan of Perinthalmanna District Hospital December, 2019

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

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# I. Background

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

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

# II. Objectives

1. To ensure preparedness of the District Hospital, Perinthalmanna to respond and recover from internal and external emergencies;
2. To ensure continuity of essential activities, critical services and safety of its hospital staff, patients, visitors, and the community;
3. To coordinate and organize response to various incidents including protection of the facility and hospital services.

# III. Hazards

Level I

1. Flood
2. Landslide
3. Earthquake
4. Stampede - Angadippuram Pooram Festival and such festivals in nearby places
5. LP Gas/Chemical tanker leak
6. Lightning and Cyclone
7. Food poisoning
8. Epidemics

Level II

1. All level one emergencies with more than 5 critically injured or more than 20 injured persons
2. Air accident

Level III

1. Fire
2. Building Collapse
3. Oxygen tank explosion
4. Earthquake
5. Land slide
6. Terrorist attack

Level IV

1. Earth Quake
2. Land slide
3. LP Gas /Chemical tanker leak nearby places of hospital

# IV. Overview of the hospital

The hospital was established in the 1952 and now have a sanctioned bed strength of 177 with an average IP of 260. Situated in 3.27 acres of land, this hospital is functioning in 14 different buildings such as Administrative block, Casualty, OP and IP registration counter, OP department, paediatric and labour ward, medical and post-operative ward, surgical ward, X-ray, birth and death registration KIOSK, pharmacy and store with OT complex and conference hall, pay ward, fever and isolation ward, stroke unit and mortuary. The average OP per day is 1800. There are 13 specialties functioning in the hospital. Some other facilities like canteen and comfort station are also functioning in the hospital premise.

**LOCATION**

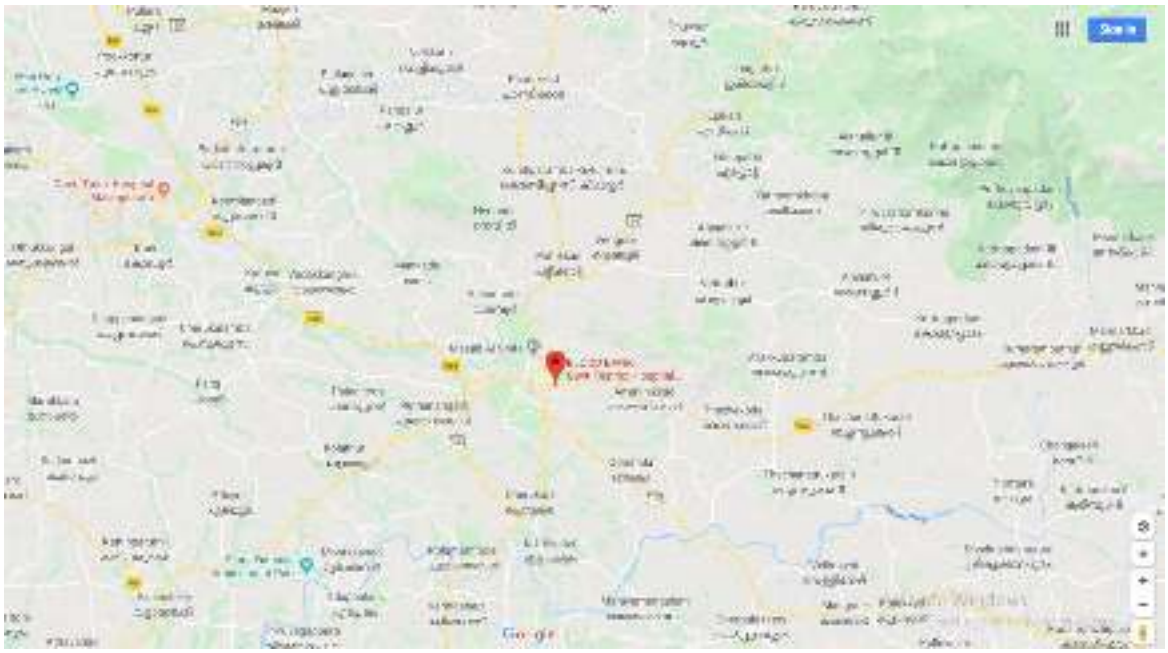


**Table 1 – Current Human Resources at DISTRICT HOSPITAL, PERINHALMANNA**

| Sl. No. | Existing Human Resource Capacity | Number |
|---|---|---|
| 1 | Departments | 12 |
| 3 | Doctors | 31+ 4 |
| 4 | Administrative Staff | 9 |
| 5 | Para Medical Staff | 21 +4 |
| 6 | Nursing Staff | 35 +32 |
| 7 | Supporting Staff | 37+6 |
| 8 | Others | 9+8 |
| 9 | Cleaning staff | 18 |
| 10 | Security staff | 16 |

**Critical departments –**

| Sl. No. | Critical departments | Remarks |
|---|---|---|
| 1 | ED/CASUALTY | |
| 3 | ICUs | NA |
| 4 | OTs | Available up to 2PM, Emergency OT to be activated |
| 5 | CSSD | 2 Autoclave machines attached to operation theatres available |
| 6 | Maternity | |
| 7 | Radiology | Available from 8am to 2 pm only |
| 8 | Blood Bank | With separation unit (24 Hrs) |

# V. Types of emergency

The DISTRICT HOSPITAL, PERINTHALMANNA may be affected by various level of emergencies. It may have external, internal or combination of external and internal such as earthquake that can affect the functionality of the hospital. The plan will help hospital staff respond in a proactive manner to various hazards be it internal or external. This will also enable the DISTRICT HOSPITAL, PERINTHALMANNA to minimise injuries and casualties in case of any unforeseen incident or accident.

### *a. Level I*

Level-I incidents can be managed by the Emergency Department (ED) with the existing staffs and resources. With its staff on duty and resources, the emergency department can handle a maximum **5** critically injured or **20** injured cases at any given time with minimal disruption to normal services. There may be need for partial activation of Incident Response System (IRS) and activation of some departments. Level I emergency decisions will be made by the IRS based on report from the ED.

### *b. Level II*

Level-II incidents would mean large mass casualty incidents requiring the activation of the IRS and the hospital Emergency Operation Centre (EoC). The decision to declare a Level II emergency will be made by the Incident Commander based on report from the incident site / field/ED.

### *c. Level III*

Level-III incidents would be in cases where the hospital itself is affected by a localized event and there is a need to evacuate staff, patients and visitors and resources may need to be mobilized from outside the facility. EoC will need activation and decision to declare a Level III emergency will be made by the Incident Commander based on report from the incident site / field.

### *d. Level IV*

Level IV incidents would be in cases where the hospital as well as the city is affected by a disastrous event such as an earthquake. The hospital may have to evacuate staff, patients and visitors as necessary, activate IRS and prepare for mass casualty. EoC will need activation and decision to declare a Level IV emergency will be made by the Incident Commander based on report from the incident site / field.

# VI. Hospital Disaster Management System

## 1. Hospital Disaster Management Committee (HDMC)

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

**Table 2 – Suggested HDMC Members:**

| Sr | **Name of the Departments / Designation** | **Name of the committee members** |
|---|---|---|
| 1 | Medical Superintendent | Dr. Sreevishnu S |
| 2 | Resident Medical Officer | Dr. Indu S |
| 3 | Head Clerk | Mr Rasheed |
| 4 | HoD, General Medicine | Dr. Shaji Gafoor |
| 5 | HoD, Surgery | Dr. Shaju Mathew |
| 6 | HoD, ENT | Dr. Shamseer |

| | | |
|---|---|---|
| 7 | HOD Anaesthesia | Dr. Meena |
| 8 | HOD Opthalmology | Dr. Vijayaraghavan |
| 9 | HOD Paediatrics | Dr. Habeeb |
| 10 | HOD Pulmonary | Dr. Kavitha |
| 11 | HOD Dermatology | Dr. Salma |
| 12 | Senior Casualty Medical Officer | Dr. Indu A |
| 13 | Pharmacist Store Keeper | Mr Madhavan |
| 14 | Nursing Superintendent | Mrs Shylaja |
| 15 | HMC President | Mr Unnikrishnan |
| 16 | PRO | Mr Shone |
| 17 | Staff Secretary | Mr Sankaranarayanan |
| 18 | Security In-Charge | Mr Rajan |
| 19 | Engineer LSGD | Mr Saleem |
| 20 | REP from DMO | Dr Ismail (Dy DMO) |

The HDMC shall be responsible for:

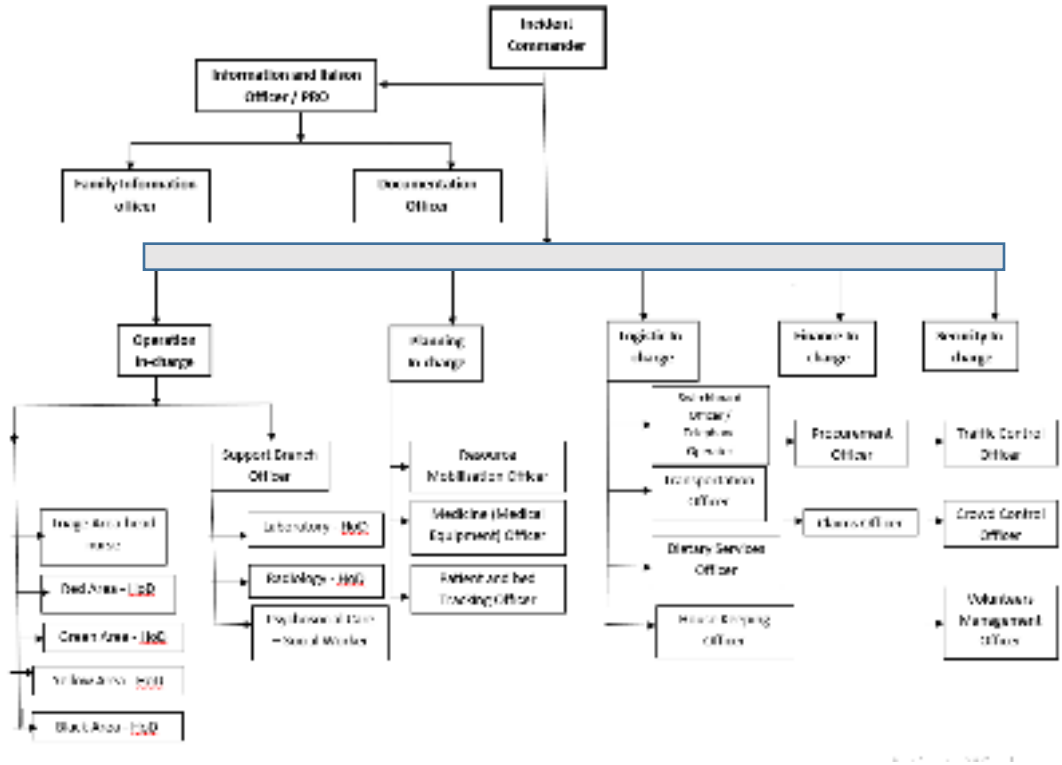
- Drafting and endorsement of the hospital disaster management plan;
- Operationalization, review and updating the plan;
- Conducting regular drills, at least two table top exercises and one drill on an annual basis;
- Ensuring all staff are sensitized on the plan through dissemination meetings;
- Ensuring all new staff have disaster management training;
- Ensuring all the Head of Departments (HoDs) and In-Charges of Wards/ Departments develop job-cards (detailing actions during emergencies) for every staff member as per the roles and responsibilities.
- Ensuring supplies required for emergency response are stored and ready to use as per sample stock inventory for disaster stores**.**
- Liaison with health department, State Disaster Management Authority, armed forces, and other hospitals/ health facilities to ensure operationalization of the plan;
- Take decisions to systematically reduce risk (structural and non-structural mitigation and preparedness actions) components of the hospital to achieve maximum functionality during disasters/ emergencies.

## 2. Hospital Incident Response System

The Hospital Incident Response System (HIRS) consists of the following structure. The overall responsibility for the management of the incident/emergency/disaster rests on the Incident Commander, including the management of all personnel involved. Each box in the table will be allocated with two successors in case the designated person is unavailable at site during an emergency. HIRS is flexible and the Incident Commander shall only activate the required positions, or functions. Under the HIRS, one person could hold more than one position or work of one position could be allocated to different people.

**Illustration 1 – Suggested IRS for DISTRICT HOSPITAL, PERINTHALMANNA**

**Table 3 – Designated IRS Positions for DISTRICT HOSPITAL, PERINTHALMANNA**




| Sr. No | HIRS role | Position | Supporting staff | |
|---|---|---|---|---|
| | **Incident Commander** | Medical Superintendent | RMO | |
| | **Deputy Incident Commander** | Resident Medical Officer/HOD Ophthalmology | - | |
| | **Public Relation Officer (PRO)** | PRO | | |
| | | RMO | | |
| | | ENQUIRY STAFF | | |
| | | | | |
| | **Documentation Officer** | LAY SECRETARY PRO LO | | |
| | **Family Information Officer** | JHI / STAFF SECRETARY | | |
| **2. Operations Section** | | | | |
| | **Operation In-charge** | HOD Surgery | | |
| | | Nursing | | |

| | | | | |
|---|---|---|---|---|
| | | Superintendent | | |
| | | | | |
| **2.1.1. Medical Care Branch** | | | | |
| | Triage area | Senior trained Head Nurse 4 | | |
| | | Junior Residents | | |
| | | | | |
| | Red Area | Anaesthetist 1 | Head Nurse 6 | |
| | | Surgeon 1 | Staff Nurse 2Nos, OT Staff 2 nos | |
| | | Orthopaedics 1 | Nursing assistant 2Nos | |
| | Yellow Area | Physician1 /Pulm 1 | Head Nurse 8 | |
| | | CMO 1 | Staff Nurse 2 nos | |
| | | Orthopaedics 2 | Nursing Asst / HAGr I | |
| | Green Area | Gynaecologist1 /Dermatologist | Staff Nurse 2 Nos | |
| | | CMO 2 | Ng. Asst./ HA Gr I | |
| | | | | |
| | Black Area | Head Nurse 2 | Ng. Asst/HA Gr.I | |
| | | Security Officer 1 | HA Gr II | |
| | | | | |
| **Support Service Branch** | | | | |
| | Support Branch Officer | PSK | HA Gr. II 2nos | |
| | | Pharmacist | | |
| | | Head Clerk | | |
| | Lab | Senior Lab Tech. | | |
| | | Lab Tech 2Nos | | |
| | | | | |
| | Radiology | Radio Grapher 1 | | |
| | | X Ray Attender | | |
| | | | | |
| | Forensic | | | |
| | | | | |
| | | | | |
| | Psychosocial Care-Social Worker | Public Health Nurse | | |
| | | JPHN | | |
| | | | | |
| **3** | **Logistic Section** | | | |
| | Logistic In-charge | HMC Member 1 | | |
| | | JHI | | |
| | | Driver 1 | | |
| | Switchboard | Data Entry | | |

| | | | | |
|---|---|---|---|---|
| | officer / Telephone operator | Operator | | |
| | | | | |
| | Dietary Services | Dietician | | |
| | | | | |
| | Housekeeping Services | HIC Supervisor | Cleaning Staff 5 | |
| | | | HA Gr. II 2 | |
| | | | | |
| | Transportation For referral | Staff nurse | | |
| | | Driver 2 | | |
| | | | | |
| **4** | **Finance Section** | | | |
| | Finance In-charge | Lay Secretary | | |
| | | | | |
| | Procurement Officer | PSK and Head Clerk | | |
| | Claim Officer | Lay Secretary | | |
| **5** | **Planning Section** | | | |
| | Planning In-charge | RMO | | |
| | | HEAD NURSE 1 | | |
| | | | | |
| | Medicine and Medical Equipment | Pharmacist 1 | | |
| | | | | |
| | Patient and bed capacity officer | Nursing Superintendent | | |
| | | | | |
| | | | | |
| **6** | **Security Section** | | | |
| | Security In-charge | Security Supervisor | | |
| | | Lay Secretary | | |
| | Traffic Control Officer | Securtiy staff 2nos | | |
| | | | | |
| | Crowd Control Officer | Dental Mechanic | | |
| | | Security Staff | | |
| | Volunteer management Officer | HMC Member 2<br>Ophthal 2 | | |

The other staff members who are not part of the ICS system of the hospital will be responsible and working together with their concerned departments to help manage disaster emergency.

### 3. Hospital Emergency Operation Centre (HEOC)

The HEOC will be established at Med. Supdt Office DISTRICT HOSPITAL, PERINTHALMANNA. In the long term an external, independent HEOC may be planned. Another medium-term option would be to install a porta-cabin near the hospital entrance area to serve as the HEOC, when needed.

The HEOC shall have the following facilities and amenities:

- Manual for the HEOC (this should be in summarized format and shared with all staff members for quick reference).
- Communication sets –telephones, fixed lines, telephone set, phones, mobiles and wireless communication sets.
- Maps – City and Hospital
- Television
- Computers with internet and printers
- Photocopy machines
- Contact numbers of key persons, both internal and external (Annex XXX), should be kept in the HEOC.
- Provision for male/female toilet and rest room with adequate facilities
- White board with marker pens
- Back-up generator
- Pantry items
- Seating area for at least six members
- Identify alternate HEOC in case primary HEOC is affected.

## VI. Standard Operating Procedures for emergency management

### 1. Activating the Emergency Management Plan

Emergencies can be:

1) **Internal** - Fire/ smoke or hazardous materials release within hospital building; Explosion; Violent patients/ armed visitors; Police actions; Other internal and disturbing events such as water failure/contamination, electrical failure, HVAC failure, medical gas failure, steam failure, etc.

2) **External** – Natural hazards (mainly fire, earthquake and windstorms); transport accidents involving mass casualties; epidemics; or other incidents leading to mass casualty.

3) **Combination** - A combination of the above as in a major earthquake where the hospital is affected as well.

Medical Supdt shall be the Incident Commander for all other levels.

***Level I***

- On receipt of information, CMO, Emergency Department (ED) in consultation with Ward MO activates emergency department procedures and be prepared to receive casualties.
- Following staffs to be relocated by NSO to casualty
  - Staff nurse – one each from medical ward and NS ward (staff nurse in stroke ward to take additional charge of NS ward)
  - Nursing assistant – from medical ward/stroke ward

***Level II***

- On receipt of information, IC informs all the section chiefs and activates the emergency operation centre.
- On receipt of information, IC directs CMO and ward MO ED to activate the emergency department to receive casualties.
- Ward MO will inform NSO activates ED procedures, including staff call back and triage procedures.
- IC activates positions in the IRS as required.
- Ward M O and activated section chiefs report back on actions taken to the IC
- IC briefs to all section chiefs including HoDs.

***Level III***

- On receipt of information, IC informs all the section chiefs and activates the emergency operation centre.
- Evacuation orders are given, as required.
- All staff and in-patients are evacuated using identified evacuation routes to designated evacuation area.
- Emergency procedures such as - Staff call back; patient reception and triage (if required); internal and external communication; patient evacuation to other hospitals are activated as required.
- Emergency meeting is held in a prepared location.
- IC along with section chiefs and other relevant IRS positions quickly draw up and agree on an Incident Action Plan (IAP).
- All sections and individuals fulfil their responsibilities under their section chiefs.
- Chiefs of the activated sections report to the IC regularly on actions taken.

***Level IV***

- On receipt of information, IC informs all the section chiefs and activates the emergency operation centre.
- Evacuation orders are given, as required.
- All staff and in-patients are evacuated using identified evacuation routes to designated evacuation area.

- Emergency procedures such as - Staff call back; patient reception and triage; internal and external communication; patient evacuation to other hospitals are activated as required.
- Emergency meeting is held in the HEOC if centre is usable, if not the meeting is held in a prepared location.
- IC along with section chiefs and other relevant IRS positions quickly draw up and agree on an Incident Action Plan (IAP). Medical camps, along with other operational areas are set up in pre identified locations.
- All sections and individuals fulfil their responsibilities under their section chiefs.
- Chiefs of the activated sections report to the IC regularly on actions taken.

## 2. Evacuation Procedures


**Illustration 2 – Map of evacuation sites (ES) – Should get satellite image**

**ES1** – Evacuation Site 1: Parking lot at Main block
**ES2** – Evacuation Site 2: Madhrassa behind the Main block
**ES3** – Evacuation Site 3: Parking lot at W&C block

**Standard Ward Evacuation Procedure:**

Standard ward evacuation procedure given below and additional steps and advice given under Procedure for Natural Hazards in Section VII in this plan document can be used as a reference to develop individual procedures.

- Upon receiving information of an emergency in the ward, the Nurse In-Charge assesses situation and decides to evacuate or not in consultation with ward MO. Nurse In-charge may also order evacuation on receipt of evacuation instructions.
- In case of a fire incident in the ward, the Nurse In-charge shall dial a Code Red / inform IR who spreads out information to others using [9495999304].
- In-charge takes stock of available staff, including support staff available for re-assignment.
- Hospital should develop emergency codes to alert staff members of the hospital.
- In-charge/designated staff member contacts other unaffected wards for patient evacuation support and initiates staff call back, if required.
- Staff takes stock of number of patients and makes preparations for evacuation;
- Patients are segregated as follows:
    - Patients who can walk on their own are accompanied out in groups through evacuation routes to the evacuation site.
    - Infants should be carried by the parents.
    - Wheel chair dependent patients are accompanied out by nursing assistants or ward boys through evacuation routes to the evacuation site.
    - Bed-bound patients.
- For bed-bound patients, Nurse In-charge with required staff should first attempt horizontal evacuation to identified refuge areas and only if there is threat to life, a vertical evacuation will be attempted.
- ICU patients should ideally be accompanied by a doctor.
- Staff ensures all utilities are turned off before evacuating.
- Designated staff accounts for all patients and staff at the evacuation site.
- Nurse In-charge reports back to IC on actions taken.
- HoDs and In-charges should dissemination their ward or department evacuation procedures to all concerned staff.
- Each ward (units and offices) should display their evacuation routes and sites.
- Procedures must be tested through simulation exercise or ward/departmental drills, at least twice a year and the procedures updated on a regular basis.

# 3. Mass Casualty Management Procedures

## 3. a. Surge Capacity Procedures

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

**I. Increase in human resources:**

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

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

**During emergencies, the HoDs or In-charges shall:**

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

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

**II. Increasing in-patient bed capacity (Surge Capacity)**

Bed capacity may be increased through the following options:

**1. Option 1**

Discharging non-critical patients using ‘reverse triage’ by identifying hospitalized patients who do not require major medical assistance. These patients could also be transferred out to other nearby hospitals such as MOULANA, ALSHIFA and EMS hospitals, etc. or allowed to go home.

**2. Option 2**

D H Perinthalmanna] can extend the current bed capacity in the existing wards and other areas in the hospital, as estimated below:

| Area | Wards | Current Bed Strength | Max extendable bed capacity | Max bed capacity after addition | Current nursing staff strength (per shift) | Additional required to manage max in-patient bed capacity |
|---|---|---|---|---|---|---|
| NS Ward | | 31 | 5 | 36 | 1 | 5 |
| Children Ward | | 21 | 9 | 30 | 1 | 3 |
| Casualty OPD | | 6 | 6 | 12 | 1 | 6 |
| Operation Theatre Recovery Beds | Surgical Recovery | 4 | 0 | 4 | 5 | 3 |
| Medical Special Ward | PAY Ward Rooms | 9 | 0 | 9 | 1 | 0 |
| | STAFF Sick Rooms | 1 | 0 | 1 | | |
| STROKE Unit | | 18 | 4 | 22 | 1 | 0 |
| Medical Ward | | 54 | 10 | 64 | 2 | 4 |
| POP Ward | | 23 | 4 | 27 | 1 | 3 |
| LABOUR Ward | | 28 | 0 | 28 | 1 | 0 |
| NICU | | 10 | 0 | 10 | 1 | 0 |
| LABOUR ROOM | | 12 | 0 | 12 | 1 | 0 |
| GYNC POP | | 15 | 0 | 15 | 1 | 0 |

**3. Option 3:**

The hospital can extend the current bed capacity in the existing wards and other areas in the hospital such as emergency wards in auditorium / seminar hall.

## 3.b. Patient Reception, Triage and Treatment Procedures (When building is safe):

- Patients will be unloaded from ambulances (or guided to the area by security personnel in case of patients walking in or brought in by private vehicles) and taken into the patient reception area in front of op registration counter.
  Triage nurses (posted according to the anticipated number of patients) will carry out triage - 1) Red - for urgent cases/ Priority 1; 2) Yellow - for less urgent cases/ Priority 2; 3) Green - for minor injuries/ Priority 3; and 4) Black - for the dead.
- Triage nurses/ registration officers will systematically register and record patients. Existing Triage Registration forms should be used for collecting information.
- Triage nurses will direct patients to appropriate treatment areas according to triage category.

### 3.b.1. Triage and Admission

A triage area will be set up infront of op registration counter and the staff will be trained. The triage will be done on the following basis. There will be colour coded wrist band to the patients to be sent off to the concerned area.

**Table 5 – Triage Colours and Priorities**

| Colour Tag | On Scene | | Hospital Care | | Suggested [Assign department] |
|---|---|---|---|---|---|
| | **Priority for evacuation** | **Medical needs** | **Priority** | **Conditions** | |
| Red | 1st | Immediate care | 1st | Life-threatening | **Existing casualty** |
| Yellow | 2nd | Need care, injuries not life threatening | 2nd | Urgent | **NS WARD** |
| Green | 3rd | Minor injuries | 3rd | Delayed | **OP ticket waiting area** |
| | Not a priority | Dead | Last | Dead | **Mortuary** |

## 3.b.2. Patient Treatment Area Procedures

- **Patient Resuscitation area (Red Tag Area – Existing casualty)**

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

- **Patient Observation Area (Yellow Tag Area – NS WARD)**

- This area is for Priority 2 or less urgent patients and will be located near the Emergency department.
- Patients in NS ward to be reverse triaged and discharged/shifted by ward MO to stroke and medical wards.
- The yellow tag area will be handled by the designated team.
- The team takes over patients from triage nurses and administers medical care as required and stabilizes patients.
- In case patients require surgery, team will hand over to Red tag area
-

- **Minor Treatment Area (Green Tag Area – op ticket waiting area**

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

- **Area for the dead bodies: Mortuary**

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

- **Area for the families**

The OP BLOCK to be earmarked as a waiting area for the families.

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

- **Area for VIPs and media**

The rooms in MS office and RSBY OFFICE to be identified for VIPs and also for media personnel. Under the directives of the Incident Commander, the PRO will be responsible for ensuring VIPs and media receive update and accurate information, as required.

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

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

1. W&C Hospital block and vice versa
2. Mosque behind water tank
3. School stadium of GHSS Perinthalmanna.

### 3.D. De-activation of Plan and Post-disaster de-briefing

- Incident Commander and section chiefs discuss and deactivate the emergency plan if convinced there would be no more casualties or feel that the situation is under control.
- Incident Commander holds post-disaster de-briefing with all the section chiefs and other staff involved to discuss any gaps, issues and challenges faced during implementation and update plan to deal with future emergencies.
- After Action Report (AAR) is written up and shared with all the staff. The Planning team should document the entire incident to support the AAR.

# VII. Standard procedures for natural hazards in the hospital

## 1. Procedures for fire prevention and during fire outbreak

**i). Fire Preparedness and Mitigation**

- Instructions for fire prevention should be formulated and communicated to all hospital staff, especially preventing electrical and LPG related fires through proper and mindful use of related appliances.
- Hospital premises should be assessed for fire hazard and necessary preventive actions taken. The assessment will bring out the high fire hazard areas and the need to implement risk reduction actions.
- Evacuation areas and routes should be identified and marked.
- Entry and Exits in all the hospital buildings should be marked and open at all times.
- Corridors and exits should be clear of equipment and furniture so that they do not block evacuation routes or exits during emergency.
- Adequate fire extinguishers, fire hydrants and smoke/ heat detectors and fire sprinklers should be installed and proper maintenance of the equipment and machinery ensured. Monthly fire extinguisher maintenance checklist and record provided below may be used.
- Keep emergency contact number of Fire Brigade (101).
- All staff should be aware of procedures to follow in case of a fire alarm or receipt of information of a fire outbreak (including shutting down of medical gas, air conditioning and other systems).
- All telephone calls must be terminated immediately after a fire alarm is activated unless they deal specifically with the alarm, so as not to waste time and be alert for instructions.
- All staff must be trained to use fire equipment.

**ii). Procedures during Fire Outbreak:**

In case of detecting any fire, follow the RACE procedure:

R – Rescue (rescue anyone including yourself or anyone who is in immediate danger to the closest safe area)

A – Alarm (if you are the first person to hear it, communicate to others)

C – Confine (confine the fire to where it is by closing all doors (not locking) in and around the fire area, after ensuring no one is trapped)

1. In case fire is detected

a) If the fire is in the early stages:
   - Remain calm and activate hospital alarm system (break glass and sound alarm)
     - Fire safety unit is alerted and will respond
   - Trained staff should use nearest fire extinguisher to extinguish fire.
   - Initiate Code Red via phone
     - The receptionist / switchboard attendant calls the following:
       - Fire safety unit (SECURITY SUPERVISOR 7994831745)
       - Medical Superintendent (8281956793) (or RMO in case MS is unreachable (8289820133)
       - Fire Brigade (101)
       - Local fire station number [04933 227 800]
       - Staff call back, as required
   - Ready patients for horizontal evacuation.

b) If fire is well developed:
   - Remain calm and activate hospital alarm system (break glass and sound alarm)
     - Fire safety unit is alerted and will respond
   - Initiate Code Red via calls
     - The receptionist / switchboard attendant calls the following {change as per your req}
       - Fire safety unit (SECURITY SUPERVISOR 7994831745)
       - Medical Superintendent (8281956793) (or Administrative officer in case MS is unreachable (9446878580)
       - Fire Brigade (101)
       - Local fire station number [04933 227 800]
       - Staff call back, as required
   - Initiate evacuation procedures. In case fire safety officer arrives at the scene, follow his/her instructions.
   - While leaving - leave lighting on; turn off oxygen, gases and electrical appliances and contain the fire by closing the windows and doors of the room.
   - If possible, collect medical records, patient notes etc. and take to the evacuation area, however the priority is to evacuate as quickly as possible.
   - Do not use lifts.
   - If there is heavy smoke, crawl to the exit, so that poisonous smoke is not inhaled.
   - In case your clothes catch fire – Stop, Drop and Roll.
   - For ambulatory patients give blankets to cover their body and head and take along lifesaving equipment if convenient and accessible.
   - Return back to the evacuated area only when instructed by fire safety officer or senior staff.

## QUARTERLY MONTHLY FIRE EXTINGUISHER CHECKLIST:

The following items shall be checked on all fire extinguishers at the facility and documented. If there is a fire extinguisher on site that does not pass the monthly inspection, notify the Fire safety unit immediately. All fire extinguishers are to be marked for ease of maintenance and testing.

**Interior Extinguishers:**

- Mounted in an easily accessible place, no debris or material stacked in front of it.
- Safety pin is in place and intact. Nothing else should be used in place of the pin.
- Label is clear and extinguisher type and instructions can be read easily.
- Handle is intact and not bent or broken.
- Pressure gauge is in the green and is not damaged or showing “recharge”.
- Discharge hoses/nozzle is in good shape and not clogged, cracked, or broken.
- Extinguisher was turned upside down at least three times (shaken)

**Exterior Extinguishers:**

- Discharge Hose/nozzle is in good shape and not clogged, cracked, or broken
- It is mounted in an easily accessible area, with nothing stacked around it.
- Safety Pin is in place and not damaged.
- Pressure gauge is in the green and not damaged or showing “recharge”.
- Label is readable and displays the type of extinguisher and the instructions for use.
- It is not rusty, or has any type of corrosion build up.
- Extinguisher was turned upside down at least three times. (Shake)
- The location of the extinguisher is easily identifiable. (Signs)

## QUARTERLY FIRE EXTINGUISHER INSPECTION RECORD

(Record all deficiencies on the monthly plant inspection to be turned into the Fire Safety Unit, DH Perinthalmanna

| **January** | **April** | **July** | **October** |
|---|---|---|---|
| Total # of Extinguishers onsite: ZERO | Total # of Extinguishers onsite: ZERO | Total # of Extinguishers onsite: ZERO | Total # of Extinguishers onsite: ZERO |
| All have been inspected: YES | All have been inspected: YES | All have been inspected: YES | All have been inspected: YES |
| All passed inspection: YES | All passed inspection: YES | All passed inspection: YES | All passed inspection: YES |
| Notified Fire Safety Unit: YES | Notified Fire Safety Unit: YES | Notified Fire Safety Unit:. YES | Notified Fire Safety Unit: YES |

- 2. Procedure for earthquake preparedness and response

### i. Earthquake mitigation and preparedness

- Conduct hazard and vulnerability assessment for earthquakes to identify structural and non-structural risks and measures for mitigation and preparedness.
- Fix and anchor equipment, furniture and fixtures on a prioritized basis to prevent and reduce risks from falling hazards.
- Clear all exits, doorways and corridors, especially the identified evacuation routes, to ensure smooth evacuation when required.
- Draw up evacuation procedure and identify evacuation routes and sites for each ward/ department and building.
- Put in place pre-agreements and arrangements for backup communication and emergency utilities such as water, gas, power, fuel etc.
- Ensure provisions for outdoor hospital, in case hospital buildings are damaged and non-functional.
- Store few necessary emergency items (such as emergency light, batteries, etc.) in each ward.
- Make staff aware of hospital's emergency preparedness plan, the key protective actions to take during an earthquake and procedures for evacuation.

### ii. During Earthquake

- During shaking all staff, patients and attendants get under their beds or under sturdy furniture to take cover and hold on (Drop, cover and Hold). Patients or attendants should not start running out as this could lead to a stampede and injury from falling objects. Staff member will firmly instruct people to remain calm.


**DROP**
Drop where you are, onto your hands and knees. This position protects you from being knocked down and also allows you to stay low and crawl to shelter if nearby.


**COVER** your head and neck with one arm and hand
If a sturdy table or desk is nearby, crawl underneath it for shelter
If no shelter is nearby, crawl next to an interior wall (away from windows)
Stay on your knees; bend over to protect vital organs


**HOLD ON** until shaking stops
Under shelter: hold on to it with one hand; be ready to move with your shelter if it shifts.
No shelter: hold on to your head and neck with both arms and hands.

- Patients who are bed/wheelchair bound will be instructed to protect their head with a pillow or their hands.
- Staff checks if earthquake has caused any injuries to their patients or attendants in their ward and provides necessary first aid.
- Prevent panic among the patients and attendants.
- Staff on duty determines whether evacuation is necessary depending on the intensity of shaking.
- In case evacuation is necessary, put off the medical gas supply and any electrical appliances.
- One staff conducts rapid assessment of evacuation routes for safety before leading patients and attendants through the evacuation routes to the evacuation sites as per the earthquake evacuation procedure.

**While evacuating:**

  - Tell patients and attendants not to carry their personal belongings.
  - Use stretcher to evacuate patients suffering from serious medical conditions to the evacuation site.
  - Vertical evacuation may be necessary during an earthquake to an outside area and you must use the stairways and ramps that are safe for evacuation (stairways and ramps need to be checked for safety by a staff member before evacuating patients). Never use a lift after an earthquake.
  - Staff should ensure that the building thorough-fares are safe and open the doors to secure an exit.
- Keep away from buildings and fallen power lines in the evacuation site. Stay away from building elements, damaged trees and power lines.
- Once evacuation is complete, count number of patients and staff members and report to the Incident Commander on actions taken.
- Return back to the evacuated area only when instructed by IR or senior staff.

# Annex A –Job Cards for various IRS designated positions

**Incident Commander:** The hospital Incident Commander (IC) is to direct all aspects of the hospital's participation in the disaster operation. The effectiveness of the operational hospital is his/her responsibility**.** IC must not be expected to carry out any logistic activities, patients care or any other activity, but must be free to respond and coordinate the overall emergency response.

**Reporting Area: HEOC**

**During normal times**

- Ensure that all communication system are in working conditions.
- Monitor preparedness measures including simulation exercises are undertaken by various departments,
- Conduct two simulation exercises and one mock drills annually.
- Direct disaster focal person to update preparedness plan every six months.

**During Drill/Emergencies**

- Activate the hospital Incident Respond System and organize and direct Emergency Operation Centre (EOC).
- Call for initial action plan meeting of all section chiefs and initiate damage and needs assessments
- Authorize resources as needed or requested by section Chiefs.
- Represent Hospital in emergency meetings and response and recovery meetings at Ministry, City and national level
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Extended Actions**

- Approve media releases submitted by the Information and liaison Officer
- Hold press conferences as required
- Direct formulation of after action report and share all staff
- Provide for staff rest period and relief

**Information and Liaison Officer:** The liaison officer is responsible for maintaining and disseminating incident's information and setting up a close liaison with the other external agencies.

**Reporting to: IC**

**Reporting Area: HEOC**

**During normal times**

- Set-up information Centre in HEOC (Hospital Emergency Operation Centre) to organize sharing of information with media and community.
- Maintain in-message and out-message register and other means of receiving and recording information

**During Drill/Emergencies**

- Collect and organize information for HEOC, Ministry, higher authorities and media and issue initial information report to the media on approval of IC.
- Prepare news releases and updates, including casualty status and ensure all the news releases have

approval of the IC.

- Establish contact with external concerned agencies (e.g., other hospitals, governmental entities, response partners) to ascertain disaster status, plans, and appropriate contact and reporting procedures.
- Control and regulate media presence and facilitate VIP visits and ensure there is no disturbance to emergency medical operations.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Family Information Officer:** The family information officer is responsible for dissemination of all the information, medical or otherwise, to the families/relatives of in-coming patients/disaster victims.

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial action plan meeting
- Establish information desk to provide requisite information to the families/relatives of the victims.
- Frequently display the list of casualties with their status at a prominent place in local language.
- Help Liaison/public information officer share information with media.
- Set up sites for the relatives and families of the victims in coordination with Liaison/public information officer and Security officer.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Documentation Officer:** The documentation officer is responsible for collecting and organising information and preparing reports of the overall incident.

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial action plan meeting
- Document actions and decisions taken by section in-charges.
- Prepare and maintain records and reports as appropriate for internal as well as external uses.
- Help Liaison/public information officer disseminate required information.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Logistic In-charge:** This section is responsible for organizing all actions associated with maintenance of the physical environment and adequate levels of food, shelter and supplies to support the ongoing operations.

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial action plan meeting
- Hold a meeting with all units head under the Logistics Section to support the action plan
- Requisition for and procure/hire materials, equipment, vehicles, as required and feasible through planning section
- Have close liaison and supervise all support services (switchboard, transportation, dietary and housekeeping)
- Observe all staff for signs of stress

- Report to IC about action taken
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Operation In-charge:** This section is responsible for implementation and delivery of required medical services on the ground as per the action plan. The operation in-charge is responsible for all patient care activities and supervise support services (laboratory, radiology, forensic and psychosocial care).

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial plan meeting
- Activate the Emergency Department and other departments upon receipt of information from the IC.
- Hold a meeting with all HoDs under the Operations Section to support the action plan
- Implement operations and coordinate with logistics and planning sections as and when required.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Planning In-charge:** The Planning In-charge is responsible for overseeing strategies and tracking and mobilizing resource and human resource requirements.

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial action plan meeting
- Coordinate with other section on their resource and manpower, and mobilize staffs if required.
- Increase the bed capacity of the hospital by creating emergency wards, discharging stable recovering patients and stopping admitting non-emergency patients.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Finance In-charge:** This section is responsible for monitoring and allocation of emergency funds and facilitating emergency purchase when needed in the course of emergency.

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial action plan meeting
- Maintain all related documentation necessary for managing facility record keeping and reimbursement.
- Monitor the utilization of financial assets and the accounting for financial expenditures.
- Supervise the documentation of expenditures and cost reimbursement activities to documentation officer.
- Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident, which are alleged to be the result of an accident or action on hospital property
- Responsible for providing cost analysis data for the declared emergency incident and maintenance

of accurate records of incident cost.

- Responsible for administering accounts receivable and payable to contract and non-contract vendors.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Security In-charge:** The security In-charge is overall responsible for activating and alerting all security staff and designate them in various areas of the hospital.

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial action plan meeting
- Establish Security Command Post
- Establish ambulance entry and exit route
- Secure the EOC, ED and hospital areas from unauthorized access
- Initiate contact with fire or police, through the information and liaison officer when necessary
- Provide vehicular and pedestrian traffic control
- Control entry/movement of crowd/public.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Support Branch Director/ Ancillary Service Section Chief:** The officer is responsible for timely providing and managing essential medical as well as non-medical services to help maintain the optimal functionality of the hospital in wake of an emergency.

**Reporting to: OPERATION INCHARGE**

**Reporting Area: IC**

- Participate in initial action plan meeting
- Organize and manage the services required to maintain the hospital's supplies and facilities.
- Ensure the provision of logistical, psychological, and medical support of hospital staff and their dependents.
- Provide for the optimal functioning of Ancillary Services in support of the facility's medical objectives in emergency situation.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Laboratory HoD:**

**Reporting to: OPERATION INCHARGE**

**Reporting Area: SUPPORT BRANCH OFFICER**

- Participate in initial action plan meeting
- Ensure adequate collected screened blood (20% more than normal requirements)
- Keep adequate blood bags, reagents and other supplies
- Notify physicians about the availability of blood of different groups in stock.
- Contact potential living donors during emergency as required.
- Outbreak Investigation Response

- Utilize mobile blood bank van to meet the demand of blood
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Radiology STAFF**

**Reporting to: OPERATION INCHARGE**

**Reporting Area: YELLOW AREA**

- Participate in initial action plan meeting
- Regularly inspect the machines for functionality,
- Keep portable X-ray/USG machine always ready,
- Team leader will coordinate with staff of all units (USG, X-ray, CT and MRI)
- X-Ray films, USG gel and solution will be kept in reserved basis(20% more than normal requirement)
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Psycho Social Care officer:** is responsible for keeping ready all medical supplies and necessary equipment.

**Reporting to: OPERATION INCHARGE**

**Reporting Area: GREEN AREA**

- Participate in initial action plan meeting
- Provide counselling and psychosocial care to those in need.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Red Area – TEAM–** This area will preferably be handled by an Emergency Department to treat the patients with urgent cases/ Priority 1.

**Reporting to: OPERATION INCHARGE**

**Reporting Area: RED AREA**

- Participate in initial action plan meeting
- Receive patients from the triage team and give the necessary treatment.
- Patient resuscitation team provides immediate medical attention to priority 1 cases.
- Call concerned specialist and transfer to OR/ICU/Ward as required
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Yellow Area – TEAM -** This area will preferably be handled by an Orthopaedic department to treat the patients with less urgent cases/ Priority 2.

**Reporting to: OPERATION INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting

- Receive patients from the triage team and give the necessary treatment.
- Patient observation team will take care of priority 2 cases and provide them with medical care
- Refer to red area if required.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Green Area – TEAM-** This area will preferably be handled by a skin department to treat the patients with minor injuries/ Priority 3.

**Reporting to: OPERATION INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Receive patients from the triage team and give the necessary treatment.
- The minor treatment team will take care of the "walking wounded", provide them with medical care and send them home as soon as possible.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Black Area – HoD -** This area will preferably be handled by a mortuary department for the dead.

**Reporting to: OPERATION INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Receive patients from the triage team and give the necessary treatment.
- Maintain master list of deceased patients with time of arrival
- Assure that all personnel belongings are kept with deceased patients and are secured;
- Assure that all deceased patients in Morgue Area are covered, tagged and identified when possible;
- Ensure the safety and Security for any morgue security needs;
- Report any concerns to the Operation Officer.
- Unclaimed bodies will be retained in the morgue and announcement made over public media or public address system
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Resource Mobilisation Officer:**

**Reporting to: IC**

**Reporting Area: HEOC**

- Participate in initial action plan meeting
- Ensure that in-charges of different sections are in the different areas of the hospital.
- Maintain information on the status, location, and availability of personnel, teams, facilities and supplies.
- Maintain a master list of all resources assigned to incident operations.
- Keep close liaison with all section in-charges.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Medicine (Medical Equipment) Officer:**

**Reporting to: IC**

**Reporting Area:HEOC**

- Participate in initial action plan meeting
- Keep ready all medical supplies and necessary equipment
- Move to site after receiving the instruction
- Inform Planning in charge about the situation at site, number of casualties and requirement of resources.
- Check emergency kit weekly and manage storage and inventories.
- Mobilize vital and necessary items/Drugs and Non-drug items from other HCCs.
- Collect required items from MSD/ MSPD/local purchase
- Maintain recording and reporting system related to procurement, distribution and mobilization of required items.
- Assure and be equipped with necessary items.
- Procure additional emergencies request
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Patients and Bed Tracking Officer:**

**Reporting to: PLANING INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Conducting reverse triage of stable patients
- Stop admitting non-emergency patients
- Convert waiting/non-patients care areas into makeshifts wards.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Switchboard Officer: DATA ENTRY OPERATOR**

**Reporting to: LOGISTIC INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Establish duty roster system for standby staff
- Identify physicians, nurses and hospital workers who are a) retired, b) have changed hospital, c) working in nearby hospitals etc.
- Liaison with Nursing Superintendent to prepare list of nursing staff who may be made available at a short notice.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Transport Officer:**

**Reporting to: LOGISTIC INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Manage and deploy ambulances and other vehicles based on the command made by IC.
- Coordinate and ensure alternate transportation arrangements (bus, taxi, public transport) , Armed Forces, schools and other agencies
- Manage fuel and maintenance of vehicles.
- Maintain efficient communication with the IC, administration, and store and with other stakeholders.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Dietary Service Officer:** is responsible for preparing to serve nourishments to field workers/health staff and patients, managing catering services in the hospital.

**Reporting to: LOGISTIC INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Ensure adequate levels of food for ambulatory patients, in-house patients and personnel as required.
- Ensure that food stockpiles are continually and adequately renewed.
- Utilize additional areas for extra eating space.
- Make arrangement to provide coffee and snacks to the casualty, OT, ED and other designated areas.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**House Keeping Officer:** is responsible for organizing all actions associated with maintenance of the physical environment and supplies to support the functioning of the hospital.

**Reporting to: LOGISTIC INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Assess critical medical utility systems and buildings for damages and needs for water, power and sanitation requirements.
- Ensure adequate water supply with alternate sources of water such as storage tanks in case of possible breakdown in the normal water supply.
- Ensure the provision of standby generators to provide lights and power to essential areas of the hospital like Emergency Department, OT and ICUs etc.
- Ensure that stockpiles are continually and adequately renewed
- Temporary repair to damaged infrastructure.
- Organize and coordinate debris clearance in hospital buildings and compound.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Procurement Officer:** is Responsible for administering accounts receivable and payable to contract and non-contract vendors

**Reporting to: FINANCE INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Ensure proper accounts receivable and payable to procured/hired materials, equipment, vehicles etc.
- Allocate emergency funds when required
- Facilitate emergency purchases if required in course of the emergency.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Claim Officer:** is Responsible for receiving, investigating and documenting all claims reported to the hospital during the emergency incident.

**Reporting to: FINANCE INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Receive all insured claims and
- Make compensation payment when required
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Traffic control officer**: is responsible for controlling traffic within and outside the hospital.

**Reporting to: SECURITY INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Establish ambulance entry and exit route
- Make sure ambulances are guaranteed free access to the incoming patient area.
- Secure important hospital areas from unauthorized vehicle access
- Secure evacuation areas
- Advise IC and section chiefs immediately of any unsafe, hazardous or security related conditions
- Post no-entry signs around un-safe areas.
- Report to IC about actions taken and coordinate and work closely with information officer.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Crowd Control Officer:** is responsible for controlling crowd within and outside the hospital.

**Reporting to: SECURITY INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- Control entry/movement of crowd/public
- Designates a separate waiting area for relatives of the injured control crowd.
- Makes sure that on no account will be relatives be permitted into the Casualty or designated wards during the emergency.
- Direct family members to designated family areas
- Initiate contact with fire or police, through the liaison officer when necessary.

- Extend the role beyond the responsibilities mentioned in the job cards if required.

**Volunteer Management Officer:** is responsible for organising, assigning and deploying the volunteers within and outside the hospital.

**Reporting to: SECURITY INCHARGE**

**Reporting Area:**

- Participate in initial action plan meeting
- If the hospital's security personnel are not sufficient to handle the situation, requests help from the hospital nearby volunteers.
- The role which volunteers will carry out should be predetermined, rehearsed, coordinated and supervised by regular senior staff.
- Designate them areas to control traffic and crowd.
- Extend the role beyond the responsibilities mentioned in the job cards if required.

Note: *PLEASE NOTE: Hospital should identify appropriate job titles for the responsibilities in their organization. These should reflect the departments and services for that organization. Every hospital will not need each of these job action titles, and most will have other job actions that will be needed and defined within the hospitals IRS. The IRS Job Action Sheets should be customized to the needs of the facility, and assigned as required by the individual emergency incident.*

## List of Employees

| | CODE | Name | PHONE NO | Designation |
|---|---|---|---|---|
| 1 | MS | Dr SREEVISHNU S | 9495999301 | Medical Superintendent |
| 2 | LS | Sudarsanan K V | 9446081028 | Lay Secretary and Treasurer |
| 3 | CMO 1 | Dr Indhu A | 8289820133 | Assistant Surgeon |
| 4 | OPTH 1 | Dr Vijayaraghavan P | 9544568212 | Consultant, Ophthalmology |
| 5 | GYN 3 | Dr Sini A T | 9544868786 | Junior Consultant, Obstetrics, and Gynaecology |
| 6 | PUL 1 | Dr KAVITHA V | 9447071545 | Junior Consultant, Respiratory Medicine/TB, and Chest Disease, (Pulmonology) |
| 7 | PHY 1 | Dr SHAJI A | 9809200000 | Medical Consultant |
| 8 | PMR | Dr Sudhil T R | | Junior Consultant, Physical Medicine and Rehabilitation |
| 9 | PED 2 | Dr Habeeb | | Junior Consultant, Paediatrics |
| 10 | ORT 2 | Dr Abdulla M N | 9446033195 | Consultant, Orthopedic Surgery |
| 11 | GYN 1 | Bindhu C DR | | Junior Consultant, Obstetrics and Gynaecology |
| 12 | ENT | Shamsheer M A Dr | | Junior Consultant, ENT I HG |
| 13 | SUR 1 | Shaju Mathews Dr | 9447335723 | Consultant |
| 14 | ORT 4 | Sreejith E S Dr | | Junior Consultant, Orthopedic Surgery |
| 15 | GYN 2 | Naseera Kozhithodi Dr | | Junior Consultant, Obstetrics and Gynaecology |
| 16 | RT | Dr Usman Kutty A M | | Junior Consultant(44640-58640) |
| 17 | DEN 1 | Biji Kurien Dr | | Assistant Surgeon HG |
| 18 | GYN 4 | Pramitha P Dr | | Junior Consultant |
| 19 | PED 1 | Habeeb T A Dr | | Consultant, Paediatrics |
| 20 | ORT 1 | Sunil K S Dr | | Consultant, Orthopedic Surgery |
| 21 | ORT3 | Dr Amanulla C | | Junior Consultant, Orthopedic Surgery |
| 22 | OPH 2 | Dr Bibin M | | Junior Consultant, Ophthalmology |
| 23 | RMO | Indu S Dr | | Assistant Surgeon |
| 24 | SUR 2 | Ajesh Rajan Dr | | Junior Consultant, General Surgery |

| | | | | |
|---|---|---|---|---|
| 25 | ANA 2 | Lakshmi Menon Dr | | Assistant Surgeon |
| 26 | DER | Salma P Dr | | Junior Consultant, Dermatology and Venerology |
| 27 | DEN 2 | Radhika K G Dr | | Assistant Dental Surgeon |
| 28 | PHY 2 | Anoop V S Dr | | Junior Consultant, General Medicine |
| 29 | CMO 2 | Rugma K Dr | | Assistant Surgeon |
| 30 | CMO 3 | Dr Farzana B | | Assistant Surgeon |
| 31 | ANA 1 | Meena P N | | Consultant, Anaesthesia |
| 32 | CMO 3 | Thasneem Taj E | | Assistant Surgeon |
| 33 | NS | Shylaja Palliyalil | | Nursing Superintendent Gr I |
| 34 | HN 7 | Jini P C | | Head Nurse |
| 35 | HN 2 | Priya P | | Head Nurse |
| 36 | HN 8 | Sreedevikutty K | | Head Nurse |
| 37 | HN 3 | Remani K G | | Head Nurse |
| 38 | HN 4 | Anandhavally C M | | Head Nurse |
| 39 | HN 6 | Sreejith C | | Head Nurse |
| 40 | HN1 | Vinodini P | | Head Nurse |
| 41 | HN 5 | Bhavani Anamangad Palasseri | | Head Nurse |
| 42 | | Shahul Hameed K T | | Staff Nurse Gr I |
| 43 | | Rejeena P | | Staff Nurse Gr I |
| 44 | | Sandhya KJ | | Staff Nurse Gr II (8 Yrs HG) |
| 45 | | DAMAYANTHI B K | | Staff Nurse GR I (30700 - 65400) |
| 46 | | Sabitha B | | Staff Nurse Gr II (8 Yrs HG) |
| 47 | | ANIL A | | Staff Nurse Gr I |
| 48 | | JISHA K P | | Staff Nurse Gr II |
| 49 | | Shaniba N P | | Staff Nurse Gr II |
| 50 | | Kavitha P | | Staff Nurse Gr II |
| 51 | | Praseetha O | | Staff Nurse Gr II |
| 52 | | SHANTY MATHEW | | Staff Nurse Gr II |
| 53 | | Sandya P K | | Staff Nurse Gr II |
| 54 | | Saumya M | | Staff Nurse Gr II |
| 55 | | Ramya C R | | Staff Nurse Gr II |
| 56 | | Najma A | | Staff Nurse Gr II |
| 57 | | Sindhu Lakshmi K V | | Staff Nurse Gr II |
| 58 | | MINI JOSEPH | | Staff Nurse Gr II |
| 59 | | MINIMOL VP | | Staff Nurse Gr II |
| 60 | | JOTHILEKSHMI P | | Staff Nurse Gr II |
| 61 | | ATHIRA R | | Staff Nurse Gr II |
| 62 | | Rugma K | | Staff Nurse Gr II |
| 63 | | MUMTHAS P K | | Staff Nurse Gr II |
| 64 | | Prasanth M | | Staff Nurse Gr II |
| 65 | | Ramya krishnan P | | Staff Nurse Gr II |
| 66 | | Salini K | | Staff Nurse Gr II |
| 67 | PHAR 1 | Mohammed Kutty K | | Pharmacist Gr I (22 years HG) |
| 68 | PHAR 2 | Sreeja C | | Pharmacist Gr I (15 Yrs HG) |
| 69 | PSK | Madhavankutty P | | Pharmacist Store Keeper |
| 70 | PHAR 3 | MARIYAMMA P G | | Pharmacist Gr I |
| 71 | PHAR 4 | Krishnakumar K | | Pharmacist Gr II |
| 72 | PHAR 5 | Mohammed Shafi | | Pharmacist Gr II |
| 73 | LAB 1 | Lucy C M | | Laboratory Technician HG |
| 74 | LAB 2 | Shincy Lawrence | | Laboratory Technician Gr II |

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| 75 | LAB 3 | SHYLAJA KP | | Laboratory Technician Gr II |
| 76 | | Unnikrishnan P V | | Lab Attender (22Yrs HG) |
| 77 | | Sadhiqali Kallankunnan | | Treatment Organizer Gr II |
| 78 | | DEEPA S | | Radiographer Gr II |
| 79 | | Sara V | | X-Ray Attender 22 Yrs HG |
| 80 | | SHEMINA K | | E.C.G.Technician Gr II |
| 81 | | Hareesh P | | Driver Grd I |
| 82 | | SHAIJU KP | | Driver Grd II |
| 83 | | RABISHA T | | Dental Machanic Gr II |
| 84 | | Ajay Babu T | | Dental Hygenist Gr I |
| 85 | SS | Sankara Narayanan V C | | Senior Optometrist |
| 86 | | Sunitha K S | | Optometrist Gr I (15 Yrs HG) |
| 87 | JHI 1 | Thulasidas P | | Junior Health Inspector Gr II (15 Yrs HG) (By Transfer) |
| 88 | | Parvathy P | | Junior PH Nurse Gr I (22 Yrs |
| 89 | | Unnikrishnan A O | | Junior Health Inspector Gr II |
| 90 | LHI | Premakumari P | | Lady Health Inspector |
| 91 | | Suseela E S | | Non-Medical Supervisor(23 yrs HG) |
| 92 | HC | Abdul Rasheed K | | Head Clerk |
| 93 | | SUNILKUMAR K | | Senior Clerk |
| 94 | | Sailaja Pelasseri | | Senior Clerk (15 Yrs HG) |
| 95 | | Jija C | | Senior Clerk |
| 96 | | PRIYA K | | UD Typist |
| 97 | | Radha P | | Office Attendant (HG 8 |
| 98 | | Vanaja P | | Nursing Assistant |
| 99 | | Saji T Y | | Nursing Assistant |
| 100 | | Manjula P | | Nursing Assistant |
| 101 | | SREEKUMARI P | | Nursing Assistant |
| 102 | | Unnikrishnan O | | Nursing Assistant |
| 103 | | Santha P | | Nursing Assistant |
| 104 | | SADAKKATHULLA P K | | Nursing Assistant |
| 105 | | VANAJA P | | Nursing Assistant |
| 106 | | GOPALAKRISHNAN V V | | Nursing Assistant |
| 107 | | PUSHPALATHA K | | Nursing Assistant |
| 108 | | SARADA NATTUPURAYA | | Nursing Assistant |
| 109 | | SAROJANI M | | Nursing Assistant |
| 110 | | SREEJA T P | | Hospital Attendent Gr I |
| 111 | | SHYLAJA P V | | Hospital Attendent Gr I |
| 112 | | ANOOB VP | | Hospital Attender Gr.II |
| 113 | | Karthiani k | | Hospital Attendent Gr II |
| 114 | | Shibi KV | | Hospital Attendent Gr II |
| 115 | | JOSE K A | | Hospital Attendent Gr II |
| 116 | | RADHA M | | Hospital Attendent Gr II |
| 117 | | UNNIKRISHNAN P | | Hospital Attendent Gr II |
| 118 | | VALLY C | | Hospital Attendent Gr II |
| 119 | | Alok lawrance | | Hospital Attendent Gr II |
| 120 | | Anie PJ | | Part Time Sweeper(4250-6700) |
| 121 | | Rugmini TP | | Part Time Sweeper(4850-7500) |
| 122 | | JOBI P G | | Attender Gr II |
| 123 | | MOHAMED SALEEM P P | | Attender Gr II |
| 124 | | Omana K | | Attender Gr II |

POWER BACK UP

NO. OF GENERATORS – 3

1. W&C BLOCK
2. MAIN BLOCK
3. BLOOD BANK

AVERAGE DIESEL CONSUMPTION PER HOUR 10 Litres each

Fuel Storage required for 3 days – 2000 litres