Administration of
Daman & Diu, U.T.,
Directorate of Medical & Health Services
Daman

STANDARD OPERATING PROCEDURE FOR FLOOD

1. Description of the Threat/Event. Flooding occurs in known flood plains when there is prolonged rainfall over several days, intense rainfall over a short period of time, or because of ice or debris jams in a river. As a result, flooding can disrupt transportation systems and damage potable and wastewater systems and occupancies within the flood plain.

2. Impact on Mission Critical Systems.

1. Municipal utilities, including electrical power, water and natural gas.
2. Hospital normal and emergency electrical power distribution systems.
3. Hospital water distribution (potable and non-potable).
4. Sanitary sewer and storm drainage systems.
5. Natural gas supply and distribution system.
6. Medical gas (air, oxygen, nitrous oxide) and vacuum systems.
7. Diagnostic and therapeutic medical equipment.
8. Fire detection and suppression systems.
9. Voice and data communications (e.g. electronic patient records and images, cellular phones, telephones and paging systems).
10. Heating, ventilating and air conditioning systems.
11. Vertical and horizontal transport systems (elevators).
12. Refrigeration systems (e.g., blood bank, nutrition, laboratory, morgue).
13. Liquid fuel systems (e.g., propane, diesel, gasoline).
14. Roadways and bridges.
15. Waste handling and disposal (regular and bio-hazardous).

3. **Contingency Plan**

a) A command structure where role of each person should be defined **(Annexure A)**.
b) A triage (screening) protocol wherein a triage officer should be identified for both field and hospital **(Annexure B)**
c) The plan should mention a place identified for using make shift hospital like community hall, school building etc. which can be used for treating casualties if they arise in large numbers exceeding the capacity of its health institutions **(Annexure C).**
d) Equipments, medicines, surgical materials and others **(Annexure D).**
e) Rapid first response team by mobile team for Crisis Management **(Annexure E)**.

4) Operating units and key personnel with responsibility to manage this threat / Event

As per Annexure A the key personnel will be responsible to manage the threat/event.

5) Mitigation / Preparedness activities of the threat / event.

a. Hazard Control Strategies. The following are general control strategies needs to be adopted:

- Remind employees about the dangers of driving in flood-prone areas.
- Check with suppliers for possible disruptions to utility services and deliveries.
- Reduce consumption of supplies known to be in limited supply.
- Contact home-based patients to check their status.

b. Hazard Monitoring Strategies.

- Administration will monitor the flooding and its impact on roads and water systems.

6) Response / Recovery from the event / threat.

a. Hazard Control Strategies. Comprises of four concurrent activities.

- **Save Lives and Prevent Injury.** While it is important to set up the Emergency Operations Center as quickly as possible, it is urgent to address the safety of patients, particularly those who may be immobile or on life support. Clinical staff are key in this effort. As the Emergency Operations Center is set up and communication lines are established, information must be routed to the Emergency Operations Center with all possible speed as to the assessment of the injury and safety status of all patients.
- **Establish Communication Paths.** Effective and timely communication is essential to minimize the loss of life or property.
- **Activate the Standard Operating Procedure for Patient Evacuations if needed.** Special attention should be paid to begin the massive transportation needs and coordinate the safe transfer of patients by means of water ways on locally made boats.
- **Check and Secure Utility Systems.** Include all components of distribution systems (e.g., supply and return lines, risers, shut-off and isolation valves, manifolds, switchgear, transformers and sub-stations) for the following lifeline utilities:
  - Normal and emergency electrical power distribution systems.
  - Water distribution (potable, chilled and irrigation).
  - Sanitary sewer and storm drainage systems.
  - Natural gas supply and distribution system.
  - Steam generation and distribution systems.
  - Medical gas (air, oxygen, nitrous oxide) and vacuum systems.
  - Fire detection and suppression systems.
  - Voice and data communications (e.g., electronic patient records and images, cellular phones, telephones and paging systems).
  - Heating, ventilating and air conditioning systems.

- Vertical and horizontal transport systems (e.g., elevators).
- Refrigeration systems (e.g., blood bank, nutrition, laboratory, morgue, and research).
- Liquid fuel systems (e.g., propane, diesel, gasoline).

Secondary hazard control includes the following activities:

- **Assess damage.** The Administration should assign teams to gather information in accordance with the Emergency Management Program. This is critical information that may be required by coordinating agencies, such as police, fire and rescue and Health Administration hierarchy.
- **Determine Access Levels for all Areas and Structures.** (Appropriate signage should be placed to control the flow of staff, equipment and transport vehicles as quickly as possible.):
  - **Green** - unrestricted access, building's original seismic integrity has not been compromised.
  - **Yellow** – temporarily usable, or usable with caution (e.g., hardhat entry).
  - **Orange** – limited entry by authorized personnel only, no occupancy.
  - **Red** – restricted, no access and no occupancy.

- **Check and Reset Systems.** Examples include:
  - Fire detection suppression systems, (e.g., alarm panels, smoke and fire doors, pumps), panic alarms, computer system, Security access systems, Information management systems, Elevator motor control centers, Medical gas (air, oxygen, nitrous oxide) and vacuum systems.

- **Check for Fires and Fire Hazards.** The Administration must take the lead to check the entire area for fires and fire hazards due to short circuit.
- **Address Special Transportation Needs.** There may be an acute need for ambulance for transportation of patients from the site from where the waterways are living the affected casualties.
- **Preserve Patient Records.** Ensure someone is assigned responsibility for the preservation and availability of patient records.
- **Preserve Perishable Foods and Supplies.** Sister Aruna must evaluate immediately the condition of perishable food and supplies and coordinate disposition with logistics. If refrigeration is lost, consume the most perishable foods first.
- **Address Matters of Public Interest.** The Medical Superintendent must monitor and control all contacts with the media. Every effort must be made to maintain the public trust in a time of crisis.
- **Verify Potable Water Sources.** No one should drink any tap water until a determination is made on whether sewer lines are intact. Contamination could occur, and only bottled or otherwise contained; safe or treated water should be used until that determination is made. Use bottled water in interim and activate pre-arranged testing protocols.

- **Replace all Telephone Receivers.** All staff should ensure that telephone handsets are placed back on the cradle so that if telecommunications are intact they can be quickly used.

b. ***Hazard Monitoring Strategies***. Ongoing monitoring and documentation of the status of patients, facilities, staff and cost is critical. This can be accomplished by creating and updating monitoring spreadsheets.

- ***Monitor patient condition and location*****.** The Medical Superintendent or designee and staff must maintain a monitoring spreadsheet listing the current status for each patient, including the following information:

    - Patient name
    - Identifying number
    - Condition
    - Pre-flood ward or location
    - When and how transported (as appropriate)
    - Current location

- ***Monitor safety of occupied areas.*** The Assistant Medical Superintendent must establish a team to conduct periodic (e.g., every four hours) safety rounds of the occupied areas on campus. Information should be transmitted to the Emergency Operations Center to update the hazard monitoring spreadsheet.

- ***Monitor status of facilities.*** The Assistant Medical Superintendent must set up and maintain a continuous damage assessment monitoring system. This should be documented at the Emergency Operations Center in a spreadsheet.

- ***Monitor staff deployment.*** The Assistant Medical Superintendent must maintain a monitoring spreadsheet listing the current status for each employee, including the information listed below.

    - Name
    - Duty status
    - Current assignment
    - Current location

- ***Monitor resources and costs.*** All costs incurred as a result of the flood to be monitored and documented.

c. ***Recovery Strategies and Resource Issues*****.** Between 24 and 72 hours after the flood, the hospital should anticipate a transition from first response to the beginning stages of recovery. During this period, the Medical Center will begin formulating and implementing strategic plans for recovery. This is the first opportunity for leadership to address issues beyond first response. While it is difficult to project every need, the following have been identified as key:

- ***Evaluate damaged equipment.*** The Assistant Medical Superintendent will be responsible for evaluating damaged medical equipments, non medical equipments and utilities equipments.

- ***Use and maintain as-built drawings****.* The hospital administration should be aware that inaccurate drawings might pose hazards during short and long-term construction recovery. Pay attention during any drilling, digging, or other excavation since undocumented, buried high voltage electrical feeders, major chilled or potable water supply and return lines, natural gas or other major utility lines may result in further damage or injury. All field changes must be continuously documented on as-built drawings.

- ***Keep staff informed***. The Assistant Medical Superintendent should be responsible for keeping staff apprised of recovery efforts as failure to do this will unnecessarily increase the stress everyone experiences as a result of the flood.

- ***Provide employee counseling***. Counsellors should arrange for counseling to all staff who are suffering from stress or other symptoms related to the flood.

- ***Develop post-flood construction projects***. The hospital administration in consultation with the hospital architect and engineering department is responsible for development of post flood construction projects.

- ***Develop Capital Investment Proposals***. The hospital administration must submit Capital Investment Proposals in order to obtain funding for disaster recovery construction projects.

7) External Notification Procedures

- Ministry of Home Affairs
- Administrator, D&NH & DD
- State Crisis Management Committee (SCMC)
- Crisis Management Group (CMG)

8) Specialized Staff Training

a. *All staff must be trained in flood preparedness and individual hazard reduction strategies.*

b. *Technical staff should be trained in post-flood evaluation and recovery strategies.*

10) Tagging: Annexure 'B'

11) Short falls/requirements:

a) Trained Manpower: For effective patient care training of the hospital staff is of utmost importance. Since most of the staff are on contractual basis they need to be sent for regular training and the expenditure should be borne by the Administration.

b) Equipments: For handling mass casualties there is a need for additional life saving equipments to be used in case of emergency.

c) Fund: Additional fund should be earmarked every year meeting the requirements in cases of mass casualties. Powers to utilize the funds should be given to the hospital authorities to meet such life saving emergencies.

d) Ambulances: To meet the additional load of casualties in emergencies well equipped ambulances is a must for saving life. There should also be provision for well equipped Cardiac Care Ambulances to meet such emergencies.

e) **Staff:** Additional staff will be required to treat and manage mass casualties.

f) **Training & IEC:** Training and IEC materials should be provided to handle any emergencies to update the knowledge and skills for providing better patient care.

DISASTER MANAGEMENT PLAN

Annexure 'A'

A) Initial Alert:- Dr. Shailesh Arlekar, Medical Superintendent, Govt Hospital and Dr Sudhir Nair, Assistant Medical Superintendent Govt Hospital and also inform to 108 GVK EMRI, Manager 108 GVK EMRI.

B) Immediate Response Team:- Medical Officer on duty in Casualty, All Sister-in-charges of Govt Hospital, Daman.

C) Disaster Management is divided into 2 levels:

1. Level I response: Limited response 5 to 10 Major Trauma Patients for example: Bus accident, house fire, construction site collapse. Can usually be handled by the casualty team utilizing Casualty staff and Staff can be withdrawn from Wards if required.

2. Level II Response: More Than 10 critical Injured or burn Victims requires activation of the disaster management plan.

   Augmentation of key areas of hospital i.e. Casualty, OT, Male ward (to keep casualties).

* List of phone numbers of Immediate Response Team. (Annexure I)

1) Emergency / Casualty:

- Patient Reception cum Triaging Area: Front porch area of emergency.
- Patient Resuscitation Area: Emergency department.
- Patient Observation Area: Observation Room.
- Minor Treatment Area: away from the emergency (Female Ward).
- X- Ray/Lab. will be done in casualty itself.

Below listed Doctors and Specialists can be called to the hospital as per the requirement.

* Medical Officer posted in Casualty
* Specialists
- Physicians
- General Surgeons
- Orthopedic Surgeons
- Pediatricians
- Gynecologist (if required)
- Ophthalmologist
- Dental Surgeon
- Physiotherapist

* Sister In-Charges (Casualty & OPD), Medical Officers those are not on duty need to be called.

- In case of any emergency the current staff on duty should be deployed in emergency area as per the need and meanwhile call Two Staff Nurses, Two Nursing Orderly, Two Sweepers from each ward / department (Casualty & EMS, Female Ward, Male Ward, Gynaec Ward/Labour Room & OPD) should be called to Emergency by the on duty Medical Officer & staff nurse. All

Doctors, Staff Nurses, Pharmacist, X Ray Technicians, Sweepers those are not on duty are to be called to Emergency as early as possible. All Staff should report to casualty on duty Doctor / Sister-in-charge as early as possible. Concerned Ward and departmental In-Charges to ensure the presence of Staff working under them.

2) Duties of Sister-in-charges:-

* They will try to reach the hospital as early as possible.
* Make a call to all their sub-ordinates those are not on duty to report to hospital as early as possible.
* Also instruct the staff on duty to report to emergency as per the need in emergency and your ward's need.
* You will also look after the duties assigned to you as per the Disaster Management Plan.
* All staff nurses, peons and sweepers reporting to the casualty should report to Casualty Sister-in-charge/Asstt. Sister-in-charge and staff should be deployed as per the requirement in required areas.
* Two Staff Nurse will be posted at Operation Theatre and two Staff Nurse at the site.
* Sister Incharge OT shall be responsible for making necessary arrangements in OT

3) Department of Radio diagnosis

The Radiological Department will be headed by Dr. Hitendra Patel, alongwith Radiology Technicians and paramedical staff (All radiology technicians and radiology other staff to be called).

4) Medical Store/Pharmacy:

Medical Store/Pharmacy will be looked after by Mr Uday Patel. Mr Uday Patel will post one Pharmacist in the emergency if required. Mr Uday Patel will ensure that all drugs are available and issue of drugs. All medicines issued to the patient should be recorded.

5) Department of Pathology & Blood Bank:

- Dr Heming Agarwal, Pathologist and Blood Bank Incharge
- All Lab Technicians of Govt Hospital

They will ensure that all the urgent laboratory investigations are carried out. For Routine investigation blood will be taken as and when the patients come.

Dr. Heming Agarwal, Pathologist shall be responsible to coordinate for blood requirements from Blood Bank.

6) Ward Assignment for mass casualties and staff deployment

Sister Mangla will make arrangements for keeping the affected patients in one single ward. They will also ensure that paramedical staffs are deployed in each department. Find other areas according to the number of casualties.

7) Diet and Water

Sister Aruna will take care of the patient's diet and water to be given to patients and their relatives.

8) Transferring of patient

Transferring of patient from Casualty to ICU and other arranged areas will be decided by Dr Paresh Tandel, Physician.

9) Enquiry & Reception

Enquiry will be looked after by Dr Sudhir Nair, they will give necessary information to the relatives and other officials. All staff on enquiry and billing are to call Specialists, Doctors and In charges as per the Disaster Management Protocol for information (Annexure - I).

10) Safety of equipments

Dr Sudhir Nair is responsible for the proper functioning of the equipments during the disaster.

11) Sanitation

Shri Ramesh Patel, Sanitary Inspector, will look after the cleanliness and maintain the duty of Safaikarmachari.

12) Admission & Registration of Cases

All Registration staff will look after the Admission/Registration of cases.

13) Rehabilitation

Mr Aneesh and Mr Navindu will look after the rehabilitation of the patients. All Doctors of Physiotherapy Department are responsible for the safe transferring and proper handling of the patients form emergency to the wards.

14) Clinical problem.

It will be looked after by team of doctors posted in casualty along with all Medical Officers and the consultants.

15) Psycho Social Management

Counsellors will look after the Psycho Social aspect of the patients care.

16) Documentation

Registration department staff members, will look after the documentation.

17) Stretcher Bay

Availability of stretchers for the evacuation of the causalities will be ensured by Sister Sini.

18) Information to Police department.

Medical Officer on duty, will inform the Police department.

19) Vehicles:

Sister Sini will be managing the flow of vehicles.

20) Communication:-

Dr. V. K. Das, Director, Medical & Health Services will be communicating the Media/Press/Govt. Officials after prior approval of the concerned authorities if needed about the patients' conditions and casualties assisted by Dr Shailesh Arlekar.

21) Information/Relatives:

Dr Shailesh Arlekar will be giving the information to the relatives if there is any clarification to be made about the condition of the patients.

22) Crowd:

Crowd will be managed and looked after by the Police department along with security staff of the Hospital.

23) Patients Belongings

Polythene bags will be kept in abundance so that belongings of patients can be kept by writing the name/registration number of patient concerned. Staff Nurse on duty

24) Post Mortem

Post Mortem will be conducted in Government Hospital, Daman and shall be looked after by Dr Siddharth Rathod.

Annexure 'B'

Triaging

Triage needs to be done at the site of incident and the hospital.
Triage in-charges: Medical Officer on Duty in Casualty

These Doctors will be assisted by the on duty Staff nurse in casualty.

Priority of patients:

Category I - (Immediate treatment) Critical & cannot wait

Category II - (Delayed Treatment) Urgent serious injuries but can wait for 30 min.

Category III - (Minimal treatment) Less serious injuries, walking wounded

Category IV - (Injuries) Not serious can be treated and sent back home

Principles of Tagging

A Tagging

1 Tagging is a process of prioritizing transfer of injured, based on first hand assessment of the medical officer on the Crisis site. It is based on the medical criterion of chance of survival. Decision is made regarding cases which can wait for treatment, those which should be taken to more appropriate medical units and those which have no chance of surviving. The grouping is based on the benefit that the casualties can expect to derive from medical care, not on the seriousness of injuries.

2 Whenever, possible, the identification of patients should be accomplished concurrently with triage. This is done by attaching a tag to each patient; usually color – coded to indicate a given degree of injury and the priority of evacuation.

i) Red Tag:

This tag signifies that the patient has first priority for evacuation. Red tagged patients need immediate care and fall into one of the following categories:

1) Breathing problems that cannot be treated at the site.
2) Cardiac arrest (witnessed)
3) Appreciable loss of blood (more than a liter)
4) Loss of consciousness
5) Thoracic perforations or deep abdominal injuries

6) Certain serious fractures
   - Pelvis
   - Thorax
   - Fractures of cervical vertebrate
   - Fractures or dislocations in which no pulse can be detected
     below the site of the fracture or dislocation.
   - Server concussion
   - Burns (complicated by injury to the air passages)

ii) Yellow Tag

Identifies these patients who receive second priority for evacuation. Such patients need care, but the injuries are not life – threatening. They fall into the following categories:

1 Second degree burns covering more than 30 percent of the body.
2 Third – degree burns covering 10 percent of the body.
3 Burns complicated by major lesions to soft tissue or minor fractures.
4 Third – degree burns involving such critical areas as hands, feet, or face but with no breathing problems present.
5 Moderate loss of blood (500-1000 cc)
6 Dorsal lesions, with or without injury to the spinal column.
7 Conscious patients with significant craiocerebral damage (serious enough to cause a subdural hematoma or mental confusion). Such patients will show one of the following sign:
   a) Secretion of spinal fluid through ear or nose
   b) Rapid increase in systolic pressure

c) Projectile vomiting
d) Changes in respiratory frequently
e) Pulse below 60 ppm
f) Swelling or bruising beneath the eyes
g) Anisocoric pupils
h) Collapse
i) Weak or no motor response
j) Weak reaction to sensory stimulation (profound stupor)

iii) Green Tag

Used on patients who are given third priority for evacuation and who fall into the following categories.

Minor lessons

1 Minor fractures (fingers, teeth etc)
2 Other minor lesions, abrasions, contusions
3 Minor burn
a) Second – degree burns covering less than 15 percent of the body
b) Third – degree burns covering less than 2 percent of the body surface
c) First – degree burns covering less than 20 percent of the body, excluding hands, feet and face.

Fatal Injuries:

1 Second and third – degree with burns over than 40 percent of the body, with death seeming reasonably certain.
2 Second and third – degree burns over more than 40 percent of the body, with other major lesions, as well as major fractures, major craniocerebral lesions, thoracic lesions, etc.
3 Cranial lesions with brain tissue exposed and the patient unconscious.
4 Craniocerebral lesions where the patient is unconscious and has major fractures.
5 Lesions of the spinal column with absence of sensitivity and movement.
6 Patient over 60 years old with major lesions.
(It should be noticed that the line separating these patients from red – tag casualties is very tenuous. If there are any red – tag patients, this system will have to be followed. If there are none, the yellow – tag patients with apparently fatal injuries become red- tag candidate. The reason is simple off there are many red – tag patients with a change to survive and there are yellow – tag patients who apparently cannot be saved because of their injuries, the time spent on the dying wounded could be better spent on the patients with a change to survive.)

iv) Black Tag

Black tags are placed on the dead i.e. casualties without a pulse or respiration who have remained in that condition for over 20 minutes, or whose injuries render resuscitation procedures impossible.

Evacuation procedures under the following conditions:

1 Casualties not trapped or buried. Evacuate the following order

* Red – Tag casualties

* Green – Tag casualties
* Yellow – Tag casualties

2) Casualties trapped or buried. Evacuate in the following order
* Red – Tag casualties
* Green – Tag casualties
* Yellow – Tag casualties
* Black – Tag casualties not trapped or buried
* Trapped black – Tag casualties

Annexure 'C'

MAKE SHIFT HOSPITAL

To make a **makeshift hospital** for catering large number of casualties exceeding the capacity of the health institutions the following places are identified:

1 Government School, Marwad
2 Panchayat Hall, Marwad

The following physical basic amenities are essential:

1 Safe Drinking Water
2 Toilets & bathroom with soaps and towels
3 Generators
4 Folding cots
5 Mattresses, pillows, bed sheets, blankets etc.
6 Patients linen
7 Reception counters with computers
8 Stationary
9 Space for kitchen facilities
10 Ambulances for transport of patient
11 Mini Laboratory facilities with lab. Equipments
12 Provision of additional water by water tankers
13 Additional facilities of lights
14 Facilities for communication Wireless, Telephone line, mobile phones.
15 Hospital Furniture
16 Folding Tents

The following medical equipments, surgical materials and drugs are essential:

1 Airway
2 Ambubag
3 ET Tubes
4 Laryngoscopes
5 Portable Ventilators
6 Cardiac Monitors
7 Defibrillators
8 SPO2 Monitors
9 Infusion pumps
10 Portable X- Ray
11 ECG machine
12 Ultra Sound Machine
13 Oxygen cylinders
14 Suction apparatus
15 Spine boards
16 Stretchers
17 Wheelchairs
18 Splints
19 Emergency lights and torch
20 Sterile dressing trays, procedures trays, Dressing materials
21 Disposable IV sets
22 Disposable IV cannulas
23 Disposable syringes
24 Disposable gloves
25 Feeding tubes
26 Urinary catheters and uro bags

27 Suction catheters
28 BP apparatus
29 Stethoscope
30 Thermometer

The following drugs would be required:

1 Inj. Hydrocortisone, Inj. Dexamethasone
2 Cardiovascular drugs
3 Respiratory drugs
4 Anti Histaminic drugs
5 Gastrointestinal drugs
6 Psychotherapeutic drugs
7 Diuretics
8 Anti convulsant drugs
9 Antibiotics
10 Distilled water
11 IV fluids
12 Volume expanders
13 Dressing lotions & ointments

Annexure 'D'

The following medical equipments, surgical materials etc. would be required at the time of mass casualties:

1 Airway
2 Ambubag
3 ET Tubes
4 Laryngoscopes
5 Portable Ventilators
6 Cardiac Monitors
7 Defibrillators
8 SPO2 Monitors
9 Infusion pumps
10 Portable X- Ray
11 ECG machine
12 Ultra Sound Machine
13 Oxygen cylinders
14 Suction apparatus
15 Spine boards
16 Stretchers
17 Wheelchairs
18 Splints
19 Emergency lights and torch
20 Sterile dressing trays, procedures trays, dressing materials
21 Disposable IV sets
22 Disposable IV cannuals
23 Disposable syringes
24 Disposable gloves
25 Feeding tubes
26 Urinary catheters and uro bags
27 Suction catheters
28 BP apparatus

29 Stethoscope
30 Thermometer

The following drugs would be required:

1 Inj. Hydrocortisone, Inj. Dexamethasone
2 Cardiovascular drugs
3 Respiratory drugs
4 Anti Histaminic drugs
5 Analgesics
6 Antiemetic
7 Gastrointestinal drugs
8 Psychotheraputic drugs
9 Diuretics
10 Anti convulsant drugs
11 Antibiotics
12 Distilled water
13 IV fluids
14 Volume expanders
15 Dressing lotions & ointments

Annexure 'E'

Mobile Medical Unit

Sr. No.	Doctor's Name	Staff Nurse	Pharmacist	Peon	Driver	Ambulance No.
1ST Team	Dr Priti Halpati (7567509260)	Brother Indraraj (9510085552)	Neha (9727713027)	Yogesh (7383149569)	Arjun (9099495165)	DD 03 M 0108
2nd Team	Dr Pratap (9687119400)	Brother Rakesh (9727011734)	Jayprakash (9998876714/ 7874088865)	Manohar	Jayesh (9824758304)	DD 03 F 0101

Ambulances will be well equipped with medical equipments, spine boards and trained personnel. All the emergence and basic medicines and equipments will be available in the mobile unit. The Emergency Kit for mobile unit of Crisis Management and the list of items contained will be labeled.

DISASTER MANAGEMENT PROTOCOL FOR INFORMING STAFF

S.N	Action	Name	Phone Numbers	To be done by
1	**Initial Alert**	Dr Shailesh Arlekar Medical Superintendent	0260 2254965/ 2251691/ 99250 47850	Registration Staff on duty
		Dr Sudhir Nair	94278 71809	
		108 GVK EMRI,	108	
		Police Control Room	100	
2	**Immediate Response Team**	Dr. Paresh Tandel Physician	98258 70470	Registration Staff on duty
		Dr. Brijal Patel Physician	98930 30541	
		Dr. Tithish Nayak Pediatrician	87583 27443	
		Dr. Heming Agrawal Pathologist	99747 91580	
		Dr C A Jog General Surgeon	94268 21180	
		Dr Akshay Chand General Surgeon	98254 49593	
		Dr Arunkumar Shetty Orthopedic Surgeon	94488 69086	
		Dr Madhuri Agarwal Ophthalmologist	98241 08354	
		Dr Samir Halpati Anesthetist	98790 43649	
		All Medical Officer of Casualty & Wards		

DISASTER MANAGEMENT PROTOCOL

S.N	Action	Name	Phone Numbers	To be done by
		Sister Aruna	9427801346/7622845112	
		Sister Anita	8758576780	
		Sister Anna	9898216287	
		Sister Indu	9879621978	
		Sister Savita	9925572648	
		Sister Jayshree	9825787338	
		Sister Mangla	9428823442	
		Sister Sini	9429530879	
		Brother Vinod	9427870962	
		Mr Uday Patel Pharmacists/Store keeper	9924592726	
		Mr B S Tomar Xray Technician	9825569364	
3	**Consultants**	All Consultants	As per Above protocols	Medical Officer on duty