



SRI BALAJI VIDYAPEETH (SBV)

(Deemed to be University)
U/S 3 of UGC Act 1956
Puducherry-607402

This document contains the details of the
Certificate Course in Disaster Preparedness in Hospitals,
conducted by Mahatma Gandhi Medical College & Research Institute,
Sri Balaji Vidyapeeth, Deemed to be University.

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry - 607 402.

(This document is attested from pages 1-22)

NAAC 2020



SRI BALAJI VIDYAPEETH (SBV)

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U/S 3 of UGC Act 1956
Puducherry-607402

Criteria 1

Metrix 1.3 : Curriculum Enrichment

1.3.2

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Details of Certificate Course on Disaster Preparedness in Hospitals

Links to documents (Click on the links to navigate to the page)

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5. [Enrolled List of students](#)

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Pillaiyarkuppam, Pondicherry - 607 402.



SBV/VAC committee/2019/1

06.05.2019

To

The Heads of Institutions.

SBV constituent Colleges.

Respected Sir /Madam.

We are pleased to inform the decision of the registry that as per the Strategic perspective plan prepared by the Value-added course committee, the following courses have been planned to be conducted for the year 2019-20 as listed below. You are requested to nominate a course co-ordinator for each course, and submit the syllabi for the same before 30.05.2019

Sl.No.	Course	Institution
1.	Certificate course in lactation counselling and Breast-feeding Management	Mahatma Gandhi Medical College and Research Institute, Puducherry.
2.	A credit-based course in Music for Health and Wellness	CMTER, Puducherry.
3.	Certificate Course in Palliative Care for health Professionals	Mahatma Gandhi Medical College and Research Institute, Puducherry.
4.	Certificate Course on Health care intellectual property right	IPR/SBV
5.	Course on E-portfolio Training and Management	Mahatma Gandhi Medical College and



		Research Institute, Puducherry.
6.	Certificate Course in Yoga for Health and Wellness	CYTER, Puducherry.
7.	Certificate Course in Introduction in Basics and Practical Aspects of ELISA and Westernblot	CIDRF, Puducherry.
8.	Certificate Course in Communication skills in Health Care Professionals.	Mahatma Gandhi Medical College and Research Institute, Puducherry.
9.	Certificate Course in Conventional and real-time PCR technology	CIDRF, Puducherry.
10.	Certificate Course in Natural Product Extraction and HPLC	CIDRF, Puducherry.
11.	Certificate Course in Disaster Preparedness in Hospitals	Mahatma Gandhi Medical College and Research Institute, Puducherry

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Sl.No	Course	Organised by	Place
1.	Course on Hospital infection control	Q-Team & IQAC, SBV	Mahatma Gandhi Medical College and Research Institute, Puducherry.
2.	Course on medico legal case		
3.	Course on critical care nursing		
4.	Course on fire safety		
5.	Course on public administration in health		
6.	Course on radiation safety	Q-Team & IQAC SBV	Sri Sathya Sai Medical College and Research Institute, Chennai.
7.	Data analytics in health care management		
8.	Course in quality assurance in operation theater		

Kripa Anjeline
Dr. Kripa Anjeline,
Member secretary

Copy to:

The Chancellor office, SBV/ The Vice-Chancellor, SBV/
The Registrar, SBV/ The IQAC, SBV/ Dean Research, SBV/ Dean,
MGMCRI/ Dean, SSSMCRI/ Principal, IGIDS/ Principal KGNC/
Principal, SSSCON/ Principal AHS/ Principal, School of Pharmacy/
CMTER/ CYTER/ CIDRF

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Office of the Dean/Acad./2019/42

10.05.2019

CIRCULAR

Value added committee (VAC) of Sri Balaji Vidyapeeth has decided to initiate following value added course for the year 2019-2020 as listed below at MGMCRI. In this regards, departments are directed to nominate a course co-ordinator who will prepare the syllabi and submit the same before 27.05.2019 to undersign.

Sl.No.	Course	Department
1.	Certificate course in lactation counselling and Breast-feeding Management	Department of Paediatrics
2.	Certificate Course in Palliative Care for health Professionals	Department of Surgery
3.	Course on E-portfolio Training and Management	Department of Community Medicine
4.	Certificate Course in Communication skills in Health Care Professionals.	Department of Psychiatry
5.	Certificate Course in Disaster Preparedness in Hospitals	Department of Community Medicine

**DEAN
DEAN**

Mahatma Gandhi Medical College & Research Institute
Fondicherry - 607 402.

Copy to: The Coordinator, VAC Committee, SBV
The Head of the Departments Paediatrics/Surgery/Community Medicine
The GM (Admin)/MS/VP (Curriculum)/VP (Students)
Copy submitted to: The Registrar, SBV for information
The Dean of faculty/ for information
The Vice-Chancellor, SBV for information.
The Chancellor for kind information.

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Department of Community Medicine
Mahatma Gandhi Medical College & Research Institute, Pondicherry



From

Date 25.05.2019

The Head
Department of Community Medicine
MGMCRI, Puducherry.

To
The Dean
MGMCRI, Puducherry

Dear Sir,

Sub: Nomination course co-ordinator-Regarding.

Ref: Circular Office of the Dean/VAC/2019/1 Dt.10.05.2019

Hereby , following faculty are nominated as coordinators for the courses listed below , who will be coordinating the course on behalf of Department of Community Medicine, MGMCRI, Puducherry.

SL.No.	Name of the Course	Name of the faculty	Designation
1.	Course on E-portfolio Training and Management	Dr. Suguna A	Assistant Professor
2.	Certificate Course in Disaster Preparedness in Hospitals	Dr. Jyothi V	Assistant Professor

Enclosed : The syllabi on

- Course on E-portfolio Training and Management
- Certificate Course in Disaster Preparedness in Hospitals

Copy to: The VAC, SBV.

AV Basake
for Seal with signature
Head of the Department
Community Medicine
MAHATMA GANDHI MEDICAL COLLEGE
& RESEARCH INSTITUTE
Pondicherry - 607 402

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adpc



**Sri Balaji Vidyapeeth (Deemed to be University)
Mahatma Gandhi Medical College & Research Institute
Department of Community Medicine**

Certificate Course on “Disaster Preparedness in Hospital”

Nov 22nd – 24th 2019: 08.30 – 04.00 PM

Knowledge partners:

Asian Disaster Preparedness Centre, Bangkok
National Disaster Management Authority, New Delhi
Indian Medical Association
Indian Association of Preventive & Social Medicine

Registration:

Rs. 3000/- includes
Course material, Kit,
High tea & Lunch for 3
days, Certificate &
TNMC credit points

Resource Persons:

- | | |
|---|---|
| 1. Mr. John Abo
Senior Program Manager
Asian Disaster Preparedness Center
(ADPC) | 2. Dr. Chetan N. Patel
Chairman IMA HQ Disaster
Management Cell
Indian Medical Association |
| 3. Dr. Sumedh
HOPE (Hospital Preparedness for
Emergencies) instructor | 4. National Disaster Management
Authority |

Course coordinators:

- | | |
|---|---|
| Dr. Jayaramachandran S
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+91 9894080730 | Dr. Abhijit V. Boratne
Prof. & Head
abhijitboratnae@gmail.com
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| Dr. Gayathri S
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Assistant Professor
dr.jyothivasudevan@gmail.com
+91 9443843304 |

Stamp: Registered with A Grade (1956) ACT, 1956
Podichery - 607 402
Pillayaruppam, Pondichery

This document is attested from page 1-20

Mr. John Abo

Senior Program Manager
Asian Disaster Preparedness Center (ADPC)
Tel: +66 (0) 2 2980681-92 Ext. 403
Email: john@adpc.net

John is currently the Deputy Chief of Party of the Program for Enhancement of Emergency Response (PEER), a USAID-OFDA funded regional program implemented in 10 countries in Southeast and South Asia with main focus in developing capacities and emergency systems for Hospital Preparedness for Emergencies (HOPE) and Community Action for Disaster Response (CADRE). He also serves as program manager of the Public Health in Emergencies Department (PHE) that provides technical support to health risk management programs and projects in ADPC.

John has 15 years of experience in pre hospital emergency care and health emergency risk management, disaster preparedness and response with specific interests and expertise in managing capacity building programs in mass casualty management, health facility preparedness, exercise management, incident management system, emergency preparedness and response planning, emergency medical service system (EMS), medical first response/ first aid, search and rescue, health risk assessment, post disaster damage assessment and needs analysis (DANA), international disaster response systems, epidemic and pandemic preparedness and response.

Aside from his active professional engagement in Asia, John has provided technical support to WHO HQ and Global Influenza Program in Geneva on pandemic preparedness and exercise management and the WHO Eastern Mediterranean Regional Office (EMRO) activities in building capacity of the health sector on health risk management including health facility preparedness.

Ms. Mona Chhabra Anand

Program Manager
ADPC Country Representation in India
Tel: +919971906645
Email: mona.chhabra@adpc.net

Report of activities of IMA Disaster Management Cell - Dr. Chetan N. Patel

The movement for Disaster Management was started by then our National President, Dr. Ajay Kumar and Hon. Joint Secretary Dr. Dharm Prakash.

The IMA HQ Disaster Management Cell formerly formed
Page 264

221st Meeting of IMA Central Working Committee, April 6-7, 2019, Puri, Odisha in the year 2007. The IMA HQ DMC was active from 2007 to 2016.

It is now again revive in 2019 under the leadership of our National President Dr. Shantanu Sen & Ho. Secretary General Dr. ashokan.

The 1st National Workshop was organized at Vadodara in June 2007.

During the inauguration function then National President Dr. Ajay Kumar released IMA HQ DMC logo. Uptil now total 15 meetings of cell were held at the site of CWC and at the site of CC & proper line of action was decided. A letter will be sent to all State & Local branch Presidents & Hon. Secretaries requesting them to form State & Local Branch of IMA DMC if not yet formed.

The Institution for Disaster, Emergency & Accident (IDEA) and the Indian Medical Association HQ Disaster Management Cell will work together to standardize the training in Disaster Management for Health Care Professional. IMA & IDEA will work jointly for the implementation of such training. The plan is to accreditate such training by NIDM later on. Such course will be first and unique of its kind as far as capacity building for emergency response concerned. Tie up with international organizations and universities will be done after few successful pilot trainings.

IMA & IDEA has developed such two training programmes for IMA members

HOPE - HOPE 1 - HOPE II - HOPE III -

Hospital Operational Preparedness for Emergencies Basic 1 day

Intermediate 3 days Advanced - 6 days

Various themes and sessions will be covered like basic D.M., role of Health Care Facilities, Lessons learnt from Past experiences, Mass Casualty incidents, Table top exercise, Mock Drills & many more.

HERO - Health Emergency Response Official

ETH
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With the amount of this training aims both medical & paramedicals. After the training IMA member will be real HERO with knowledge & equipped with proper skills & protocols of Disaster Management.
We request the worthy Working Committee membes to give wider publicity so that this training programmes can be arranged at many places.

Four workshops on Hospital Preparedness for Emergencies of International level were organized with Asian Disaster Preparedness Centre at Vadodara, Dehradun, Guuwahati & Thani by either respective State or local branches. The selected participants will be trained as Trainers on Hospital Preparedness for Emergencies. IMA HQ DMC & ADPC has decided to be a prtener for India to develop capacity of Health Facilities through the Hospital Preparedness for emergencesis – South Asia Project (HOPE – SA). This initiative

is part of a wider regional programme on emergency respose capacity supported by USAID-OFDA currently being impletmented in Nepal, Bangaldesh, Pakistan, Srilanka, Afghanistan including India.
Page 265

221st Meeting of IMA Central Working Committee, April 6-7, 2019, Puri, Odisha

Many local branches are doing activities. We request the office bearers of the branches to report them. To have better & efficient working of the cell, Indian Medical Association HQ proposed to have a separate wing of IMA HQ Disaster Management Cell. We request the worthy members to give their valuable suggestions for this.
Dr. Chetan N. Patel
Chairman IMA HQ Disaster Management Cell

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CERTIFICATE COURSE IN DISASTER PREPAREDNESS IN HOSPITALS

Scheduling Structure

Topic	Mode of delivery	Number of contact hours	Credit
DAY 1			
Overview of Disasters 1. Nature of disaster <ul style="list-style-type: none"> • Introduction • Disaster Cycle • Definition - Disaster / Hazard / Vulnerability / Risk • Classification / Epidemiology / Characteristics of Disasters • Level of response in Disaster management 	Lecture	1 hr	1.5
2. Disaster Risk Management <ul style="list-style-type: none"> • Introduction to DRM • Characteristics of DRM • Hospitals & DRM • DRM activities for Hospitals 	Group activity – buzz session	1 hr	
3. Disaster Epidemiology <ul style="list-style-type: none"> • Introduction to disaster epidemiology • General health effects of disasters • Disaster associated mortality • Disaster associated morbidity • The need for epidemiological data • Immediate health effects of specific disasters and patterns of injury • Determinants of hazards' impact on health • Direct impact of hazards on hospitals • Indirect impact of hazards on hospitals 	Lecture	1 hr	
4. Structural components <ul style="list-style-type: none"> • Introduction • Structural damages to hospital buildings and identified major weaknesses (Flood damage / wind damage / Tsunami damage / earthquake damage) • Multi hazard structural safety <ul style="list-style-type: none"> ○ Four factors causing positive effect to all hazards ○ Five factors causing negative effect to all hazards ○ Six factors causing Positive effect to some hazards and negative effect to some hazards 	Lecture	1 hr	

Digitally signed by Dr_A_R_Srinivasan
 DN: C=IN, OU=MGMCR1, O=SBV,
 CN=Dr_A_R_Srinivasan, E=registrar@sbvu.ac.in
 Reason: I attest to the accuracy and integrity of this document
 Location: Pillaiyarkuppam, Puducherry
 Date: 2020-05-27 10:10:28

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<ul style="list-style-type: none"> c Special issues on flood protection o High wind protection c Strategies for fire protection 			
<p>5. Non-Structural components</p> <ul style="list-style-type: none"> • Introduction • Structural and non-structural components • Significance of non-structural damage • Causes of non-structural damage • Non-structural mitigation measure for different hazards • Specific non-structural mitigation measures • Risk evaluation of non-structural elements 	Lecture	1 hr	
LUNCH			
<p>6. Functional collapse of Hospitals</p> <ul style="list-style-type: none"> • Introduction – causes & preventive maintenance • Adjustments in hospital Design • Relationship of hospitals with infrastructure utilities 	Lecture	1 hr	
<p>7. Techno-industrial disasters (TID)</p> <ul style="list-style-type: none"> • Accident analysis in TID • Injury profile in TID • Hospital based preparedness • Personal protective equipment 	Lecture	1 hr	
<p>8. Exercise no.1</p> <ul style="list-style-type: none"> • Structural components evaluation 	Group Activity	1 hr	
DAY 2			
<p>9. Complex emergencies</p> <ul style="list-style-type: none"> • Resident coordinator / the lead agency / field coordinating units • Terrorism 	Lecture	1 hr	
<p>10. Epidemics & emerging infections</p> <ul style="list-style-type: none"> • Biological Hazards • Decontamination area for biological events • PPE • Medical response • Hospital based response • Complex humanitarian emergencies and war related crises 	Lecture	1 hr	
<p>11. Mass casualty incident (MCI) –</p> <ul style="list-style-type: none"> • Consequences of MCI • The philosophy of MCI response • Principles of management for MCI 	Lecture & group work on PICE	1 hr	

<ul style="list-style-type: none"> Incident command system Levels of MCI Potential injury creating event (PICE) Trauma care unit visit			
12. Mass gathering medical care <ul style="list-style-type: none"> Four characteristic of mass gathering The 3 I's which would need to be addresses in the preparation for mass gathering medical care 	Lecture	1 hr	
13. Principles of disaster medicine <ul style="list-style-type: none"> Disaster medicine – activation / implementation / mitigation / recovery The prioritises in disaster medicine The chain of disaster medicine 	Lecture	1 hr	
LUNCH			
14. Pre-hospital care <ul style="list-style-type: none"> Integrated emergency medical service (IEMS) system – the layman / the emergency telephone number / fire brigade / police / security guards / red cross volunteer, scouts / the pre – hospital ambulance service / emergency department of hospitals / public health centre and clinics / disaster plans 	Lecture	1 hr	
15. Triage & Hospital incident command system (HICS) <ul style="list-style-type: none"> Components of HICS Activation of HICS Component responsibilities The hospital command centre Maximising the benefits 	Group activity	1 hr	
16. Hospital preparedness planning <ul style="list-style-type: none"> Roles and functions of the planning committee The process of disaster planning Elements of the disaster plan (alerting system, activation of the plan & response system) Critique – current challenges & issues in Hospital preparedness 	Lecture/ Group activity	1 hr	
DAY 3			
17. Emergency preparedness in hospital <ul style="list-style-type: none"> Hospital roles in a major emergency 	Lecture	1 hr	

<ul style="list-style-type: none"> • Human resource in emergency department • Principles of managing the emergency department 			
18. Hospital internal disaster <ul style="list-style-type: none"> • Evacuation planning committee • Hospital site plan 	Lecture	1 hr	
19. Onsite medical care <ul style="list-style-type: none"> • Scene assessment • Onsite management plan • Onsite medical facility layout and design 	Lecture	1 hr	
20. Disaster risk communication <ul style="list-style-type: none"> • Information processing • Documentation • The media • VIPs & relatives 	Lecture	1 hr	
21. Interagency coordination <ul style="list-style-type: none"> • Sources of assistance to the health facility in disaster • Coordinating disaster response with outside agencies 	Lecture	1 hr	
LUNCH			
22. Mass fatality management <ul style="list-style-type: none"> • Safety issues/ psychological issues/ legal processes • Disaster victim identification 	Lecture	1 hr	
23. Psychosocial consequences of disaster <ul style="list-style-type: none"> • Who is affected by disaster? • Psychological response to disaster • Vulnerable groups • The bereaved • Psychological reactions and number of people affected • Post traumatic stress disorder • Emotional and cognitive disorder prior to the disaster • Coping skills • Warning signs of burnout • Caring for the psychological needs of helpers 	Lecture	1 hr	

24. Return to normal health operations <ul style="list-style-type: none"> • Post impact needs • Removal of the field hospital • Return to a normal health care system 	Lecture	1 hr	
Self directed learning		16 hrs	0.5
Total			2 credits

- Pretest and posttest conducted on each day as a part of assessment
- Participants who got more than 50% in posttest followed by three days attendance and actively participated in the course were given completion certificate. Others were given certificate of participation.

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**SRI BALAJI
VIDYAPEETH**

DEEMED TO BE UNIVERSITY
ACCREDITED WITH 'A' GRADE BY NAAC
RANKED 72 ALL INDIA BY NIRF 2019



SRI BALAJI VIDYAPEETH
(Deemed to be University) – NAAC "A" Grade
Mahatma Gandhi Medical College & Research Institute
Department of Community Medicine

Certificate of Completion

This certificate is awarded to

Dr. / Mr. / Mrs. / Ms.

on successfully completing the certificate course on

"Disaster Preparedness in Hospitals"

with 2 UGC credits organized by Department of Community Medicine,

Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth,

from 22nd - 24th Nov 2019 at Puducherry, with knowledge partners as Asian Disaster Preparedness Center, Bangkok,

under PEER institutionalization of "Hospital Preparedness in Emergencies - HOPE" program.

(Awarded - 6 credit hours by TNMC Cat 2)

Dr. Abhijit V. Boratne
Course Nodal Officer
MGMCRI

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Pillaiyarkuppam, Pondicherry 607 004
Mr. Frederick John Abo
Chief of Party, PEER South Asia

Dr. Rajesh Kumar Konduru
Secretary
IAPSM – Puducherry Chapter

Dr. G. Sreenivaasan
President
IMA – Puducherry Chapter

HOPE | South Asia

Strengthening Hospital Preparedness for Emergencies in South Asian Countries

Participants' Code _____ Location: _____ Date: _____

PRE-TEST

A. Disaster Epidemiology and Risk Management

1. The most vulnerable country for the Earthquake is:

- a. Bangladesh
- b. India
- c. Indonesia
- d. Nepal

2. The most common hazard in the world is:

- a. Earthquake
- b. Flood
- c. Volcanic Eruption
- d. Windstorm

3. Risk = _____ x _____

- a. Cause, vulnerability
- b. Frequency, vulnerability
- c. Hazard, destructive potential
- d. Hazard, vulnerability

4. Total impact area is that where:

- a. The disaster effects are felt, damage and/or injury is significantly less than in the main area.
- b. The area in which the disaster has been the most destructive.
- c. The area adjacent to the impact area from which aid begins to flow immediately and Spontaneously.
- d. The area from which more assistance that is formal can be provided on a selective basis.

5. Which of the following does not affect the general health in acute *phase* of disasters:

- a. Vulnerability of the community
- b. population displacement
- c. climatic exposure
- d. water and sanitation problem

6 - 9. Matching:

Match the health consequences of specific disasters.

- | | |
|-----------------------|---------------------------------|
| 6. Earthquakes | a. Crush injuries and fractures |
| 7. Volcanic Eruptions | b. Drowning and hypothermia |
| 8. Floods | c. Inhalation injuries |
| 9. Cyclone | d. drowning from storm surges |

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B. Seismic Events

10. Combined together, earthquakes in the Pacific and Himalayan belt on average contribute how much percentages of the total seismic energy released on the globe respectively

- a. 30
- b. 45
- c. 75
- d. 95

11. Which parameter does not describe Earthquake event.

- a. Date
- b. Origin time
- c. Surface fault rupture
- d. Magnitude

12. The damage level is very small and can be ignored, or the structural components are not damaged. Functional and operational components as well as the content of a building are slightly damaged. Some architectural components are damaged, but *no repair* is needed and the building can be reoccupied and operated. Which term best fits the above definition:

- a. Fully Functional (FF)
- b. Operational (O)
- c. Life Safety (LS)
- d. Near Collapse (NC)

13. Structural components are damaged, lateral and vertical force resisting capability is reduced but can still bear gravitational load. Occupants might be seriously injured due to falling debris. Which term best fits the above definition:

- a. Fully Functional (FF)
- b. Operational (O)
- c. Life Safety (LS)
- d. Near Collapse (NC)

14. The types of risk that are not associated with Non-structural Component Damage is:

- a. Risk to life
- b. Risk to property
- c. Risk to function
- d. Risk to environment

15. The methods that are used to evaluate non-structural component:

- a. Ballantine and Boenbosa Method
- b. Prescriptive and Analytical Method
- c. Boenbosa and Analytical Method
- d. Synthesis and Ballantine Method

16. Items that are not used to reduce non-structural vulnerability

True _____ False _____

- a. Remove
- b. Relocate
- c. Restrain
- d. Replace

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17-18. Tick (the following sentences True (T) or False(F) :

17. A hospital can lose its ability to function if there is a disaster, even without structural, operational and functional components damages.
18. With regards to clean water supply, it is not necessary to review the capability of clean water supply

C. Emergency Medicine Management

19. What are the phases of disaster response:

- a. Preparedness, Implementation, Mitigation and Recovery
- b. Activation, Implementation, Mitigation and Review
- c. Implementation, Mitigation, Review, Recovery
- d. Activation, Implementation, Mitigation and Recovery

20. Hospital preparedness for Nuclear, Biological and Chemical events does not include:

- a. Management system
- b. Education and training of the staff
- c. Use of HAZMAT and PPE
- d. Structural assessment.

21. In case of victims coming from infectious chemical accidents, the first step to prevent hospital contamination is ,

- a. Alerting all staff
- b. Use of PPE
- c. Decontaminate
- d. Triage

22. Triage, Treat and Transfer are the basic components of

- a. MCI.
- b. EMSS.
- c. PICE
- d. ATLS

23. Which are not components of Emergency Medical Services System (EMSS)

- a. Transport and personnel
- b. Legislation and medical control
- c. Triage and refer
- d. On-site and definitive care center

24. The American College of Emergency Physicians defines a medical disaster as: when the destructive effects of natural or man-made forces overwhelm the ability of a given area or community to meet the demand for health care.

True or False

25. The layman can be the part of an IEMS system:

True or False

26. How many phases are there in a disaster response:

- a. 1
- b. 2
- c. 3
- d. 4

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27. In START, what 3 things must be assessed in 60 seconds or less?

- a. Respiration, Perfusion and Mental Status
- b. Respiration, Abdominal tenderness and acute fracture
- c. Consciousness, Respiration and Pulse
- d. Bleeding, Breathing a consciousness

28. The categories of START

- a. Red, Blue, Green
- b. Blue, Yellow, Black
- c. Green, Yellow, Red
- d. Yellow, Blue, Green

29. The examples of an emergent condition does not include:

- a. Major trauma
- b. Multiple Lacerations
- c. Airway obstruction
- d. Shock

D. Mass Casualty and Disaster Management

30-33. Match the next four questions with the answers below.

30. Requires regional efforts and mutual aid from surrounding communities.

31. Is of such a magnitude that local and regional assets are overwhelmed, requiring national assistance.

32. Is of such magnitude that it requires international assistance and resources

33. Requires local emergency response personnel and organizations to contain and deal effectively with the disaster and its aftermath.

- a. Level I MCI
- b. Level II MCI
- c. Level III MCI
- d. Level IV MCI

34. The components of hospital response management system are:

- a. Incident command, operation, Planning, Logistics
- b. Operations, Planning, Logistics, Legislation
- c. Planning, Operation, Incident command, Advocacy
- d. Preparedness, planning, logistics, communication

35. Which are not the vulnerabilities of a population to the effects of an industrial accident

- a. Location of industry and vulnerability to disruption (sea port, earthquake fault)
- b. Poor regulation and maintenance
- c. Limited emergency response resources
- d. Poor environment and Sanitation

36. The major priority during complex humanitarian emergencies

- a. Control of communicable diseases
- b. Rubella vaccination
- c. Food & nutrition
- d. Counseling service

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37. The primary component of the Emergency Department's Standard Operation Procedure is:

- a. Decontamination area
- b. Water supply should not be used
- c. No need to maintain one way traffic flow
- d. no need to isolate ventilation system in Emergency Department from the rest of the hospital

38. One of the skills in which people cope by engaging in activities:

- a. Assisting others
- b. Taking time for themselves
- c. Moving to a different area
- d. Be in a quiet and silent place

39. The major need of the legal system in regards to management of deceased is:

- a. Legal and forensic processes may be required before bodies can be moved
- b. Photography is never required before bodies may be removed
- c. Although the disaster has been caused by an aircraft crash- no need to be investigating the event and have requirements before bodies are moved
- d. International Disaster Victim Identification (DVI) systems are not widely used.

E. Case Study

A public bus carrying 70 people had an accident on Tribhuvan Highway. You are the closest hospital and are asked to respond. Please circle the preparedness issues that can be addressed earlier in your hospital.

40. Regarding receiving patients:

- a. Open as many Gates as possible.
- b. Multiple Triage areas allocated.
- c. First come first service.
- d. Triage before entrance to emergency.

41. Regarding the hospital command center:

- a. It should be located in another facility near the hospital
- b. It should be located in disaster site.
- c. It should be within the hospital premises.
- d. It should be in Emergency near the triage area.

42. Regarding staffing:

- a. All hospital staff need not to be ready to respond.
- b. Only emergency staff should be prepared.
- c. All on-duty staff in hospital should be on standby and off-duty ones should be ready to come immediately
- d. Rotating staff schedule is not required in disaster situation.

43. Regarding logistics issues:

- a. Planning for staff living arrangement during the disaster is a priority
- b. clean and safe water supply should not be secured
- c. Have to be worried about water borne diseases immediately
- d. Management of sanitation is not a top priority

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44. Regarding communication chain:

- a. Landline is the best choice
- b. Satellite phone is the best choice
- c. Mobile phone is the best use in this situation
- d. Multiple communication channels need to be implemented

45. Every individual is susceptible to mental health problem after disaster. Who are the more vulnerable group to this problem:

- a. Rescue and relief workers
- b. Survival victims and their family and friends
- c. Pediatric, pregnant and elderly population
- d. Laborers

46. The immediate post- disaster needs are:

- a. Water and food
- b. Rescue, saving life, medical help, water and food
- c. Shelter and counseling
- d. Nutrition and immunization

47. In which condition Media cannot be used:

- a. Warning of impending disasters
- b. Alerting of response personnel
- c. Instructions on ways to minimize the effects of disasters
- d. Hospital management

48. Which of the international agency does not support for acute phase of disaster.

- a. Asian Development Bank
- b. International Medical Corps
- c. Medicines Sans Frontiers
- d. International Federation of Red Cross and Red Crescent Societies

49. Regarding victims' management, all are true except for:

- a. When possible, walking patients should be discharged or moved to alternative location
- b. Patients triaged with yellow and red tags should be followed up with close observation.
- c. Deceased bodies placed in proper location.
- d. Walking shouting patients should be given priorities.

50. Encircle the zones of field management in case of disaster.

- a. Red, Yellow and Green.
- b. Green, Yellow and Black,
- c. Yellow, red and black.
- d. Red, yellow and blue. b

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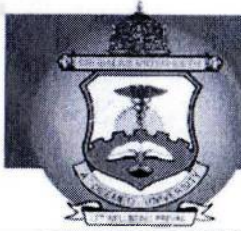


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Torches for Tomorrow

S.No	Participant's name	Designation	Day 1 (22.11.2019)		Day 2 (23.11.2019)		Day 3 (24.11.2019)	
			Fore Noon	After Noon	Fore Noon	After Noon	Fore Noon	After Noon
A 1.	Abhijit V Boratne	Professor & H.O.D, Com. Medicine, MGMCRI	_____	_____	<i>Abor</i>	<i>Abor</i>	<i>Abor</i>	<i>Abor</i>
C 2.	Amrit Mishra	Tutor, Com. Medicine, MGMCRI	<i>Am</i>	<i>Am</i>	<i>Am</i>	<i>Am</i>	<i>Am</i>	<i>Am</i>
C 3.	Angelin.R.G	Post Graduate, Com. Medicine, MGMCRI	<i>Ang</i>	<i>Ang</i>	<i>Ang</i>	<i>Ang</i>	<i>Ang</i>	<i>Ang</i>
X 4.	Angusubalakshmi.R	Post Graduate, Com. Medicine, MGMCRI	_____	_____	_____	_____	_____	_____
A 5.	Ankitha.S	Post Graduate, Com. Medicine, MGMCRI	_____	_____	<i>ank</i>	<i>ank</i>	<i>ank</i>	<i>ank</i>
C 6.	Anugraha.J	Post Graduate, Com. Medicine, MGMCRI	<i>Anu</i>	<i>Anu</i>	<i>Anu</i>	<i>Anu</i>	<i>Anu</i>	<i>Anu</i>
E 7.	Ana.S	Assistant Professor, Com. Medicine, MGMCRI	<i>Ana</i>	<i>Ana</i>	<i>Ana</i>	<i>Ana</i>	<i>Ana</i>	<i>Ana</i>
C 8.	Banu Pratap Singh Gaur	Associate Professor, Com. Medicine, MGMCRI	<i>Ban</i>	<i>Ban</i>	<i>Ban</i>	<i>Ban</i>	<i>Ban</i>	<i>Ban</i>
C 9.	Dei Gratia lamlee	MPH. JIPMER	<i>Dei</i>	<i>Dei</i>	<i>Dei</i>	<i>Dei</i>	<i>Dei</i>	<i>Dei</i>
C 10.	Dhriti	Assistant Professor, MGMCRI	<i>Dhr</i>	<i>Dhr</i>	<i>Dhr</i>	<i>Dhr</i>	<i>Dhr</i>	<i>Dhr</i>

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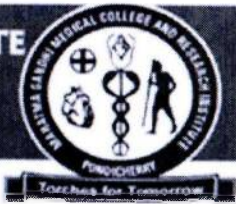
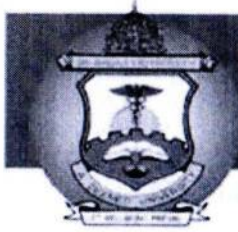


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	11	Divyabharathy.R	Post Graduate, Com. Medicine, MGMCRI	<i>Divyabharathy</i>	<i>Divyabharathy</i>	<i>Divyabharathy</i>	<i>Divyabharathy</i>	<i>Divyabharathy</i>	<i>Divyabharathy</i>
A	12	Hari Teja Avirneni	Post Graduate, Com. Medicine, MGMCRI	—	—	<i>Hari Teja</i>	<i>Hari Teja</i>	—	<i>Hari Teja</i>
C	13	Karthikayini.S	Post Graduate, Com. Medicine, MGMCRI	<i>Karthikayini S.</i>	<i>Karthikayini</i>	<i>Karthikayini</i>	<i>Karthikayini</i>	<i>Karthikayini</i>	<i>Karthikayini</i>
C	14	Mageshwari.M	Post Graduate, Com. Medicine, MGMCRI	<i>Mageshwari</i>	<i>Mageshwari</i>	<i>Mageshwari</i>	<i>Mageshwari</i>	<i>Mageshwari</i>	<i>Mageshwari</i>
X	15	Partha Nandi	Prof. & VP (Student Affairs), Com. Medicine, MGMCRI	—	—	—	—	—	—
C	16	Raja.G	Assistant Professor, Emergency Med, AVMC	<i>Raja G</i>	<i>Raja G</i>	<i>Raja G</i>	<i>Raja G</i>	<i>Raja G</i>	<i>Raja G</i>
C	17	Rajesh.D.R	Assistant Professor, Forensic Medicine, MGMCRI	<i>Rajesh D.R</i>	<i>Rajesh D.R</i>	<i>Rajesh D.R</i>	<i>Rajesh D.R</i>	<i>Rajesh D.R</i>	<i>Rajesh D.R</i>
C	18	Sahithyaa.J	Assistant Professor, Com. Medicine, MGMCRI	<i>Sahithyaa J</i>	<i>Sahithyaa</i>	<i>Sahithyaa</i>	<i>Sahithyaa</i>	<i>Sahithyaa</i>	<i>Sahithyaa</i>
A	19	Sinthu sarathamani.S	Post Graduate, Com. Medicine, MGMCRI	—	—	<i>Sinthu Sarathamani</i>	<i>Sinthu Sarathamani</i>	<i>Sinthu Sarathamani</i>	<i>Sinthu Sarathamani</i>
C	20	Sivaraman. B	Assistant Professor, Emergency Med., MGMCRI	<i>Sivaraman B</i>	<i>Sivaraman</i>	<i>Sivaraman</i>	<i>Sivaraman</i>	<i>Sivaraman</i>	<i>Sivaraman</i>
C	21	Suguna.A	Assistant Professor, Com. Medicine, MGMCRI	<i>Suguna A</i>	<i>Suguna A</i>	<i>Suguna A</i>	<i>Suguna A</i>	<i>Suguna A</i>	<i>Suguna A</i>

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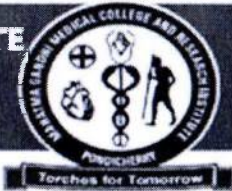
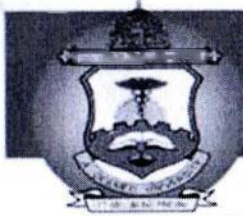


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	Surendran V	Assistant Professor, Com. Medicine, MGMCRI	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
23.	Vedapriya.D.R	Professor, Com. Medicine, Chettinad Hospital	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
24.	Vinodbabu.S	Associate Professor, Biochemistry, MGMCRI	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
25.								
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			28.	Deonisia Philip	DNS, MGMCRI	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
29.	Janarthanan.N	N.So. Supervisor, Staff Nurse, MGMCRI	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
30.	Prasanna.B	REGISTRAR MGMCRI	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
31.	Sathish Kumar	Assistant Professor, MGMCRI	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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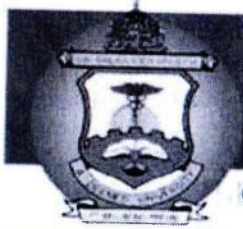


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		MGMCRI							
32.	Shanthi.R	Nursing Superintendent, MGMCRI	<i>Shanthi</i>	<i>Shanthi</i>	<i>Shanthi</i>	<i>Shanthi</i>	<i>Shanthi</i>	<i>Shanthi</i>	<i>Shanthi</i>
33.									
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			Fore Noon	After Noon	Fore Noon	After Noon	Fore Noon	After Noon
			37.	Iyanar	Asst. Manager, MGMCRI	<i>Iyanar</i>	<i>Iyanar</i>	<i>Iyanar</i>
38.	Nandha Kumar.D	Manager, MGMCRI	<i>Nandha</i>	<i>Nandha</i>	<i>Nandha</i>	<i>Nandha</i>	<i>Nandha</i>	<i>Nandha</i>
39.	Radja	Senior Security	<i>Radja</i>	<i>Radja</i>	<i>Radja</i>	<i>Radja</i>	<i>Radja</i>	<i>Radja</i>
40.	Vijayakumar	Manager	<i>Vijay</i>	<i>Vijay</i>	<i>Vijay</i>	<i>Vijay</i>	<i>Vijay</i>	<i>Vijay</i>

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Together for Tomorrow

41.	Madhavan.S	MGMCRI						
42.	Thiru Narayanan	Patient Counsellor, MGMCRI						
43.	Prabhakaran	Project Coordinator, MGMCRI						
44.								
45.								

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