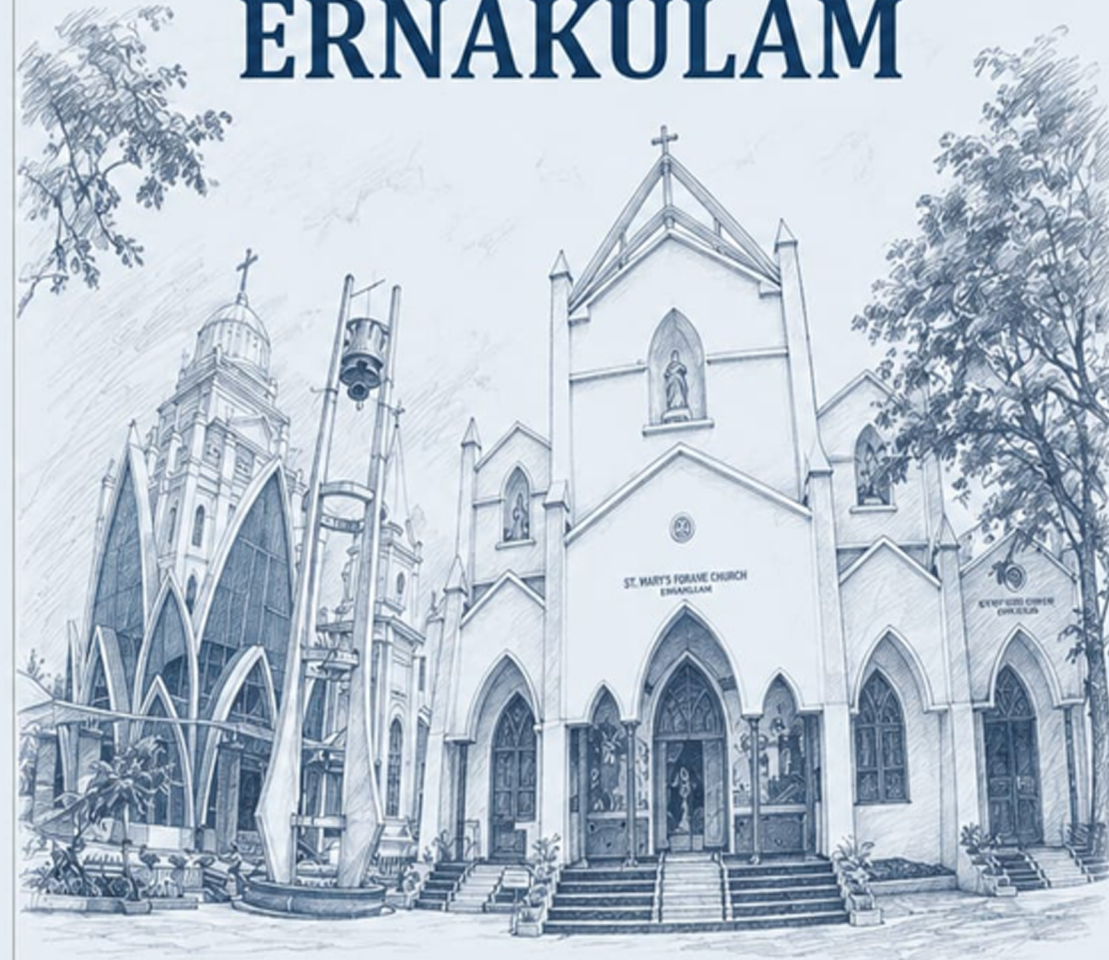




FESTIVAL DISASTER
PREPAREDNESS PLAN

ERNAKULAM



DEPARTMENT OF
HEALTH AND FAMILY WELFARE
GOVERNMENT OF KERALA

May 2026

DEPARTMENT OF HEALTH AND FAMILY WELFARE

KERALA.HEALTH

Foreword

Kerala has long stood as a model for responsive, resilient, and people-centred public health systems. Our collective experiences during public health emergencies, infectious disease outbreaks, natural disasters, and mass gathering events have repeatedly reaffirmed one fundamental truth, preparedness at the district level remains the cornerstone of an effective health security framework. It is in this context that the District Festival Preparedness Plan – Kerala assumes profound relevance and strategic importance.

Festivals in Kerala are not merely cultural celebrations; they represent large-scale social congregations involving dynamic population movement, heightened healthcare demands, increased risks of communicable disease transmission, trauma, crowd-related emergencies, environmental hazards, and public health vulnerabilities. A scientifically structured district-level preparedness mechanism therefore becomes indispensable to ensure timely prevention, coordinated response, efficient surveillance, emergency medical readiness, and continuity of essential healthcare services during such events.

This document has been conceived as a practical and operational extension of the State Pandemic Preparedness Framework and the Standard Treatment Guidelines developed by the Health & Family Welfare Department, Government of Kerala. By contextualising preparedness into district-specific operational strategies, the document seeks to strengthen decentralised health governance, interdepartmental coordination, emergency response systems, surveillance architecture, risk communication pathways, referral mechanisms, and rapid mobilisation protocols across all districts of the State.

Thrissur district team prepared scientific Thrissur Pooram management Plan. They were asked to prepare a generic framework for preparing Festivals Management Plans. The framework was shared with the district teams and they worked on preparation of Festival Management Plans.

The preparation of this comprehensive framework reflects the spirit of collaborative public health leadership and multidisciplinary teamwork that defines Kerala's healthcare system. I place on record my sincere appreciation to all District Medical Officers (DMOs) for their committed contributions and field-level insights in shaping this important initiative. These tasks would not have been possible without the constant support of the state resource officers team of Dr Mahesh, Dr Ajan, Dr Dileep, Dr Hari and many others. I appreciate their untiring efforts.

I wish to particularly acknowledge the valuable efforts of Dr. Ravindran C for the compilation and academic consolidation of this document. The dedication and intellectual contribution of the entire supportive editorial team, including the enthusiastic participation of medical students from Government Medical College Thrissur, deserve special commendation. Their collective efforts reflect the evolving culture of academic public health engagement and participatory healthcare planning in Kerala.

I sincerely appreciate the efforts of one and all and I am confident that Kerala Health team is having capability and will to take up any challenges and excel in their endeavours.

I am confident that this document will serve not merely as a preparedness manual, but as a dynamic operational guide capable of strengthening district-level resilience, improving emergency responsiveness, and safeguarding public health during major festivals and mass gathering events across the State. With continued coordination, vigilance, scientific planning, and community participation, Kerala shall continue to advance its commitment towards a safer, healthier, and more prepared society.

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COCHIN CARNIVAL - PANDEMIC PREPAREDNESS PLAN



1. BACKGROUND

The Cochin Carnival is one of the most prominent cultural festivals celebrated annually in Fort Kochi, attracting a large number of local residents, domestic tourists, and international visitors. The festival is typically conducted during the

last week of December, culminating in New Year celebrations on 31st December and 1st January. Major events include cultural programs, parades, music performances, sports activities, fireworks displays, and public gatherings along the Fort Kochi beach and surrounding areas.

Mass gatherings such as the Cochin Carnival present unique public health challenges due to high population density, increased movement of people, temporary food establishments, and environmental stressors. These factors increase the risk of communicable disease transmission, injuries, crowd-related incidents, food and water contamination, vector-borne diseases, and other public health emergencies. In the context of recent global experiences with pandemics and emerging infectious diseases, it is essential to establish a structured preparedness plan to protect public health and ensure safe conduct of the event.

The Pandemic Preparedness Plan aims to strengthen surveillance, early detection, and rapid response systems to manage potential health risks during the carnival period. The plan focuses on coordinated action among health services, local administration, police, fire and rescue services, hospitals, and other stakeholders to ensure effective prevention, preparedness, response, and recovery measures. It also emphasizes infection prevention and control, risk communication, emergency medical services, environmental sanitation, and capacity building of personnel involved in event management.

This preparedness plan has been developed to ensure that adequate resources, trained personnel, and clear operational procedures are in place to respond to public health emergencies and minimize morbidity and mortality during the Cochin Carnival. The plan aligns with national and state public health guidelines for mass gathering management and disaster preparedness.

2. RISK MITIGATION OF GATHERING – COCHIN CARNIVAL

2.1 Crowd Surge and Stampede Risks

Large crowds gather during carnival parades, cultural events, and New Year celebrations in Fort Kochi, increasing the risk of crowd surge and stampede incidents. Proper crowd control, barricading, and regulated entry and exit points are essential.

2.2 Communicable Disease Risks

Mass gatherings facilitate the transmission of communicable diseases such as respiratory infections, influenza-like illness, and acute diarrheal diseases. Surveillance, early detection, and infection prevention measures are required.

2.3 Heat Stress, Dehydration, and Fatigue

Participants, volunteers, and visitors may experience heat stress, dehydration, and fatigue due to prolonged outdoor activities, crowd density, and physical exertion. Adequate drinking water and rest areas should be ensured.

2.4 Food Safety Risks

Temporary food stalls and street vendors operating during the carnival may pose risks of food contamination, food poisoning, and poor hygiene practices. Regular food safety inspections and safe food handling practices are necessary.

2.5 Vector-Borne and Zoonotic Disease Risks

Stagnant water, waste accumulation, and environmental conditions may promote mosquito breeding, increasing the risk of diseases such as:

- Dengue fever
- Chikungunya
- Malaria

Vector surveillance and source reduction activities should be intensified before and during the carnival.

2.6 Road Traffic Congestion and Emergency Access Risks

Heavy traffic congestion during carnival events may delay emergency response services such as ambulances, fire services, and police. Traffic regulation and designated emergency routes are essential.

2.7 Coastal and Water-Related Risks (Sea and Backwater Focus)

Given the coastal location of Fort Kochi, risks include accidental drowning, water-related injuries, and tidal or wave-related incidents. Safety measures and monitoring of waterfront areas are required.

2.8 Fire and Electrical Hazards

Temporary electrical installations, decorative lighting, fireworks, and cooking equipment increase the risk of fire accidents and electrical hazards. Fire safety inspections and availability of fire extinguishers are essential.

2.9 Structural and Temporary Infrastructure Risks

Temporary stages, tents, barricades, and viewing platforms may pose structural risks if not properly installed or maintained. Structural safety inspections should be conducted prior to the event.

2.10 Emergency Evacuation Challenges

High crowd density and limited exit routes may complicate evacuation during emergencies. Clearly marked exits, evacuation plans, and trained personnel are necessary.

2.11 Environmental and Sanitation Risks

Large gatherings generate significant waste, leading to environmental pollution, foul odors, and potential disease transmission. Adequate sanitation facilities, waste management, and regular cleaning are required.

2.12 Public Security and Law & Order Risks

Large public gatherings may increase the risk of theft, violence, substance abuse, and public disturbances. Coordination with law enforcement agencies is necessary to maintain safety and order.

2.13 Weather and Seasonal Risks

Unexpected weather conditions such as heavy rain, strong winds, or high humidity may affect crowd safety and event operations. Weather monitoring and contingency planning are required.

2.14 Communication Gaps and Panic Situations

Poor communication during emergencies may lead to confusion and panic among the crowd. Effective public address systems and clear communication protocols are essential.

3. SUMMARY OF TEMPORAL EVENTS OF GATHERING WITH TIMELINE – COCHIN CARNIVAL

The Cochin Carnival is conducted annually during the last week of December, culminating in New Year celebrations on 31st December and 1st January. The event includes cultural programs, parades, music performances, food stalls, and public gatherings at Fort Kochi and surrounding areas.

From a pandemic preparedness perspective, the timeline of activities is important to ensure phased implementation of surveillance, vector control, sanitation, and emergency response measures before, during, and after the carnival period.

3.1 Key Public Health Preparedness Activities for Participants and Visitors

To minimize health risks and prevent disease transmission during the carnival, the following public health measures are implemented:

- Health education and awareness campaigns on hygiene and disease prevention
- Promotion of hand hygiene and respiratory etiquette
- Availability of safe drinking water and sanitation facilities
- Medical teams and first aid posts stationed at strategic locations
- Surveillance for fever and communicable diseases
- Vector control activities to prevent mosquito breeding
- Food safety inspections of temporary food stalls
- Emergency medical response and ambulance services Participants

and visitors are advised to:

- Maintain personal hygiene
- Use safe drinking water
- Seek medical attention for fever or illness
- Follow instructions from health and safety authorities

3.2 Schedule of Major Events and Public Health Surveillance Timeline

Pre-Event Phase (2–4 weeks before carnival)

- Risk assessment and planning meetings
- Intensified vector surveillance and source reduction
- Inspection of food establishments and water supply systems
- Preparation of health facilities and emergency services
- Public health awareness campaigns

Event Phase (During carnival period)

- Daily surveillance for communicable diseases
- Continuous monitoring of crowd density and environmental sanitation
- Deployment of medical teams and ambulances
- Daily waste management and sanitation activities
- Vector control measures in and around event venues

Post-Event Phase (1–2 weeks after carnival)

- Continued disease surveillance
- Monitoring for any outbreak or unusual health events
- Environmental cleaning and waste disposal
- Review and documentation of response activities

4. COMMAND SYSTEM AND SYSTEM COLLABORATION

Overall Incident Commander

- **District Collector (Ernakulam)**
Overall authority for planning, coordination, and decision-making

Health Incident Commander

- District Medical Officer (DMO) / Senior Public Health Officer Leads all health-related interventions

Core Sections in Command System

1. Operations Section

- Field implementation team
- Surveillance units
- Medical teams & ambulance services
- Rapid Response Teams (RRTs)

2. Planning Section

- Epidemiological data analysis
- Risk assessment and forecasting
- Daily situation reports (SITREP)

□ Responsible for **strategy & decision support**

3. Logistics Section

- Supply of PPE, medicines, equipment
- Transport and ambulance coordination
- Facility setup (isolation rooms, medical camps)

□ Responsible for **resource management**

4. Finance & Administration Section

- Budget management
- Staff deployment records

- Emergency procurement

5. System Collaboration (Multi-sectoral Coordination)

Effective pandemic control requires coordination between multiple departments:

Health Department

- Surveillance, outbreak control, case management

SL NO	Institution	Location	Phone Number
1.	Govt Hospital/PHC	GH Ekm Karuvellipady Maharaja's Hospital	0484- 2381762 0484- 2224561
2.	Pvt Hospital	Gautham Hospital Laxmi Hospital Sangeeth Hospital Jishy Hospital	0484-2381762 0484 222 6758 094975 11113 094975 11113
3.	Govt/ Pvt Laboratories	RPH lab	0484 237 3335

		MAcare Diagnostics Mattancherry	081294 31118
4.	Radiology services	GH Ekm Mg Diagnostics Centre Lab Scan	0484- 2381762 081294 31118
5.	Oxygen refilling units	The Southern Gas Ltd	0484 254 5971

6.	Blood Banks	District Hospital Blood Bank	0484 262 5101
7.	Food processing/ Catering	Vijayalakshmi catering	077360 99099
8.	Laundry units	Bharath Dry Cleaners	094466 84337
9.	Crematorium	Kochi Corporation Public Crematorium	7994778728
10.	Mobile freezers	cool world refrigeration	094463 85553
11.	Medical & para medical institutes	Government Medical College, Ernakulam	0484 2754000
12.	Consumables/sanitizer units	Kerala Medical Services Corporation (KMSCL)	0471-2945600

Police Department

- Crowd control
- Enforcement of health regulations

Local Self Government (LSGD)

- Sanitation, waste management
- Community-level coordination

Fire & Rescue Services

- Emergency evacuation
- Disaster response

Tourism & Event Organizers

- Venue management
- Visitor regulation
- Communication support

6. Coordination Mechanism

Control Room / Emergency Operations Center (EOC)

- Central command hub
- 24×7 monitoring
- Real-time decision making

Daily Review Meetings

- Chaired by Incident Commander
- Review:
 - Case reports
 - Crowd status
 - Resource availability

Communication Channels

- WhatsApp control groups
 - Dedicated helpline
 - Wireless/radio backup
-

7. Reporting Structure (Simple Flow)

Field Staff → Medical Officer → Surveillance Unit → DMO → District Collector

8. Activation Levels

- **Level 1 (Preparedness):** Routine monitoring
 - **Level 2 (Alert):** Increase surveillance, mild cases detected
 - **Level 3 (Emergency):** Outbreak → full ICS activation
-

9. Key Principles

- Unity of command (no confusion in authority)
- Clear role definition
- Real-time communication

- Rapid decision-making
- Accountability at each level

Conclusion

A strong **Incident Command System (ICS)** combined with **multi-sectoral collaboration** ensures:

- Early detection of outbreaks
 - Efficient response
 - Safe conduct of the Biennale
-

5. LIST OF KEY PEOPLE AND CONTACTS – COCHIN CARNIVAL

5.1 Health Department

Stakeholder	Contact Person	Phone Number	Remarks
Hospital Administration	Medical Superintendent	8608832842	Overall command and coordination
	Resident Medical Officer (RMO)	97453524522	Day-to-day clinical coordination
District Health Authority	District Medical Officer (DMO)	9946105483	Reporting of cases and guidelines

Ambulance Services	Ambulance Driver	9946022861	Patient transport and referral
Police department	SHO	0484-2224066	Security and crowd control
Fire & Rescue Services	Station Officer	9495277348	Emergency rescue and fire safety
Local Self Government	Health Stranding Committee Chairperson	9995715701	Local support and coordination

5.2 Local Self Government / Municipality

SL N o	NAME OF THE OFFICE	CONTACT PERSON	CONTACT NUMBER
1.	Village Office	Village Officer	0484-2225006
2.	Agriculture Office	Agriculture Officer	0484-2301160
3.	Animal Husbandry	Animal Husbandry Doctor	04842210855
4.	BSNL Office		04842224511

5.	Block Office	BDO	0484 223 2162
6.	KSEB Office	Assistant engineer	0484- 2227070
7.	Fisheries Office	Joint Director (Central Zone)	9496007025
8.	Fire & Rescue	Station Officer	0484-2222555

5.3 Control Rooms

Organization	Phone Number
Police	0484 222 4066
Fire and rescue	0484 222 5555
KSEB	9496001912

6. LIST OF HOSPITALS DIRECTLY INVOLVED

SI	Facility Name	Type of hospital	Total Bed	ICU beds	LSG / Local Body
2	Medical Trust	Multy	287	50	Kochi Corporation
4	Lakshmi EKM	Hospital with IP care	200	36	Kochi Corporation
9	Akshaya	Hospital with IP care	0	0	Kochi Corporation
12	Sangeeth	Hospital with IP care	14	2	Kochi Corporation
15	PS mission	Hospital with IP care	69	6	Maradu
18	Lakeshore hospital & Research Centre Ltd	Multi-specialit y	182	80	Maradu

22	Lourdes Hospital, & Medical Sciences and Research	Multi speciality	181	50	Kochi corporation
26	Fathima Hospital	Hospital with IP care	20	5	Kochi Corporation
30	Silverline Hospital	Hospital with IP care	12	2	Kochi Corporation
32	ESI Hospital	Hospital with IP care	8	0	Kochi Corporation
34	Ann Mary Joachim hospital	Hospital with IP care	9	0	Kochi Corporation
40	MAJ	Hospital with IP care	39	10	Kochi Corporation
43	Jishy hospital	Hospital with IP care	8	0	Kochi Coporation
52	sree sudheendra medical mission	Hospital with IP care	29	12	Kochi Corporation

55	Amrita institute of medical sciences	Multy	440	150	CHeranell ur
57	Aster Medicity	Multy	50	58	Cheranellu r
58	v g saraf hospital pvt ltd	Hospital with IP care	17	3	Kochi corporatio n
60	Polakulath	Multy	135	14	Kochi corporatio n
62	Ernakula m Medical Centre	Multy	96	17	Kochi Corporatio n
64	Jacobs hospital	Hospital with IP care	3	3	Kochi Corporatio n
66	Gautham hospital	Hospital with IP care	2	11	Kochi Corporatio n
69	Lisie Hospital	Multy	154	80	Kochi Corporatio n
72	dr. kunhalus nursing home	Hospital with IP care	0	2	Kochi Coporatio n

6.1 MANDATORY AMBULANCE AND MEDICAL AID POSTS ON SITE.. 21

6.2 Emergency Medical Centres. 21

Hospital Name : Govt. Maharaja's Taluk Hospital, Karuvelipady
Address: Govt. Maharaja's Taluk Hospital, Karuvelipady
District : Ernakulam
Hospital Type : Tertiary care Hospital
Total bed Strength : 220 (Sanctioned) & 164 (functional)
Emergency contact person : Superintendent Phone number : 0484 2224561

Hospital Profile

Hospital Name	Women and Children hospital, Mattancherry
Address	Women and Children hospital, Opposite to Mattancherry police Station, Kochi 682002
District	Ernakulam
Hospital Type (Govt/Private/Secondary/Tertiary)	SDH

Total Bed Strength	Sanctioned bed- 138, Functional-60
Emergency Contact Person	Superintendent- 860883284
Phone Number	0484-2224511

Hospital service load

Average daily OP	320
Average monthly IP admission	110
Average casualty/daily emergency cases	80

Bed Capacity

Ward/Unit	Total Beds	Isolation Beds	ICU Beds	Ventilator Beds
AN Wards	9	0	0	0
Post Natal Ward	9	0	0	0
Gynec	9	0	0	0
Surgery Ward	10	0	0	0
CH Ward	10	0	0	0
NBSU	4	0	0	0
Casualty	5	0	0	0
Observation	2	0	0	0

Labour Room/ OT	2	0	0	0
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8. AMBULANCE PLAN.. 33

An effective ambulance plan is essential to ensure timely medical response, patient stabilization, and referral during the Cochin Carnival. Considering the large crowd gathering at Fort Kochi and surrounding areas, adequate numbers of **Advanced Life Support (ALS)** and **Basic Life Support (BLS)** ambulances will be deployed strategically.

Ambulances will remain on standby throughout the event period to respond to emergencies such as trauma, medical illness, dehydration, communicable diseases, and other public health incidents. Coordination will be maintained between hospitals, police, fire force, and control rooms to ensure rapid patient transport and emergency management.

8.1 ALS and BLS Ambulance List

Sl. No	Type of Ambulance	Minimum Number Proposed	Key Features	Deployment Area
1	Advanced Life Support (ALS)	2	Ventilator, cardiac monitor, defibrillator	Main stage / Parade route

2	Basic Life Support (BLS)	4	Oxygen, stretcher, first aid equipment	Fort Kochi & beach areas
3	Patient Transport Ambulance	2	Basic transport facility	Standby / referral transport

Total Recommended Ambulances: 6-8

8.2 List of Empaneled Ambulances Available

Sl. No	Ambulance Service Provider	Type (ALS/BLS)	Contact Number	Base Location
1	Kerala Emergency Medical Services (108)	ALS/BLS	108	District-wide
2	Ernakulam General Hospital	BLS	To be updated	Ernakulam
3	Government Hospital Fort Kochi	BLS	To be updated	Fort Kochi
4	Aster Medcity	ALS	To be updated	Kochi
5	Lourdes Hospital	BLS	To be updated	Kochi

6	Private Ambulance Services	BLS	To be updated	Local area
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8.3 Ambulance Staff Pattern

Each ambulance will be staffed as per emergency medical service standards to ensure proper patient care during transport.

ALS Ambulance Staff

- 1 Medical Officer / Emergency Physician
- 1 Staff Nurse / Paramedic
- 1 Ambulance Driver
- 1 Emergency Medical Technician (EMT)

BLS Ambulance Staff

- 1 Staff Nurse / Paramedic
- 1 Ambulance Driver
- 1 Emergency Medical Technician (EMT) Staff

will be trained in:

- Basic Life Support (BLS)
- First Aid and Trauma Management
- Infection Prevention and Control
- Patient stabilization and referral protocols

8.4 Deployment and Management

Ambulances will be deployed at strategic high-risk locations to ensure quick response and safe patient transport.

Proposed Deployment Points

- Main stage / Parade route area
- Fort Kochi Beach ground
- Entry and exit points

- Parking areas
- First aid / medical posts
- High crowd density zones

Management System

- Ambulances will operate under the **Central Control Room**
- Real-time communication through wireless/mobile network
- Daily duty roster and standby arrangements
- Rapid response activation system
- Coordination with hospitals and police

Response time target:

Less than 10 minutes within event area

8.5 Evacuation Route Briefing and Training

Clear evacuation routes are essential for rapid transport of patients during emergencies.

Key Evacuation Routes

- Fort Kochi → Thoppumpady → Ernakulam town hospitals
- Fort Kochi → Vypeen route
- Fort Kochi → Aroor route

Preparedness Activities

- Route mapping and signage placement
- Traffic coordination with police
- Mock drills and simulation exercises
- Staff briefing on emergency evacuation procedures
- Identification of alternate routes during congestion Training will

include:

- Mass casualty management
- Patient triage
- Safe ambulance movement in crowded areas
- Communication protocol with control room

9. HOSPITAL PREPAREDNESS. 39

9.1 LIST OF HOSPITALS WITH KEY NUMBERS OF INCIDENT COMMANDER.. 40

Sl. No	Name of Hospital	Approx. Bed Strength	ICU Availability	Role in Emergency Response
1	Ernakulam General Hospital	~783–862	Yes	Major Government Referral Hospital
2	Fort Kochi Government Hospital	~100–150*	Yes	Primary Government Hospital (Fort Kochi)
3	Aster Medcity	~600–700*	Yes	Tertiary Care Referral Center
4	Lourdes Hospital	~500–600*	Yes	Multi-specialty Referral Hospital
5	Sunrise Hospital	~300–400*	Yes	Emergency & Critical Care
6	Jacobs Multispeciality Hospital	~100–150*	Yes	Secondary Care Support
7	Laxmi Hospital	~100*	Yes	Local Emergency Care

8	Cochin Port Trust Hospital	~50–100*	Limited ICU	Institutional Support
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9.2 PREPARATION OF PROTOCOL OF ALL HOSPITALS

All hospitals identified for medical support during the Cochin Carnival shall follow standardized emergency preparedness and response protocols to ensure timely management of medical emergencies, communicable diseases, injuries, and mass casualty incidents.

Each hospital will maintain readiness in terms of manpower, infrastructure, equipment, and communication systems throughout the event period.

Coordination between hospitals, ambulance services, and control rooms will be ensured for efficient patient care and referral services.

Objectives

- Ensure uniform emergency response across all participating hospitals
- Provide timely medical care to patients during the event
- Strengthen referral and communication systems
- Prevent overcrowding and delays in treatment
- Ensure preparedness for outbreaks, injuries, and public health emergencies

Standard Hospital Preparedness Protocol

1. Emergency Preparedness

All hospitals shall:

- Activate **24×7 emergency services**
- Keep emergency department fully functional
- Maintain adequate stock of essential medicines and supplies
- Ensure availability of oxygen supply and emergency equipment
- Keep operation theatre and ICU ready for emergency cases

2. Bed and ICU Readiness

Hospitals shall:

- Reserve a minimum number of beds for emergency cases
- Ensure ICU and ventilator availability
- Maintain isolation beds if required
- Monitor bed occupancy regularly
- Inform control room regarding bed availability

3. Manpower Deployment

Hospitals shall ensure availability of:

- Medical Officers
- Staff Nurses
- Emergency Medical Technicians
- Laboratory technicians
- Pharmacists
- Support staff

Duty rosters shall be prepared for:

- 24-hour coverage
- Emergency response teams
- Standby staff for surge situations

4. Infection Prevention and Control (IPC)

Hospitals shall:

- Maintain hand hygiene facilities
- Ensure use of personal protective equipment (PPE)
- Follow biomedical waste management rules
- Implement isolation procedures if required
- Maintain environmental sanitation

5. Triage and Emergency Management

Hospitals shall establish:

- Triage system at emergency department
- Separate area for critical patients
- Rapid assessment and stabilization procedures
- Priority treatment for life-threatening conditions

Triage Categories

- Red – Critical / life-threatening

- Yellow – Serious but stable
 - Green – Minor injuries
 - Black – Dead / non-survivable
-

6. Referral and Communication Protocol

Hospitals shall:

- Maintain direct communication with ambulance services
- Inform control room about patient referrals
- Coordinate with higher-level hospitals
- Maintain updated contact list of referral centers
- Ensure proper documentation of patient transfer

7. Laboratory and Diagnostic Services

Hospitals shall ensure:

- Availability of basic laboratory services
- Rapid diagnostic support
- Blood grouping and emergency testing
- Radiology services if required

8. Emergency Supplies and Equipment

Hospitals shall maintain:

- Emergency drugs
- IV fluids
- Oxygen cylinders
- Defibrillators
- Stretchers and wheelchairs
- First aid supplies

9. Reporting and Surveillance

Hospitals shall:

- Report all emergency cases to the control room
- Notify communicable diseases immediately
- Maintain daily patient records
- Report unusual health events or outbreaks

Hospitals Covered Under This Protocol

The following hospitals will implement the above preparedness protocol:

- Ernakulam General Hospital
- Government Hospital Fort Kochi
- Government Maharajas Taluk Hospital
- Aster Medcity
- Lourdes Hospital
- Sunrise Hospital
- Jacobs Multispeciality Hospital

10. TEMPORAL DYNAMIC PLANS BASED ON MASS GATHERING EVENTS

Temporal dynamic planning refers to adjusting public health and emergency response measures based on the timing and intensity of crowd gatherings during the carnival. Since crowd density varies across different days and peak celebration periods, flexible deployment of medical, surveillance, and emergency services is essential to ensure safety and rapid response.

Dynamic planning will be implemented during peak crowd events such as parades, cultural programs, fireworks displays, and New Year celebrations.

10.1 PEAK EVENT ARRANGEMENTS (NEW YEAR CELEBRATION / MAIN PARADE)

The New Year celebration and carnival parade represent the peak mass gathering period with the highest risk for medical emergencies, injuries, communicable disease spread, and crowd-related incidents. Enhanced preparedness measures will be implemented during this period.

Key Preparedness Measures

Medical Preparedness

- Deployment of additional medical teams and ambulances
- Establishment of temporary first aid and medical posts
- Availability of emergency medicines and equipment
- Activation of referral hospitals

Public Health Measures

- Intensified disease surveillance
- Monitoring of communicable diseases
- Inspection of food stalls and drinking water sources
- Vector control and sanitation activities

Safety and Emergency Measures

- Crowd control and traffic regulation
- Fire safety preparedness
- Emergency communication systems
- Coordination with police and fire services

High-Risk Time Period

- **31st December evening to 1st January early morning**
- Peak crowd density expected
- Maximum emergency preparedness required

10.2 EVACUATION ROUTES AND BASE HOSPITAL PLAN

Efficient evacuation routes and designated base hospitals are essential for rapid transport of patients during emergencies. These routes will be kept clear and monitored to ensure timely access to medical care.

Primary Evacuation Routes

1. Fort Kochi → Thoppumpady → Ernakulam town
2. Fort Kochi → Vypeen route
3. Fort Kochi → Aroor route

Police and traffic authorities will ensure:

- Clear emergency vehicle movement
- Traffic diversion during peak hours

- Alternate routes in case of congestion

Base Hospitals for Emergency Referral

- Government Hospital Fort Kochi — Primary emergency response hospital
- Ernakulam General Hospital — Major government referral hospital
- Government Maharajas Taluk Hospital — Secondary referral hospital
- Aster Medcity — Tertiary care referral center
- Lourdes Hospital — Multi-specialty referral hospital

10.3 ALERT MECHANISM TO SECONDARY REFERRALS

A structured alert mechanism will be established to ensure timely communication between primary care facilities and referral hospitals during emergencies.

Alert Levels

Level 1 — Routine Alert

- Normal crowd situation
- Standard medical services operational

Level 2 — Moderate Alert

- Increased patient load
- Additional staff and ambulances mobilized
- Referral hospitals placed on standby

Level 3 — High Alert

- Major emergency / mass casualty incident
- Full activation of emergency response system
- Immediate patient transfer to tertiary hospitals

Communication System

Communication will be maintained through:

- Central Control Room

- Mobile phone and wireless communication
- Ambulance communication network
- Hospital emergency contact system

Responsible Agencies

- Health Department
- Police Department
- Fire and Rescue Services
- Local Self Government
- Emergency Medical Services (108)

11. CAPACITY BUILDING PLANS AND MEETING DETAILS FOR DISASTER PREPAREDNESS

Capacity building is an essential component of disaster preparedness for the Cochin Carnival, considering the large number of visitors and the potential risk of emergencies such as injuries, communicable diseases, fire incidents, crowd surge, and environmental hazards.

Training programs, coordination meetings, and mock drills will be conducted to strengthen the preparedness and response capacity of all stakeholders involved in the event. These activities will ensure effective coordination, timely response, and efficient management of emergencies during the carnival period.

11.1 NAME OF MEETINGS AND DATE OF MEETINGS

Regular coordination meetings will be conducted prior to the carnival to review preparedness status and finalize operational plans.

Preparatory Meetings Schedule

Sl. No.	Name of Meeting	Date	Venue	Conducted By
1	District Level Disaster Preparedness Meeting	To be decided	District Collectorate	District Administration
2	Health Department Preparedness Review Meeting	To be decided	District Medical Office	Health Department

Sl. No.	Name of Meeting	Date	Venue	Conducted By
3	Interdepartmental Coordination Meeting	To be decided	Corporation Office	Local Administration
4	Emergency Services Coordination Meeting	To be decided	Police Control Room	Police Department
5	Final Pre-Event Review Meeting	To be decided	Control Room	District Administration

(Dates can be filled after official scheduling.)

11.2 CAPACITY BUILDING AND TRAINING PLAN

Capacity building activities will focus on strengthening the knowledge and skills of personnel involved in emergency response and public health management.

Key Capacity Building Activities

- Training on emergency response and disaster management
- First aid and basic life support training
- Infection prevention and control training
- Crowd management and evacuation procedures

- Fire safety and emergency preparedness
 - Communication and coordination protocols
 - Disease surveillance and outbreak response
 - Vector control and environmental sanitation
-

11.3 STAKEHOLDERS' ATTENDANCE

The following stakeholders will participate in capacity building programs and coordination meetings:

- Health Department
 - District Administration
 - Police Department
 - Fire and Rescue Services
 - Local Self Government / Municipal Corporation
 - Hospitals and ambulance services
 - Food Safety Department
 - Water Authority
 - Electricity Board
 - Sanitation and waste management teams
 - Volunteer organizations
 - Disaster management authorities
-

11.4 TRAINING

Training sessions will be conducted for field staff and emergency responders to ensure preparedness for various emergency situations during the carnival.

Types of Training

Medical and Health Training

- First Aid and Basic Life Support (BLS)
- Patient triage and emergency care
- Infection prevention and control
- Outbreak investigation and surveillance

Emergency and Safety Training

- Fire safety and evacuation procedures
- Crowd management
- Disaster response coordination
- Communication protocol

Public Health Training

- Food safety and hygiene
 - Water quality monitoring
 - Vector control measures
 - Waste management and sanitation
-

11.5 MOCK DRILL

Mock drills will be conducted prior to the carnival to test preparedness and response mechanisms.

Objectives of Mock Drill

- Test emergency response capacity
- Evaluate coordination among departments
- Identify gaps in preparedness
- Improve response time
- Ensure readiness for real emergencies

Types of Mock Drill

- Mass casualty incident drill
- Fire emergency drill
- Crowd evacuation drill
- Medical emergency response drill
- Disease outbreak response drill

Suggested Timeline

- Mock drill to be conducted **1–2 weeks before the carnival**
- Participation of all stakeholders
- Post-drill evaluation and corrective action

12. SOP OF INTERVENTIONS IN COMMON POSSIBLE HEALTH HAZARDS.

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2. SOP OF INTERVENTIONS IN COMMON POSSIBLE HEALTH HAZARDS

(For the Cochin Carnival)

Standard Operating Procedures (SOPs) are established to ensure timely and coordinated response to common health hazards that may occur during the Cochin Carnival. Due to large crowd gatherings, temporary food establishments, environmental exposure, and increased travel, there is a higher risk of medical emergencies and public health incidents.

This SOP outlines the immediate actions, responsible authorities, and control measures to minimize health risks and protect public safety during the event.

Objectives

- Ensure rapid response to health hazards
- Prevent disease transmission and outbreaks
- Protect public health and safety
- Maintain coordination among departments
- Reduce morbidity and mortality during the event

Common Possible Health Hazards and SOP Interventions

2.1 Crowd Surge and Stampede

ACTION PLAN IN CASE OF STAMPEDE / CROWD SURGE – COCHIN CARNIVAL

A stampede or crowd surge is a life-threatening emergency requiring immediate coordinated response from police, health services, fire force, and event management teams.

The primary objectives are to stop crowd movement, rescue injured persons, provide emergency medical care, and ensure rapid evacuation to hospitals.

1. IMMEDIATE ACTION (First 0–5 Minutes)

Detection and Alert

- Any officer/volunteer noticing a crowd surge immediately informs:
 - Control Room
 - Police
 - Medical Team
 - Activate Emergency Response System
 - Make public announcement to calm the crowd Crowd Control

 - Stop entry into the affected area
 - Open emergency exits immediately
 - Police create safe corridors for evacuation
 - Prevent panic and secondary stampede
-

2. RESCUE AND TRIAGE (5–15 Minutes)

Rescue Operations

- Remove injured persons from the crowd
- Shift victims to nearest First Aid Post / Medical Post

Emergency Triage System

System Category	Condition	Action
Red	Critical / unconscious	Immediate hospital transfer
Yellow	Serious injury	Stabilize and refer
Green	Minor injury	First aid and observation
Black	Dead	Inform authorities

3. MEDICAL RESPONSE (15–30 Minutes)

Medical Team Actions

- Provide first aid and emergency treatment
- Control bleeding and stabilize patients
- Administer oxygen if required
- Prepare patients for ambulance transfer Ambulance

Activation

- Dispatch additional ambulances immediately
- Inform referral hospitals to prepare emergency beds
- Maintain communication with control room

4. EVACUATION AND HOSPITAL REFERRAL

Nearest Referral Hospitals

- Government Hospital Fort Kochi — Primary emergency response
- Ernakulam General Hospital — Major government referral hospital
- Government Maharajas Taluk Hospital — Secondary referral hospital
- Aster Medicity — Tertiary care referral hospital Evacuation

Routes

- Fort Kochi → Thoppumpady → Ernakulam
- Fort Kochi → Vypeen
- Fort Kochi → Aroor

Police will:

- Clear traffic immediately
- Create dedicated emergency lanes
- Provide escort for ambulances if required

5. COMMAND AND CONTROL STRUCTURE

Incident Commander

- Police Officer / Event Control Officer Operational

Teams

- Police — Crowd control
 - Health Department — Medical care
 - Fire & Rescue — Rescue operations
 - Ambulance Services — Patient transport
 - Volunteers — Support and communication
-

6. COMMUNICATION PROTOCOL

Immediately inform:

- Control Room
- Police Control Room
- Ambulance Services (108)
- Hospitals
- District Administration

Communication methods:

- Mobile phone
 - Wireless communication
 - Public address system
-

7. POST-INCIDENT ACTION

After the situation is controlled:

- Record number of injured and casualties
 - Conduct site inspection
 - Provide psychological support if required
 - Prepare incident report
 - Review response and identify gaps
-

KEY RESPONSE TARGETS (for report use)

- Alert time: Immediate
- First medical response: Within 5 minutes
- Ambulance arrival: Within 10 minutes
- Hospital transfer: Within 30 minutes Possible **Risks**

- Injuries and trauma
- Suffocation
- Panic situations
- Mass casualty incidents

SOP Interventions

- Deployment of crowd control personnel
- Continuous monitoring of crowd density
- Establishment of emergency exits and evacuation routes
- Immediate activation of emergency medical teams
- Rapid triage and transportation of injured persons

Responsible Agencies

- Police Department
- Health Department
- Fire and Rescue Services

- Event Management Team
-

2.2 Communicable Diseases

Possible Risks

- Fever outbreaks
- Respiratory infections
- Food- and water-borne diseases
- Gastroenteritis

SOP Interventions

- Daily disease surveillance
- Isolation of suspected cases if required
- Health education and awareness campaigns
- Immediate notification of suspected outbreaks
- Availability of medical treatment and referral

Responsible Agencies

- Health Department
 - Hospitals
 - Surveillance Teams
-

2.3 Heat Stress, Dehydration, and Fatigue

Possible Risks

- Heat exhaustion
- Dehydration
- Fainting
- Weakness

SOP Interventions

- Provision of safe drinking water

- Establishment of rest areas and shade
- Health awareness on hydration
- Immediate medical assessment for symptomatic individuals

Responsible Agencies

- Health Department
 - Local Administration
 - Event Organizers
-

2.4 Food Safety Risks

Possible Risks

- Food poisoning
- Contaminated food
- Poor hygiene practices

SOP Interventions

- Inspection of food stalls
- Enforcement of food safety regulations
- Monitoring food handling practices
- Immediate closure of unsafe food establishments
- Medical management of suspected food poisoning cases

Responsible Agencies

- Food Safety Department
 - Health Department
 - Local Administration
-

2.5 Vector-Borne and Zoonotic Diseases

Possible Risks

- Mosquito-borne diseases (e.g., dengue, chikungunya)

- Rodent-borne diseases
- Animal bites

SOP Interventions

- Source reduction and vector control activities
- Fogging and larviciding in high-risk areas
- Surveillance for fever cases
- Public awareness on mosquito prevention

Responsible Agencies

- Vector Control Team
 - Health Department
 - Local Administration
-

2.6 Road Traffic Congestion and Emergency Access

Possible Risks

- Delayed emergency response
- Road accidents
- Blocked evacuation routes

SOP Interventions

- Traffic management plan
- Dedicated emergency lanes
- Traffic diversion during peak hours
- Coordination with police

Responsible Agencies

- Police Department
 - Transport Department
 - Emergency Services
-

2.7 Water-Related Risks (Sea / Coastal Area Focus)

(Modified from river risk to coastal risk for Fort Kochi)

Possible Risks

- Drowning incidents
- Water contamination
- Coastal flooding

SOP Interventions

- Deployment of lifeguards
- Monitoring of water safety
- Restriction of access to unsafe zones
- Immediate rescue and first aid

Responsible Agencies

- Fire and Rescue Services
 - Local Administration
 - Health Department
-

2.8 Fire and Electrical Hazards

Possible Risks

- Fire accidents
- Electrical shock
- Burns

SOP Interventions

- Fire safety inspection of event venues
- Availability of fire extinguishers
- Emergency evacuation procedures
- Immediate response by fire services

Responsible Agencies

- Fire and Rescue Services
 - Electrical Department
 - Event Organizers
-

2.9 Structural and Temporary Infrastructure Risks

Possible Risks

- Stage collapse
- Tent failure
- Structural instability

SOP Interventions

- Safety inspection of temporary structures
- Compliance with engineering standards
- Restriction of overcrowding
- Emergency evacuation plan

Responsible Agencies

- Local Administration
 - Engineering Department
 - Event Organizers
-

2.10 Emergency Evacuation Challenges

Possible Risks

- Delayed evacuation
- Panic situations
- Crowd congestion

SOP Interventions

- Identification of evacuation routes
- Clear signage and announcements
- Coordination with emergency services
- Crowd management training

Responsible Agencies

- Police Department
 - Fire and Rescue Services
 - Health Department
-

2.11 Environmental and Sanitation Risks

Possible Risks

- Waste accumulation
- Poor sanitation
- Water contamination

SOP Interventions

- Regular waste collection and disposal
- Cleaning and sanitation of public areas
- Monitoring drinking water quality
- Provision of adequate toilets

Responsible Agencies

- Sanitation Department
 - Health Department
 - Local Administration
-

2.12 Public Security and Law & Order Risks

Possible Risks

- Violence or disturbance
- Theft
- Public disorder

SOP Interventions

- Deployment of police personnel
- Surveillance and monitoring
- Crowd control measures
- Rapid response to incidents

Responsible Agencies

- Police Department
 - District Administration
-

2.13 Weather and Seasonal Risks

Possible Risks

- Heavy rain
- Strong winds
- Storm surge

SOP Interventions

- Weather monitoring
- Public announcements and warnings
- Temporary suspension of activities if required
- Emergency shelter arrangements

Responsible Agencies

- Disaster Management Authority
 - Local Administration
 - Health Department
-

2.14 Communication Gaps and Panic Situations

Possible Risks

- Misinformation
- Panic among crowd
- Delayed emergency response

SOP Interventions

- Establishment of control room
- Public address system
- Clear communication protocol
- Timely dissemination of information

Responsible Agencies

- Control Room
- Police Department
- Health Department

Detailed Public Health Activity Report

Kanjoor St. Mary's Forane Church Perunnal – 2025–2026

Prepared from PHC Kanjoor field notes, inspection records, action plans, orders, and correspondence

1. Introduction

This report presents a consolidated analysis of the public health preparedness, field activities, inspections, enforcement measures, water quality surveillance, sanitation actions, and interdepartmental coordination conducted in connection with the Kanjoor St. Mary's Forane Church Perunnal/Festival held during December 2025 and January 2026.

The documents reviewed include:

- PHC Kanjoor official orders
- Action plans
- Field inspection notes
- Healthy Kerala inspection records
- Water sample collection reports
- Food safety and sanitation inspection observations
- Enforcement actions under relevant public health provisions
- Correspondence with laboratories and departments
- Duty allocations and operational instructions

The compiled records demonstrate a structured preventive public health response aimed at ensuring food safety, environmental sanitation, safe drinking water, crowd health management, and outbreak prevention during the festival period.

2. Objectives of Public Health Activities

The major objectives identified from the records include:

1. Prevention of communicable diseases during the festival.
2. Ensuring safe drinking water availability.
3. Monitoring chlorination of wells and water sources.
4. Surveillance of food hygiene in temporary and permanent food establishments.

5. Inspection of hotels, catering units, and food vendors.
6. Conducting Healthy Kerala inspections.
7. Water quality monitoring through bacteriological testing.
8. Public health education and sanitation awareness.
9. Coordination between PHC, Health Inspectors, RRT, volunteers, Panchayat, and church authorities.
10. Enforcement of public health regulations and imposition of penalties where necessary.

3. Administrative and Institutional Framework

3.1 Lead Institution

The activities were coordinated primarily through:

Primary Health Centre (PHC), Kanjoor

Medical Officer In-Charge:

- Dr. Sanju Paul

Supporting field staff and personnel mentioned in records:

- Health Inspectors
- Junior Health Inspectors
- RRT members
- Volunteers
- Health team members
- Interdepartmental inspection teams

4. Official Orders and Administrative Actions

4.1 Order No. 13/2026 dated 09.01.2026

The official orders indicate:

- Formation and deployment of inspection and monitoring teams.
- Preventive measures associated with the festival period.
- Instructions regarding public health surveillance.
- Monitoring of sanitation and food safety conditions.
- Duty allocation for field personnel.
- Follow-up inspections and enforcement.

The order further emphasized:

- Continuous chlorination activities.
- Water sample collection and testing.
- Health inspections in and around festival premises.
- Monitoring of food handlers and temporary vendors.
- Coordination with Healthy Kerala inspection teams.

5. Action Plans Documented

5.1 December 2025 Action Plan

The December action plan included:

Date	Activity
01.12.2025	Initial planning meeting at PHC regarding Perunnal activities
02.12.2025	Chlorination activities in church compound wells
03.12.2025	First round chlorination
05.12.2025	Water sample collection/testing from wells around church area
08.12.2025	Sanitary rounds and inspection
09.12.2025	Healthy Kerala inspections
11.12.2025	Additional inspections
12.12.2025	Water sample testing
15–16.12.2025	Continued chlorination
18–19.12.2025	MLA meeting and coordination activities
26.12.2025	Water sample testing
27.12.2025	Hotel inspections
30.12.2025	Additional hotel inspections
31.12.2025	Continued chlorination

5.2 January 2026 Action Plan

The January operational schedule documented:

Date	Activity
------	----------

Date	Activity
01.01.2026	Chlorination continues
03.01.2026	Chlorination second round continues
05.01.2026	Chlorination continues
06.01.2026	RRT meeting at PHC and Healthy Kerala inspection planning
07.01.2026	Chlorination continues
08.01.2026	Healthy Kerala inspection at shops
09.01.2026	Water sample collection/testing
12.01.2026	Chlorination second round continues
13.01.2026	MLA meeting at church hall
14.01.2026	Chlorination second round continues
15.01.2026	Interdepartmental Healthy Kerala inspection
16.01.2026	Water sample testing
17.01.2026	Interdepartmental inspection
18.01.2026	BLS training and health education
19–20.01.2026	Sanitary rounds and inspections

6. Water Safety and Chlorination Activities

6.1 Chlorination Activities

The records repeatedly emphasize chlorination as a major preventive public health intervention.

Activities included:

- Chlorination of wells in and around the church compound.
- First and second rounds of chlorination.
- Repeated monitoring of chlorine levels.
- Documentation of chlorination rounds conducted by field staff.
- Coordination between Medical Officer, Health Inspectors, and field teams.

Several handwritten field reports specifically mention:

- Continuous chlorination rounds.
- Verification of chlorination status.
- Rechecking of chlorine levels.
- Instructions to maintain safe water quality throughout festival days.

6.2 Water Sample Collection and Testing

Water quality surveillance formed one of the most systematic components of the preparedness activities.

Observed Activities

- Collection of water samples from multiple wells and water sources.
- Samples forwarded to PH Lab, Ernakulam.
- Bacteriological testing of collected samples.
- Repeat sampling after chlorination.
- Follow-up actions based on test findings.

Laboratory Coordination

Official forwarding letters from PHC Kanjoor to:

Chief Analyst RPH Lab, Ernakulam

Subject:

- Water Sample Test Registration

The letters indicate that water samples were collected in connection with the Kanjoor church festival and submitted for laboratory examination.

Number of Samples Mentioned

The records indicate collection of:

- 25 water samples in one round.
- Additional samples from multiple wards and wells.
- Repeat collections after chlorination.

Findings Mentioned in Notes

One field report mentions:

- Presence of coliform bacteria in initial samples.
- Need for repeat chlorination.
- Follow-up testing after corrective measures.

This demonstrates an active surveillance-response system.

7. Healthy Kerala Inspections

Healthy Kerala inspections were conducted in shops, hotels, and festival-related establishments.

Areas Covered

- Shops
- Hotels
- Temporary food stalls
- Catering-related establishments
- Food preparation areas
- Public spaces around church premises

Inspection Components

The inspection records refer to checking:

- Health cards of food handlers
- Hygiene standards
- Cleanliness of food preparation areas
- Safe storage of food items
- Waste management practices
- Availability of licenses
- Use of clean utensils and containers
- General sanitation conditions

8. Hotel and Food Vendor Inspections

Several handwritten inspection notes describe inspections conducted in hotels and food establishments.

Common Issues Identified

The records mention:

- Lack of valid health cards.
- Absence of licenses.
- Unsatisfactory cleanliness conditions.
- Food handling concerns.
- Hygienic deficiencies.

- Improper waste disposal.
- Need for improved sanitary conditions.

Enforcement Actions

The documents indicate:

- Warnings issued.
- Directions for corrective actions.
- Fines imposed under relevant legal provisions.
- Follow-up inspections conducted.

Specific references mention:

- COPTA Act-related enforcement.
- Fines such as Rs. 500, Rs. 800, Rs. 1000, Rs. 1600, and Rs. 2400 in different inspection contexts.

The fines appear related to:

- Non-compliance with public health requirements.
- Violations in food hygiene or licensing.
- Smoking/tobacco-related violations.
- Failure to maintain prescribed standards.

9. Field Inspection Observations

The field reports demonstrate active on-ground surveillance by health teams.

Common Field Activities

- Daily sanitary rounds.
- Monitoring crowd-associated risk areas.
- Inspecting wells and water sources.
- Visiting hotels and shops.
- Monitoring chlorination status.
- Reviewing hygiene practices.
- Coordination with volunteers and church authorities.

Coordination with Church Authorities

The records suggest substantial cooperation between:

- Church authorities

- PHC Kanjoor
- Health teams
- Volunteers
- Panchayat representatives

This coordination appears to have supported implementation of preventive measures.

10. Public Health Risk Assessment

Based on the documents reviewed, the major public health risks identified during the festival included:

10.1 Waterborne Disease Risk

Indicators:

- Large crowd gatherings.
- Dependence on local wells.
- Coliform contamination in some samples.
- Need for repeated chlorination.

Mitigation Measures:

- Water testing.
- Repeat chlorination.
- Monitoring chlorine levels.
- Follow-up sampling.

10.2 Food Safety Risk

Indicators:

- Temporary food establishments.
- Large-scale food preparation.
- Variable hygiene standards.
- Incomplete health documentation.

Mitigation Measures:

- Hotel inspections.
- Vendor inspections.

- Health card verification.
- Enforcement actions.
- Reinspection and corrective advice.

10.3 Environmental Sanitation Risk

Indicators:

- Increased waste generation.
- High public crowd density.
- Temporary structures.
- Open public usage areas.

Mitigation Measures:

- Sanitary rounds.
- Waste management monitoring.
- Healthy Kerala inspections.
- Public health supervision.

11. Training and Awareness Activities

The records mention:

- BLS (Basic Life Support) training.
- Health education activities.
- Volunteer involvement.
- Public health awareness support.

These activities indicate preparedness not only for sanitation management but also for emergency response.

12. Interdepartmental Coordination

The documents indicate coordination between multiple stakeholders.

Agencies/Groups Involved

- PHC Kanjoor
- RRT teams

- Healthy Kerala inspection teams
- Panchayat authorities
- Church management
- Volunteers
- Laboratory services
- Interdepartmental inspection teams

Importance of Coordination

This collaborative approach likely improved:

- Response speed
- Surveillance coverage
- Compliance monitoring
- Public awareness
- Corrective implementation
- Timely identification of public health risks
- Better communication between field teams and administrative authorities
- Faster corrective actions during inspections
- Efficient allocation of manpower and resources
- Improved outbreak prevention preparedness during mass gathering events

The records clearly indicate that coordination between PHC Kanjoor, church authorities, field health staff, laboratory services, volunteers, and interdepartmental inspection teams played a critical role in maintaining sanitation standards and ensuring rapid implementation of preventive measures throughout the festival period.

The involvement of multiple stakeholders also helped strengthen accountability and ensured continuous monitoring of water safety, food hygiene, environmental sanitation, and public health compliance in high-risk crowd areas.

13. Strengths Identified in the Public Health Response

13.1 Early Planning

The records show planning activities beginning well before the major festival period.

13.2 Repeated Surveillance

Multiple rounds of:

- Chlorination

- Water testing
- Inspections were conducted.

13.3 Documentation

Field activities were consistently documented through:

- Notes
- Orders
- Action plans
- Official letters

13.4 Enforcement

Corrective measures and fines were imposed where required.

13.5 Laboratory Support

Water quality surveillance was supported through formal laboratory coordination.

14. Challenges Observed

The records suggest several operational challenges:

1. Repeated need for chlorination.
2. Coliform contamination in some water samples.
3. Non-compliance among certain food vendors.
4. Incomplete health documentation.
5. Sanitation management difficulties during crowd gatherings.
6. Need for repeated follow-up inspections.

15. Recommendations for Future Festival Preparedness

Based on the reviewed records, the following recommendations are proposed:

15.1 Water Safety

- Conduct pre-festival well disinfection at least 2–3 weeks in advance.
- Increase frequency of chlorine monitoring.
- Establish temporary safe drinking water points.
- Maintain documented chlorination registers.

15.2 Food Safety

- Mandatory health cards for all food handlers.
- Temporary licensing system for festival food vendors.
- Pre-festival food safety orientation.
- Daily inspection schedule for food stalls.

15.3 Environmental Sanitation

- Increase temporary waste bins.
- Ensure dedicated waste collection teams.
- Improve toilet and handwashing facilities.
- Strengthen vector control measures.

15.4 Public Health Surveillance

- Deploy rapid response teams during peak crowd days.
- Maintain fever and diarrheal disease surveillance.
- Strengthen outbreak preparedness mechanisms.

15.5 Documentation and Reporting

- Digitize inspection records.
- Standardize field reporting formats.
- Maintain centralized incident tracking.
- Conduct post-event review meetings.

16. Overall Assessment

The reviewed records demonstrate a proactive and structured public health preparedness effort associated with the Kanjoor St. Mary's Forane Church Perunnal during 2025–2026.

The activities show:

- Early planning and coordination.
- Systematic water quality surveillance.
- Continuous chlorination efforts.
- Repeated inspections of food establishments.
- Active field supervision.
- Interdepartmental coordination.
- Corrective and enforcement measures.

The records also indicate awareness of public health risks associated with mass gatherings and efforts to prevent outbreaks through preventive interventions.

Despite challenges such as water contamination findings and non-compliance in certain establishments, the overall response appears organized, responsive, and prevention-oriented.

17. Detailed Public Health Preparedness and Action Plan for Next Year's Kanjoor Perunnal

17.1 Purpose

This action plan is prepared for strengthening public health preparedness and preventive health activities during the upcoming Kanjoor St. Mary's Forane Church Perunnal. The plan is based on observations, inspection findings, surveillance activities, enforcement measures, and operational experiences documented during the 2025–2026 festival period.

The primary aim is to ensure:

- Safe drinking water
- Food safety
- Environmental sanitation
- Disease prevention
- Crowd health management
- Emergency preparedness
- Interdepartmental coordination
- Rapid response to public health risks

17.2 Key Objectives for Next Year

1. Prevent outbreaks of waterborne and foodborne diseases.
2. Ensure continuous monitoring of drinking water quality.
3. Strengthen food safety surveillance during festival days.
4. Improve sanitation infrastructure in and around church premises.
5. Ensure compliance of all food vendors and temporary establishments.
6. Strengthen emergency response and first-aid preparedness.
7. Improve documentation and digital reporting.
8. Strengthen interdepartmental coordination and accountability.
9. Improve public awareness regarding hygiene and sanitation.
10. Establish a real-time monitoring and supervision mechanism.

17.3 Proposed Administrative Structure

Nodal Department

Primary Health Centre (PHC), Kanjoor

Proposed Coordination Committee

Chairperson

- Medical Officer In-Charge, PHC Kanjoor

Members

- Health Inspector
- Junior Health Inspectors
- Panchayat representatives
- Church authorities
- Food Safety Officer
- RRT members
- Kudumbashree sanitation representatives
- Volunteer coordinators
- Police representatives
- Fire and Rescue representatives
- Water Authority representatives
- Laboratory liaison officer

17.4 Proposed Timeline of Activities

Phase 1 – Pre-Planning Phase

Duration: 2 Months Before Festival

Activities

1. Conduct preliminary coordination meeting.
2. Identify all high-risk public health areas.
3. Prepare detailed mapping of:
 - Wells

- Water tanks
 - Hotels
 - Temporary food stalls
 - Waste disposal points
 - Toilets
 - First-aid points
4. Prepare inspection schedules.
 5. Identify manpower requirements.
 6. Procure chlorination materials and testing kits.
 7. Arrange laboratory coordination for water testing.
 8. Prepare volunteer deployment plan.
 9. Conduct risk assessment meeting.
 10. Create emergency communication network.

Phase 2 – Water Safety Preparedness

Duration: 1 Month Before Festival Proposed

Activities

1. Conduct survey of all wells in and around festival areas.
2. Prepare chlorination register for each water source.
3. Start first round chlorination.
4. Conduct residual chlorine testing.
5. Collect baseline water samples.
6. Send samples to RPH Lab, Ernakulam.
7. Identify contaminated wells.
8. Conduct repeat chlorination where required.
9. Display public advisories near unsafe wells.
10. Arrange temporary safe drinking water units if necessary.

Proposed Monitoring

Activity	Frequency
Chlorination	Weekly before festival
Chlorine level testing	Every 3 days
Water sampling	Weekly

Activity	Frequency
Follow-up testing	After corrective measures

Phase 3 – Food Safety Preparedness

Duration: 3 Weeks Before Festival

Proposed Activities

1. Register all temporary food vendors.
2. Verify licenses and health cards.
3. Conduct food handler medical screening.
4. Organize food safety orientation classes.
5. Distribute hygiene guidelines.
6. Inspect hotels and catering units.
7. Ensure availability of:
 - Clean water
 - Waste bins
 - Handwashing facilities
 - Covered food storage
8. Ensure safe ice and beverage preparation.
9. Ban unsafe food preparation practices.
10. Maintain inspection checklist records.

Special Focus Areas

- Meat handling
- Milk products
- Ice cream and beverages
- Temporary kitchens
- Waste disposal
- Reuse of cooking oil

Phase 4 – Environmental Sanitation Plan

Duration: 2 Weeks Before Festival Until Festival Completion

Proposed Activities

1. Conduct daily sanitary rounds.
2. Install temporary waste bins.
3. Ensure daily waste collection.
4. Arrange toilet cleaning teams.
5. Conduct vector control activities.
6. Monitor drainage and stagnant water.
7. Ensure proper lighting in sanitation-sensitive areas.
8. Arrange temporary urinals and toilets.
9. Monitor waste accumulation during peak crowd days.
10. Ensure biomedical waste disposal from first-aid centres.

Proposed Staffing

Team	Responsibility
Health team	Inspection and supervision
Volunteer team	Crowd sanitation support
Panchayat team	Waste collection
Cleaning staff	Toilet and public area cleaning
RRT	Disease surveillance

Phase 5 – Healthy Kerala Inspection Plan

Inspection Areas

- Hotels
- Bakeries
- Tea shops
- Temporary food stalls
- Juice shops
- Drinking water points
- Public toilets
- Waste disposal sites

Inspection Checklist

1. Health cards available.
2. Licenses displayed.

3. Food covered properly.
4. Water source safe.
5. Waste disposed correctly.
6. Workers using protective measures.
7. Cooking area clean.
8. Toilets maintained hygienically.
9. No stagnant wastewater.
10. Tobacco law compliance.

Phase 6 – Enforcement and Legal Measures

Proposed Enforcement Areas

- Food safety violations
- Smoking/tobacco violations
- Improper waste disposal
- Unsafe water usage
- Lack of health cards
- Unlicensed food establishments

Proposed Actions

1. Issue notices.
2. Conduct reinspection.
3. Impose fines where necessary.
4. Temporarily close unsafe establishments.
5. Document all violations.
6. Maintain enforcement register.

Phase 7 – Disease Surveillance and Emergency Preparedness

Surveillance Focus

- Diarrheal diseases
- Food poisoning
- Fever outbreaks
- Vomiting clusters
- Dehydration cases
- Injuries during crowd movement

Proposed Activities

1. Activate Rapid Response Team (RRT).
2. Maintain emergency contact list.
3. Set up first-aid centres.
4. Ensure ambulance availability.
5. Conduct BLS training for volunteers.
6. Maintain emergency medicine stock.
7. Establish referral linkage with nearby hospitals.
8. Create emergency escalation protocol.

Suggested Emergency Materials

- ORS packets
- IV fluids
- First-aid kits
- Emergency medicines
- Stretchers
- PPE materials
- Chlorine solution
- Water testing kits

Phase 8 – Communication and Public Awareness

Awareness Activities

1. Public announcements regarding safe drinking water.
2. Hygiene awareness campaigns.
3. Waste disposal awareness.
4. Handwashing promotion.
5. Food safety messages.
6. Display boards at food stalls.
7. Volunteer-led awareness activities.
8. Social media and WhatsApp information dissemination.

Suggested Awareness Messages

- Drink only safe water.
- Use waste bins.
- Wash hands before eating.
- Avoid uncovered food.
- Report illness immediately.

- Maintain cleanliness around festival areas.
-
-

Phase 9 – Documentation and Reporting

Records to be Maintained

1. Chlorination register
2. Water sample register
3. Inspection register
4. Vendor register
5. Enforcement register
6. Daily activity logbook
7. Emergency incident register
8. Disease surveillance register

Digital Documentation

Recommended:

- Use Google Sheets or digital forms.
- Maintain photo documentation.
- Daily reporting through WhatsApp groups.
- Prepare GIS-based mapping for wells and risk areas.

Phase 10 – Post-Festival Evaluation

Proposed Activities

1. Conduct final review meeting.
2. Analyze water test results.
3. Review outbreak surveillance data.
4. Document challenges faced.
5. Prepare corrective recommendations.
6. Conduct stakeholder feedback session.
7. Prepare final public health report.

17.5 Proposed Daily Operational Schedule During Festival Week

Time	Activity
------	----------

Time	Activity
7:00 AM	Chlorine level checking
8:00 AM	Sanitary rounds
10:00 AM	Food establishment inspections
12:00 PM	Water sample collection
2:00 PM	Waste management review
4:00 PM	Public awareness announcements
6:00 PM	Evening inspection rounds
8:00 PM	Daily review meeting

17.6 Suggested Manpower Requirement

Category	Suggested Number
Medical Officers	2
Health Inspectors	2–3
Junior Health Inspectors	4–6
Volunteers	20–30
Sanitation workers	15–20
Ambulance staff	2 teams
Laboratory support staff	1–2

17.7 Expected Outcomes

If implemented effectively, the proposed plan is expected to:

- Reduce waterborne disease risk.
- Improve food safety compliance.
- Strengthen sanitation standards.
- Improve emergency preparedness.
- Reduce outbreak potential.
- Improve coordination efficiency.
- Strengthen documentation systems.
- Improve public confidence and safety during the festival.

17.8 Field Operational Level Plan – Kanjoor Perunnal 2026

FIELD OPERATIONAL PLAN

PHC Kanjoor – Public Health Preparedness Activities

Kanjoor St. Mary’s Forane Church Perunnal 2026

1. Operational Objective

To ensure safe drinking water, food safety, environmental sanitation, communicable disease prevention, and emergency preparedness during Kanjoor Perunnal through coordinated field-level public health activities.

2. FIELD OPERATIONAL STRUCTURE

Designation	Responsibility
Medical Officer, PHC Kanjoor	Overall supervision and coordination
Health Inspector	Field activity supervision
Junior Health Inspectors	Chlorination, inspection, surveillance
JPHN	Health awareness and reporting
RRT Team	Disease surveillance and emergency response
Panchayat Team	Waste management and sanitation
Volunteers	Public support and awareness
Church Committee	Coordination and logistical support

3. PRE-FESTIVAL FIELD ACTIVITIES

Duration: 1 Month Before Festival

Activity	Responsible Team	Frequency/Remarks
Preliminary coordination meeting	Medical Officer/HI	Before festival
Mapping of wells and food stalls	HI/JHI	One-time activity

Activity	Responsible Team	Frequency/Remarks
Preparation of inspection schedule	HI	Before festival
Procurement of bleaching powder and chlorine kit	PHC	Before field activities
Volunteer orientation	JPHN/HI	Before festival
Identification of high-risk areas	Health Team	Continuous review
Emergency contact preparation	PHC	Updated before festival

4. WATER SAFETY OPERATIONAL PLAN

Activity	Responsible Officer	Frequency
Chlorination of wells	HI/JHI	Weekly before festival
Repeat chlorination	JHI	Based on chlorine levels
Residual chlorine testing	Field Team	Every 3 days
Water sample collection	JHI	Weekly
Submission to laboratory	HI/JHI	After collection
Follow-up sampling	Health Team	After corrective measures
Public advisory for unsafe wells	HI	If contamination detected

Priority Areas

- Church compound wells
- Nearby residential wells
- Food stall water sources
- Temporary water storage units

5. HEALTHY KERALA AND FOOD SAFETY INSPECTION PLAN

Inspection Area	Inspection Focus	Responsible Team
Hotels	Hygiene and waste disposal	Healthy Kerala Team
Temporary food stalls	Health cards and food safety	HI/JHI
Juice shops	Water safety and cleanliness	Inspection Team

Inspection Area	Inspection Focus	Responsible Team
Catering units	Food handling practices	Health Team
Public toilets	Sanitation condition	Panchayat/HI
Waste disposal areas	Waste accumulation	Panchayat Team

Enforcement Measures

- Warning notices
- Reinspection
- Fine imposition where required
- Closure recommendation for unsafe establishments

6. SANITARY ROUND PLAN

Daily Activities

- Inspection of church premises
- Waste disposal monitoring
- Drainage inspection
- Mosquito breeding source identification
- Monitoring of temporary toilets
- Public crowd area inspection

Responsible Teams

- Health Inspector
- Junior Health Inspectors
- Panchayat sanitation workers
- Volunteers

7. DISEASE SURVEILLANCE PLAN

Surveillance Focus

- Fever cases
- Acute diarrheal disease
- Vomiting clusters
- Food poisoning
- Respiratory illness

Operational Activities

Activity	Responsible Team
Daily surveillance review	Medical Officer
Field	reporting JHI/JPH
N Rapid notification of unusual events	RRT
Outbreak investigation	RRT/Health
Team Emergency response activation	Medical Officer

8. EMERGENCY PREPAREDNESS PLAN

Activity	Responsible Team
Ambulance coordination	PHC Kanjoor
First aid support	Health Team
Referral linkage	Medical Officer
Emergency communication	PHC/RRT
BLS support and volunteer assistance	Volunteers

Emergency Materials Required

- ORS packets
- First aid kit
- PPE materials
- Chlorine solution
- Water testing kits
- Stretchers
- Emergency medicines

9. DAILY OPERATIONAL SCHEDULE DURING FESTIVAL

Time	Activity	Responsible Team
7:00 AM	Chlorine level checking	JHI/Field Team
8:00 AM	Sanitary rounds	HI/JHI
10:00 AM	Hotel and food stall inspections	Healthy Kerala Team
12:00 PM	Water sample collection	JHI
2:00 PM	Waste management review	Panchayat Team
4:00 PM	Public awareness activities	JPHN/Volunteers

Time	Activity	Responsible Team
6:00 PM	Evening inspection rounds	Health Team
8:00 PM	Daily review meeting	Medical Officer

10. REPORTING AND DOCUMENTATION

Registers to be Maintained

- Chlorination register
- Water sample register
- Inspection register
- Vendor register
- Disease surveillance register
- Enforcement register
- Daily activity logbook

Reporting Officers

- Health Inspector
- Junior Health Inspectors
- JPHN

Review Authority

Medical Officer In-Charge, PHC Kanjoor

11. POST-FESTIVAL ACTIVITIES

Activity	Responsible Team
Final sanitary inspection	Health Team
Waste clearance verification	Panchayat
Water quality review	HI/JHI
Final review meeting	PHC Kanjoor
Documentation and final reporting	Medical
Officer Recommendation preparation	Health Team

12. EXPECTED FIELD OUTCOMES

- Improved water safety
- Better food hygiene compliance
- Reduced communicable disease risk
- Improved sanitation standards
- Strengthened outbreak prevention
- Better coordination during festival activities
- Improved emergency response readiness

17.9 Operational Field Action Plan Format

Operational Field Action Plan – Kanjoor St. Mary’s Forane Church Perunnal 2026

Date/Period	Activity	Responsible Team/Officer	Remarks
01.11.2026	Preliminary planning meeting at PHC Kanjoor	Medical Officer, HI, Church Committee	Initial coordination
05.11.2026	Risk area mapping and site assessment	Health Team, Volunteers	Wells, food stalls, toilets identified
10.11.2026	Preparation of vendor and hotel list	HI/JHI	Registration initiated
15.11.2026	Emergency coordination meeting	PHC, Panchayat, Police, Fire Force	Preparedness review
20.11.2026	Procurement of chlorination and testing materials	PHC Kanjoor	Materials stocked
25.11.2026	Volunteer orientation and sanitation briefing	JPHN/Health Team	Awareness activities
01.12.2026	First round chlorination of wells	HI/JHI	Chlorination register maintained
03.12.2026	Chlorine level verification	Field Team	Corrective chlorination if required
05.12.2026	Baseline water sample collection	JHI/Lab Coordination Team	Samples sent to RPH Lab

Date/Period	Activity	Responsible Team/Officer	Remarks
07.12.2026	Healthy Kerala inspection – Phase 1	Inspection Team	Shops and hotels inspected
10.12.2026	Food vendor health card verification	HI/JHI	Non-compliance documented
12.12.2026	Food safety awareness session	Health Team	Hygiene instructions issued
15.12.2026	Sanitary rounds around church premises	Health Team, Panchayat	Waste disposal review
18.12.2026	Repeat chlorination activities	HI/JHI	Follow-up based on test results
20.12.2026	Water sample recollection and testing	JHI	Post-chlorination assessment
22.12.2026	Interdepartmental inspection	Health Team, Panchayat, Police	Joint inspection
24.12.2026	Temporary toilet and waste management review	Panchayat Team	Sanitation strengthening
26.12.2026	Hotel and catering inspection	Healthy Kerala Team	Enforcement actions if needed
28.12.2026	Disease surveillance review meeting	Medical Officer/RRT	Fever and diarrheal surveillance
30.12.2026	Emergency preparedness review	PHC Kanjoor	Ambulance and referral readiness
01.01.2027	Festival sanitation monitoring begins	Health Team	Daily rounds initiated
02.01.2027	Chlorination monitoring	JHI/Field Staff	Residual chlorine checked
03.01.2027	Water sample collection	JHI	Samples sent for testing
04.01.2027	Food establishment inspections	Healthy Kerala Team	Temporary stalls inspected
05.01.2027	Waste management inspection	Panchayat Team	Additional bins arranged
06.01.2027	Public awareness announcements	Volunteers/JPHN	Handwashing and hygiene awareness

Date/Period	Activity	Responsible Team/Officer	Remarks
07.01.2027	Evening sanitary inspection	Health Inspector	Public crowd areas monitored
08.01.2027	Emergency response preparedness review	Medical Officer/RRT	First aid and ambulance review
09.01.2027	Water safety review	Lab Coordination Team	Unsafe sources identified if any
10.01.2027	Daily review meeting	Medical Officer	Consolidated field review
Festival Peak Days	Continuous sanitary rounds and inspections	Health Team	Round-the-clock monitoring
Festival Completion	Final inspection and sanitation review	PHC/Panchayat	Waste clearance verification
Post Festival	Final evaluation meeting and reporting	PHC Kanjoor	Lessons learned documented

18. Conclusion

The Kanjoor Perunnal public health preparedness activities represent a significant coordinated effort by PHC Kanjoor and associated agencies to ensure environmental sanitation, food safety, safe drinking water, and public health security during a major community gathering.

The combination of:

- chlorination campaigns,
- water quality testing,
- Healthy Kerala inspections,
- hotel inspections,
- sanitary rounds,
- enforcement activities,
- and interdepartmental coordination

contributed to strengthening preventive public health systems during the festival period.

The documentation reviewed provides valuable evidence of field-level public health management practices and can serve as a useful reference model for future mass gathering health preparedness activities.

Annexure – Key Activities Identified from Records

Water Safety Activities

- Chlorination of wells
- Repeat chlorination
- Chlorine level checking
- Water sample collection
- Laboratory testing
- Follow-up testing

Inspection Activities

- Hotel inspections
- Healthy Kerala inspections
- Shop inspections
- Food vendor inspections
- Sanitary rounds

Administrative Activities

- PHC meetings
- RRT meetings
- Duty allocation
- Official orders
- Coordination meetings

Enforcement Activities

- Health card verification
- Licensing checks
- COPTA-related enforcement
- Penalty/fine imposition
- Corrective directions

Public Health Preparedness Activities

- BLS training
- Health education
- Volunteer coordination
- Interdepartmental inspections

- Festival surveillance support



Disaster Preparedness St. Joseph Church Festival Kannamali- March 19

CHC

Background

The Kannamali Church Festival is a major festival celebrated every year on March 19 at **St. Joseph's Miraculous Shrine in Kannamali, Kochi**. The festival is known for its centuries-old tradition of '**Nercha Sadya**' (fasting meal), in which thousands of devotees come together to offer prayers and eat.

Highlights of Kannamali Church Festival:

- **Date:** March 19 every year (Feast of Saint Joseph).
- **Nercha Sadya (Vow Meal):** This is the most special celebration of the festival. Over one lakh people are served a meal prepared using rice and root vegetables (tubers).
- **Unity:** The people of the village participate in the preparation of this meal, regardless of caste or religion.
- **Location:** St. Joseph's Miraculous Shrine, Kannamali.

Ward	9
Panchayat	Chellanam
Block	Palluruthy

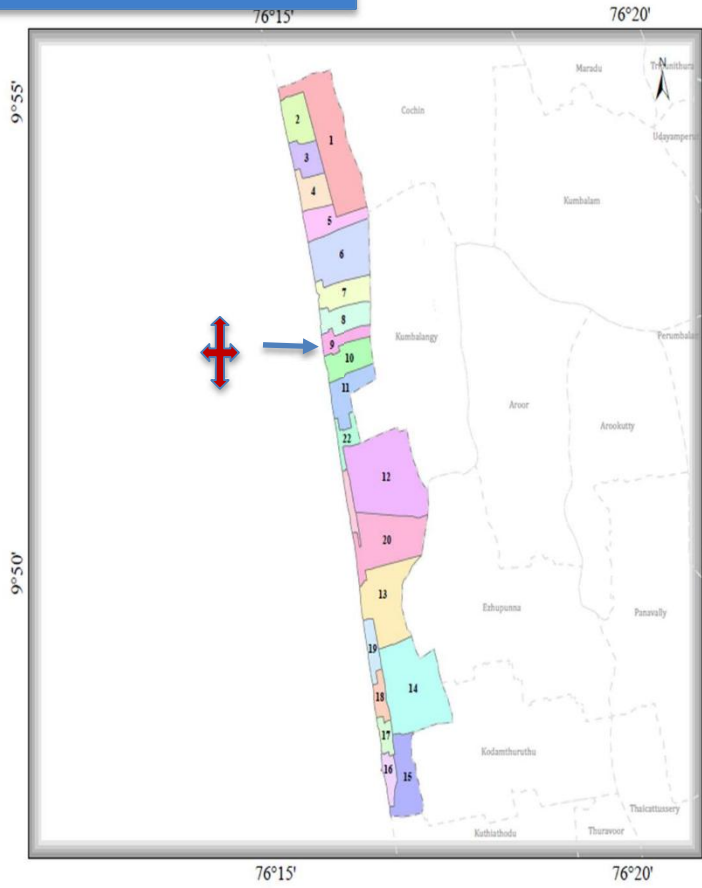
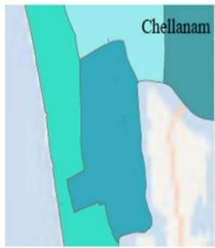
Base line Data- Chellanam

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
22	9415	38412	234	234	4	17	2/4

CHELLANAM



Location of St. Joseph Church Kannamaly



- WARD BOUNDARY
- 1-KAITHAVELI
 - 2-KATTIPPARAMBU
 - 3-C.M.S
 - 4-CHERIYAKADAVU NORTH
 - 5-CHERIYAKADAVU
 - 6-POLICE STATION
 - 7-HOMEO DISPENSARY
 - 8-KANNAMALY NORTH
 - 9-KANNAMALY
 - 10-PUTHENTHODU BEACH
 - 11-PUTHENTHODU SCHOOL
 - 12-PANCHAYATH OFFICE
 - 13-BAZAR
 - 14-AMBEDKAR NAGAR
 - 15-CHELLANAM
 - 16-HARBOUR
 - 17-FISHERMEN NAGAR
 - 18-GONDUPARAMBU
 - 19-NORTH CHELLANAM
 - 20-MARUVAKKAD
 - 21-CHALAKKADAVU
 - 22-KANDAKKADAVU
- LOCALBODY LOCALBODY LOCALBODY

Background of the LSGI

Table 2: Background of LSGD	
Description	Details
Name of LSGI	Chellanam
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Kumbalanghy
District	Ernakulam
Number of wards	22
Total area (sq. km)	15.21sq.km
Population (Projected)	38412
Population density	1838-1930persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	Costal
Number of rivers passing through LSGI	12,12,19,21
Number of water bodies in the LSGI	9
Number of educational institutions	17

Factories / small-scale industries	15
Flood-prone wards	12-21
Landslide-prone wards	NIL
Death Management and Disposal Facilities (crematorium, including electric)	2
Auditoriums/Marriage halls/convention centres/community halls	10

Area & Population Details

SI No	Area/Ward	Population	Male	Female	Households
1	9	1123	564	559	

Expected Crowd Estimation

Date	Event Location	Type of Event	Expected Crowd Size	Peak Time	Risk Level
March 19	St. Joseph church Ground Kannamaly	Nercha Sadya	70000-85000	12-2 pm, 5-9 pm	Medium

Gathering of people Begins at 7 am.Upto 2500 People at a time.

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

This section provides an overview of the healthcare infrastructure available within the LSGD area. It outlines the distribution and basic capacity of health facilities that form the backbone of service delivery during routine times and public health emergencies.

Family Health Centres (FHCs) and Community Health Centres (CHCs) generally function as the first point of contact for the community, providing essential outpatient and inpatient services. General Hospitals (GH) and Medical College Hospitals (MCH), where accessible, serve as the main referral centres for advanced diagnostics, specialist care, and critical services during public health emergencies. This inventory helps identify existing strengths, gaps, and potential surge capacity that can be mobilised during a pandemic or disaster.

Sl.no	Health Facility	Type of Facility	Contact Number	Total beds	ICU Beds	Oxygen-Supported / Ventilator Beds	Ambulances
Government Healthcare Facilities							
1	Kumbalangi	CHC	9446452419, 04840224047 2	12	3	NIL	2
2	Chellanam	FHC	4842245001	NIL	NIL	NIL	NIL
3	Kandakkadu	FHC	4842245001	NIL	NIL	NIL	NIL
4	Fhc Panangad	FHC	4842703535	2	0	0	1
AYUSH Healthcare Facilities							
1	Govt. Ayurvedha Dispensary	Dispensary	9446579216	NIL	NIL	NIL	NIL

2	Govt. Homoeo Dispensary	Dispensary	9447645412	NIL	NIL	NIL	NIL
3	Govt. Ayurvedha Dispensary	Dispensary	8281922207	0	0	0	0
4	Govt. Homoeo Dispensary	Dispensary	9446820304	0	0	0	0
Private Healthcare facilities							
1	CORTINA HOSPITAL	PRIVATE	9158157090	12	0		0
2	ST: Joseph Hospital Kannamaly	PRIVATE	0484 2247448	20	0	0	0

Private Clinics

Private clinics are an essential part of pandemic preparedness, as they are often the first-place people seek care when symptoms begin. In many communities, private clinics manage a significant share of outpatient visits and therefore play a critical role in early case detection, timely referrals, and disease surveillance. Having an up-to-date understanding of where these clinics are located, the services they provide, and how they are linked to the public health system helps ensure that no cases are missed during an outbreak. It also allows health authorities to engage private practitioners more effectively for reporting, risk communication, and coordinated response, strengthening the overall capacity of the health system to manage public health emergencies.

Sl. No.	Name of Clinic	Registered (Y/N)	Clinic (General / Speciality)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
1	WELCARE	No	General	Illickal Kumbalanghy	8921280526	No	No
2	Family care clinic	NO	General	Pazhangad Kumbalanghy	8089226354	No	No
3	MEDICAL CENTRE	NO	Private	Niji Theatre Chellanam	7025738349	No	No
4	Dental Clinic	Yes	Private	Kannamaly	9847684751	No	No
5	Dr.Sooraj Clinic	Yes	Private	Near St.George Chellanam	9947295 860	No	No
6	SKY	No	GENERAL	PANANGAD, KUMBALAM	8485214574	Yes	No
7	NES MED	No	GENERAL	PANANGAD, KUMBALAM	8281456123	Yes	No
8	TRINITY	No	GENERAL	KUMBALAM	9946582145	Yes	No

Specialized Services & Emergency Inventory

This section provides a detailed view of the specialized medical resources available to the community, focusing on emergency response and critical care capabilities. This table tracks the vital assets required for managing severe illnesses and emergencies across Government, Private, and AYUSH sectors.

Item	Govt	Private	AYUSH	Total
Hospital beds	17	21	0	38
Oxygen-generating systems(Y/N)	2	1	0	3
Oxygen-supported beds (Numbers)	1	1	0	2
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	0	0	0	0
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	2	3	5	10
Medical store	2	14	0	16
Industrial establishments (Medium- scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)	NIL	5	NIL	5

Oxygen & Diagnostic Capacity

Monitoring **oxygen and diagnostic capacity** is a critical component of public health preparedness, ensuring that the LSGD can handle both chronic care and sudden surges in respiratory or infectious diseases.

Name of Health Facility	Oxygen-generating System (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facilities Available(Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Healthcare Facilities							
CHC KUMBALANGHY	NO	NO	YES	NO	YES	NO	NO
FHC Chellanam	NO	NO	NO	NO	NO	NO	NO
PHC Kandakkadavu	YES	NO	NO	NO	NO	NO	NO
FHC PANANGAD	YES	NO	YES	NO	NO	NO	NO
Private Healthcare Facilities							
Cortina Hospital	NO	YES	NO	YES	NO	NO	NO
St. Joseph Hospital, Kannamaly	YES	NO	YES	NO	NO	NO	NO

Diagnosics facility mapping at the LSGI level

The diagnostic capacity of Kumbalangi G.P represents the "intelligence network" of our healthcare system. The speed and accuracy of disease identification depend entirely on the distribution and technical level of these facilities.

Item	Govt	Private	AYUSH	Total
General labs	2	19	0	21
Microbiology labs	1	5	0	6
RT-PCR labs	0	0	0	0
USG units	0	1	0	1
CT/MRI units	0	0	0	0
Research labs	0	0	0	0
Labs of other departments that can be repurposed	1	0	0	1

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24x7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
Kumbalanghy						
1	Neethi lab	Private	Compression junction, Kumbalanghy	9446868161	NO	Yes
2	St. Marys	Private	Kumbalanghy	9539717339	No	Yes
3	CHC Kumbalanghy	Govt	Kumbalanghy	8086630828	No	Yes
4	Nesmid Lab	Private	North Kumbalanghy	8138068235	No	Yes
Chellanam						
5	Life Tech Centre	Private	Noth Chellanam	9061328811	No	Yes
6	CARE Diagnostic Centre	Private	Kandakkadavu	9744923688	No	Yes
7	New Life Diagnostic Centre	Private	Malikaparambu	9567705754	No	Yes
8	Well Care	Private	Ward – 3	9037574629	No	Yes
9	Life Tech	Private	Ward.8	9061328811	no	yes
10	Primary care	private	Ward 1	8590717633	no	yes

11	St.joseph hospital	private	Ward 9	2247448	yes	Yes
Kumbalam						
12	NES MED	Private	Panangad	7994322591	No	No
13	SKY CLINIC	Private	Panangad	9287727772	No	No
14	DDRC	Private	Panangad	9495005140	No	No
15	NEETHY LAB	Private	Panangad	8606560192	No	No
16	ASTER LAB	Private	Panangad	9680396803	No	No

Social and Community Infrastructure for surge plan

This table serves as our **logistics and shelter inventory**. By mapping these locations, quickly we can identify where to house displaced citizens, where to set up temporary medical clinics, and how to manage the deceased with dignity during a crisis.

Educational Institutions

Category	Kumbalanghy	Chellanam	Kumbalam	Palluruthy	Est. Capacity (Persons)
Educational Institutions					
Anganwadis	31	34	28	93	460
Schools	11	15	10	36	5000
Colleges	0	2	2	4	200
Healthcare Educational Institutions-NIL					
Community Gathering Spaces					
Community halls	4	0	3	7	7000
Auditoriums	15	10	7	32	15000

Religious buildings	20	13	2	35	5000
Vulnerable Group Support Facility					
Destitute homes	0	0	0	0	
Elderly homes	3	1	1	5	100
LSGD owned other buildings	4	0	2	6	500
Mass Fatality Management (MFM) Infrastructure					
Mortuary	0	0	0	0	
Crematorium	4	0	1	5	

Medical & Clinical Personnel

This table tracks the "Frontline" providers responsible for diagnosis, treatment, and clinical management. Total health workforce: 41 personnel, only one CHC serving as primary surge capacity." A detailed directory with the contact numbers of all workers is maintained

Cadre	Govt (No.)	Private (No.)	Palluruthy Block
Doctors—Modern Medicine	17	16	33
Doctors – AYUSH	5	5	10
Doctors – Veterinary	3	NIL	3
Doctors – Dental	NIL	8	8
Nursing officers	12	7	19
Lab technicians	5	21	26
Optometrist	2	3	5
Pharmacists	5	11	16
Psychologists & Counsellors	1 (NHM)	NIL	1

Community & Support Cadre

This group represents the surge capacity of the LSGI—people who can be called upon for logistics, rescue, and specialized support.

Cadre	kumbalanghy	Chellana m	Kumbala m	Palluruthy Block
ASHA Workers	26	31	18	75
AWW (Anganwadi Workers)	31	35	28	94
Emergency Medical Volunteers (Trained)	20	0	0	20
Kudumbashree	320	474	111	905
MNREGS	3612	13	310	3935
Purusha Swayam Sahaya Sangham	16	41	18	75
Ex-Servicemen	38	14	38	90
Retired Police Officers	23	25	5	53
NCC/NSS Volunteers	240	168	150	558
Red Cross volunteers	30	93		123
One Health Community Volunteers	28	2	180	210
One Health Community Mentors	19	5	18	42

Community Organizations

This section details the presence of community-based organisations (CBOs), non-governmental organisations (NGOs), faith-based organisations (FBOs), Kudumbashree Self-Help Groups (SHGs), and Ayalkootams within the Local Self-Government Institution (LSGI). These groups enhance grassroots mobilization, resource distribution, and support networks crucial for pandemic response and community resilience.

Category	Kumbalanghy	Chellanam	Kumbalam	Palluruthy Block
NGOs	15	0	2	17
Religious based organizations	10	3	5	18
Foreign based organizations	NIL	0	0	0
Sports Club/youth clubs	6	2	6	14
Kudumbashree SHGs	320	357	1813	2490
Ayalkootams	115	357	221	693
Political organizations	5	2		7
Residential organizations	5	0	54	59

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Political organizations	5	2		7
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Administrative & Emergency Services

This section outlines the availability of key non-health emergency support services and infrastructure within the LSGI, which are essential for effective pandemic preparedness and response. These facilities support law enforcement, disaster response, water supply, logistics, mobility, and community-level interventions during public health emergencies.

Category	Kumbalanghy	Chellanam	Kumbalam	Palluruthy	Contact details
Police Stations	1	1	1	3	04842241000, 04842247461, 04842700201
Fire &Rescue Stations Mattanchery	0	0	1	1	04842225555, 04842225555 MATTAMCHEERY
Water Pumping Points	1	0	0	11	9387990929
Public Distribution System (PDS)	10			10	9895577899

Information regarding resources

The availability of essential transport and support resources plays a quiet but critical role in saving lives. Equipment such as ambulances, mobile mortuaries, amphibian ambulances, and motorized boats ensures that patients, samples, and healthcare teams can move swiftly— even in flooded, remote, or difficult terrains. Heavy vehicles like JCBs, cranes, tractors, and torus lorries support logistics, waste management, emergency infrastructure, and rapid conversion of spaces into care or isolation facilities. Taxis, four-wheel-drive vehicles, and trucks help maintain continuity of essential services, reach vulnerable populations, and support home-based care and supply delivery.

Means of transportation	Kumbalanghy	Chellanam	Kumbalam	Palluruthy Block
JCB	2	2	1	5
Crane, Tractor	NIL	NIL	1	1
Heavy Trucks	NIL	NIL	5	5
Mobile mortuaries	NIL	3	0	3
Ambulances	1	1	3	5
Boats	1	131	0	132
Taxi service/Auto	35/100	41	17	93

Resource Inventory and Contacts

Resource Category	Source (District/State/Private)
PPE Kits/Masks/Gloves	KMSCL
PPE Kits/Masks/Gloves	Local Vendors
Oxygen Cylinders/Concentrators	KMSCL
Medicines/Antivirals	KMSCL
Medicines/Antivirals	Neethi Shops
Test Kits (RTPCR/Rapid)	KMSCL

Annexure

IMPORTANT PHONE NUMBERS

Phone numbers and particulars of persons responsible for providing guidance, assistance, and support for pandemic preparedness operations may be provided here in a manner that allows easy reference at a glance. The information recorded here could be exhibited elsewhere at the time of emergencies. LSG institutions shall give special attention to collect and record the above data of persons and institutions who/which are supposed to give technical and co-ordination support to reduce the impact of pandemic.

1.1. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	9744988656
2.	Agriculture Office	Agriculture Officer	9539747271
3.	Animal Husbandry Office	Animal Husbandry Doctor	9496839449
4.	Police Station	Police Officer	04842241000
5.	BSNL Office	Officer	9495282433
6.	Block Office	Officer	04842232162
7.	KSEB Office	Officer	04842248899
8.	Fisheries Office	Officer	9496008775
9.	Fire and Rescue	Officer	04842225555

1.2 Helpline numbers

Helpline	Phone number
Police	04842241000
Fire and Rescue	04842225555
KSEB	04842248899

1.3 Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	St.Peters HS	Aided	9142478870
2	St.Peters HSS	Aided	9446419474
3	St.George LPS	Aided	9995420871
4	St.George UPS	Aided	9446437605
5	OLF UP	Aided	9995835688
6	OLF HS	Aided	9947478444
7	OLF Honey HSS	Aided	9497200098
8	Govt.UPS kumbalanghy	Govt	8547857867
9	St.Peters HS	Aided	9446419474
10	St. ANNs Public School	Pvt	9612550342

Detailed Public Health Activity Report Malayattoor Church Perunnal – 2025–2026 Malayattoor Panchayat

1. Introduction

This report presents a consolidated overview of the public health preparedness activities, preventive measures, field inspections, sanitation monitoring, food safety surveillance, water quality management, disease prevention activities, and interdepartmental coordination conducted in connection with the Malayattoor Church Perunnal held at Malayattoor Panchayat during the 2025–2026 festival period.

The report has been prepared based on field-level operational activities, inspection observations, coordination meetings, preventive public health interventions, and surveillance activities carried out before and during the festival period.

Considering the large public participation, mass gatherings, temporary food establishments, and increased public movement associated with the festival, extensive preventive public health measures were undertaken to ensure environmental sanitation, food safety, drinking water safety, communicable disease prevention, and emergency health preparedness.

2. Objectives of Public Health Activities

- Prevention of communicable diseases during the festival period.
- Ensuring availability of safe drinking water.
- Monitoring chlorination of wells and water sources.
- Conducting surveillance of food hygiene in temporary and permanent food establishments.
- Monitoring sanitation conditions in public gathering areas.
- Conducting field inspections and sanitary rounds.
- Strengthening disease surveillance and outbreak prevention.
- Coordinating emergency medical preparedness.
- Ensuring compliance with public health regulations.
- Creating public awareness regarding hygiene and sanitation.

3. Administrative and Institutional Framework

The public health preparedness activities were coordinated through the concerned Health Department authorities in coordination with Malayattoor Panchayat and other departments.

Departments and Stakeholders Involved:

- Health Department
- Malayattoor Panchayat
- Food Safety Department
- Motor Vehicles Department
- Police Department
- Fire and Rescue Services
- Government and Private Hospitals
- Rapid Response Teams (RRT)
- Health Inspectors and Junior Health Inspectors
- Volunteers and sanitation workers
- Church authorities and festival committee members

4. Coordination Meetings and Planning Activities

Coordination meetings were conducted at Block Level, Panchayat Level, and field operational level involving all concerned departments.

Major discussions included:

- Public health preparedness during festival days
- Drinking water safety measures
- Chlorination schedules
- Food safety inspections
- Crowd-related sanitation management
- Waste disposal arrangements
- Disease surveillance mechanisms
- Emergency medical preparedness
- Interdepartmental inspection schedules
- Roles and responsibilities of field teams

5. Water Safety and Chlorination Activities

Water safety surveillance formed one of the major components of the preventive public health activities conducted during the festival period.

Activities conducted included:

- Identification and mapping of wells and water sources
- Chlorination of wells in and around festival areas
- Repeated chlorination rounds based on field assessment
- Residual chlorine monitoring
- Collection of water samples for laboratory testing
- Follow-up corrective measures based on laboratory findings

Water samples were collected from wells near church premises, nearby residential areas, temporary water supply points, and food establishment water sources.

6. Healthy Kerala and Food Safety Inspections

Healthy Kerala inspections and food safety surveillance activities were conducted in hotels, temporary food stalls, catering units, tea shops, juice shops, and festival-related food establishments.

Inspection focus areas:

- Food hygiene standards
- Personal hygiene of food handlers
- Availability of health cards
- Waste disposal systems
- Water safety used in food preparation
- Cleanliness of utensils and food preparation areas
- Safe storage of food materials
- General sanitation conditions

7. Disease Prevention and Surveillance Activities

Disease surveillance and outbreak prevention activities were strengthened during the festival period considering the large public gathering.

Surveillance focus areas included:

- Fever surveillance
- Acute diarrheal disease monitoring
- Food poisoning surveillance
- Vomiting clusters
- Respiratory illness monitoring
- Crowd-related health emergencies

Preventive activities included public awareness campaigns, hygiene promotion, monitoring of symptomatic individuals, and referral of suspected cases for medical evaluation.

8. Emergency Medical Preparedness and Hospital Coordination

Coordination was established with nearby Government and Private Hospitals to ensure rapid medical response during emergencies.

Arrangements included:

- Ambulance support services
- Referral mechanisms

- Emergency first aid preparedness
- Availability of emergency medicines
- Coordination with emergency response teams

9. Environmental Sanitation Activities

Environmental sanitation monitoring was conducted continuously during the festival period.

Activities included:

- Daily sanitary rounds
- Waste disposal monitoring
- Inspection of temporary toilet facilities
- Drainage inspections
- Monitoring of crowd-sensitive public areas
- Mosquito control activities

10. Recommendations for Future Festival Preparedness

- Advance chlorination before festival period
- Increased frequency of chlorine monitoring
- Mandatory health cards for food handlers
- Pre-festival food safety orientation programmes
- Increase temporary waste collection points
- Strengthen waste disposal systems
- Improve toilet and handwashing facilities
- Strengthen Rapid Response Team deployment
- Maintain real-time disease surveillance systems
- Digitize field inspection records

11. Conclusion

The public health preparedness activities conducted during the Malayattoor Church Perunnal demonstrated a coordinated and preventive public health response involving multiple departments and stakeholders.

The coordinated efforts of the Health Department, Panchayat authorities, inspection teams, hospitals, volunteers, and supporting departments significantly contributed to maintaining public health safety and minimizing health risks during the festival period.

STANDARD OPERATING PROTOCOL MASS GATHERINGS

KANJIRAMATTOM UROOS ERNAKULAM



The Kanjiramattom Uroos is a prominent annual religious festival held at the historic Kanjiramattom Mosque, one of the oldest and most revered mosques in Kerala. Celebrated in memory of Sheikh Fariduddin, a respected Islamic saint, the festival reflects centuries-old traditions of faith, communal harmony, and cultural integration. The Uroos is not only a religious observance but also a vibrant socio-cultural event that attracts thousands of devotees, pilgrims, and visitors from across Kerala and neighboring states.

The festival typically spans several days and is marked by a series of rituals, prayers, and ceremonial processions. A distinctive feature of the Uroos is the participation of richly caparisoned elephants, traditional percussion ensembles, and the ceremonial procession (Nercha) that symbolizes devotion and reverence. The event also showcases Kerala's syncretic culture, with participation cutting across religious and social boundaries, making it a unique example of communal coexistence and shared heritage.

During the Uroos period, the otherwise quiet surroundings of Kanjiramattom transformed into densely populated congregation zones. The mosque premises, adjoining grounds, approach roads, temporary marketplaces, and parking areas experience a significant surge in population density. The influx of devotees is often continuous throughout the day and night, leading to sustained pressure on infrastructure, public utilities, and essential services.



Such large-scale gatherings inherently pose multiple public health and safety challenges. High crowd density increases the risk of stampedes, falls, and trauma incidents, particularly during peak ritual hours and processions involving elephants. The presence of elephants, though culturally significant, introduces additional risks related to animal behavior and crowd interaction, necessitating strict safety protocols and trained handlers.

The extended duration of the festival, coupled with prolonged standing, fasting, and exposure to heat or humidity, may lead to dehydration, exhaustion, and aggravation of pre-existing medical conditions among vulnerable groups such as the elderly, children, and individuals with chronic illnesses. Temporary food stalls and mass feeding arrangements (Annadanam/Nercha distribution) further raise concerns regarding food safety, hygiene, and the risk of food-borne illnesses.

Environmental factors also play a critical role in shaping risk dynamics. Depending on the season, the festival may coincide with warm climatic conditions, increasing the likelihood of heat-related illnesses, or with periods conducive to vector breeding, thereby elevating the risk of vector-borne diseases. Increased waste generation, inadequate sanitation facilities, and strain on water supply systems can contribute to environmental contamination and public health concerns if not managed effectively.

In this context, the formulation of a comprehensive Festival Preparedness Plan is essential. The Kanjiramattom Uroos qualifies as a mass gathering event as per public health and disaster management frameworks, characterized by large-scale participation, high population density, and potential strain on local resources. Effective planning ensures that religious observances are conducted safely without compromising public health and safety.

The preparedness plan necessitates a coordinated, multi-sectoral approach involving key stakeholders, including the District Administration, Health Department, Police Department, Fire and Rescue Services, Animal Husbandry Department, and the Local Self Government Department (LSGD). The role of LSGD is critical in ensuring sanitation, solid waste management, provision of safe drinking water, maintenance of public utilities, and regulation of temporary establishments such as food stalls and vendors.



The Health Department plays a central role in medical preparedness and emergency response. This includes the establishment of medical aid posts at strategic locations, deployment of trained medical and paramedical personnel, and ensuring the availability of essential drugs, emergency equipment, and first aid facilities. Nearby health institutions, including taluk hospitals, district hospitals, and empanelled private hospitals, are integrated into a structured referral network to manage medical emergencies efficiently.

Emergency response systems are strengthened through the deployment of Basic Life Support (BLS) and Advanced Life Support (ALS) ambulances at key locations. Given the scale and nature of the event, clearly defined evacuation routes and traffic management plans are implemented by the Police Department to ensure unobstructed movement of emergency vehicles and effective crowd regulation.

Special emphasis is placed on risk mitigation related to elephant processions. Coordination with the Animal Husbandry Department and trained mahouts ensures adherence to safety guidelines, regular health checks of elephants, and controlled interaction with the public to prevent accidents.

Pre-event preparedness activities such as interdepartmental coordination meetings, site inspections, risk assessments, and mock drills are conducted to identify potential gaps and enhance response readiness. Capacity-building initiatives, including training of volunteers, field staff, and emergency responders, are essential to ensure effective on-ground management.

Public health surveillance systems, supported by Rapid Response Teams (RRTs), enable real-time monitoring of health events and early detection of potential outbreaks. Environmental health interventions, including vector control measures, water quality monitoring, food safety inspections, and waste management systems, are implemented rigorously throughout the festival period.

The Kanjiramattom Uroos, with its deep religious significance and large-scale participation, exemplifies the complexities of managing mass gatherings in a dynamic and culturally rich environment. The integration of traditional practices with structured public health and disaster management strategies is essential to ensure that the festival is conducted safely, efficiently, and respectfully. The preparedness plan thus serves as a comprehensive framework to safeguard public health while preserving the cultural and spiritual essence of this historic festival.

2. RISK MITIGATION OF MASS GATHERING

The Kanjiramattom Uroos festival at Kanjiramattom Mosque presents a complex risk environment due to high crowd density and seasonal factors. A comprehensive risk mitigation strategy is essential to ensure public safety, prevent health emergencies, and enable efficient response mechanisms.

2.1 Crowd Surge and Stampede Risks

Large congregations along the mosque premises, and Que Complex (Temporary) increase the likelihood of crowd surge and stampede incidents.

Mitigation Measures:

- Sector-wise crowd zoning and capacity limits
- Installation of barricades and one-way pedestrian flow systems
- Designated entry and exit points with strict regulation
- Deployment of police personnel and trained crowd marshals
- Use of CCTV surveillance and drone monitoring
- Real-time crowd density assessment and public announcements

2.2 Heat Exhaustion, Dehydration, and General Illness

Prolonged exposure to heat, overcrowding, and physical exertion can lead to dehydration, syncope, and heat-related illnesses.

Mitigation Measures:

- Establishment of ORS distribution points and safe drinking water kiosks
- Temporary shaded rest areas for devotees
- Public awareness messages on hydration and heat precautions

2.3 Communicable Disease Risks

High-density gatherings facilitate the spread of respiratory infections, acute diarrheal diseases, and other communicable conditions.

Mitigation Measures:

- Strengthening surveillance systems and Rapid Response Teams (RRTs).RRT Team include HI,JHI,JPHN,MLSP
- Promotion of hand hygiene and respiratory etiquette
- Provision of adequate sanitation facilities (toilets, handwashing stations) with the mutual participation of Amballoor Panchayath

- Monitoring of drinking water quality. Water quality test conducted 4 days before the event.
- Isolation and referral protocols for suspected infectious cases
- Proper waste management to avoid Mosquitoes, Flies , Rats etc..

2.4. Food Safety Risk

Temporary food stalls and vendors increase the risk of food contamination and outbreaks of foodborne illnesses.

Mitigation Measures:

- Licensing and strict inspection of food vendors by Health Department
- Enforcement of food safety standards and hygiene practices
- Ban on unauthorized food stalls
- Routine inspection and sampling of food and water
- Awareness campaigns for safe food consumption

2.5. Vector-Borne Disease Risks

Post-monsoon conditions create favourable environments for mosquito breeding, increasing risks of diseases such as dengue and leptospirosis.

Mitigation Measures:

- Pre-event vector control measures (fogging, larvicide)
- Elimination of stagnant water sources
- Distribution of IEC materials on personal protection
- Coordination with LSGD for environmental sanitation

2.6. Road Traffic Congestion and Delayed Emergency Access

Heavy inflow of vehicles and limited road infrastructure may hinder emergency movement and evacuation.

Mitigation Measures:

- Traffic diversion plans and designated parking zones
- Restriction of vehicle entry near high-density areas
- Dedicated emergency lanes for ambulances
- Coordination with police for real-time traffic management
- Use of signage and volunteers for crowd guidance

2.7 Emergency Evacuation Challenges

High crowd density and limited access routes may delay evacuation during emergencies.

Mitigation Measures:

- Identification and mapping of multiple evacuation routes
- Clearly marked exits and assembly points
- Mock drills for evacuation preparedness
- Deployment of trained volunteers for crowd guidance

2.8. Environmental and Sanitation Risks

Improper waste disposal and inadequate sanitation can lead to environmental contamination and disease outbreaks.

Mitigation Measures:

- Installation of temporary toilets and waste bins
- Regular waste collection and disposal by LSGD
- Strict enforcement of sanitation protocols
- Post-event cleanup operations

- Follow Haritha Protocol.

2.9. Structural and Temporary Infrastructure Risks

Temporary Que Complexes, Stages, and stalls may pose risks if not properly constructed.

Mitigation Measures:

- Safety inspection and certification of temporary structures
- Load capacity regulation and monitoring
- Fire safety measures including extinguishers
- Electricity Safety Audit.

2.10. Fire and Electrical Hazards

Use of temporary electrical connections and cooking facilities increases fire risk.

Mitigation Measures:

- Inspection of electrical installations
- Deployment of fire safety units and extinguishers
- Regulation of LPG usage in food stalls

2.11. Public Security and Law & Order Issues

Large gatherings may lead to theft, missing persons, or conflicts.

Mitigation Measures:

- Deployment of adequate police personnel
- Installation of help desks and lost-and-found centres - Trained Volunteers Can be utilised.
- Surveillance through CCTV and control rooms

2.12. Weather and Seasonal Risks

Unexpected rainfall, flooding, or slippery surfaces due to monsoon conditions can increase accident risks.

Mitigation Measures:

- Weather monitoring and early warning systems
- Preparedness for flood-like situations
- Use of anti-slip arrangements in key areas

2.13. Communication Gaps and Panic Situations

Lack of proper communication may lead to confusion and panic during emergencies.

Mitigation Measures:

- Centralized control room with interdepartmental coordination
- Public address systems for real-time instructions
- Clear signage and information dissemination

Risk mitigation for Kanjiramattom Uroos festival requires a multi-sectoral, proactive, and dynamic approach integrating crowd management, public health measures, emergency preparedness, and environmental safety. The implementation of these strategies ensures safe conduct of the festival while preserving its cultural and religious significance.

3. SUMMARY OF TEMPORAL EVENTS OF GATHERING WITH TIMELINE

The Kanjirmattom Uroos festival requires a phased and time-bound preparedness approach. The planning is divided into Pre-event, Event Day, and Post-event phases, ensuring continuity of operations, risk reduction, and effective response.

1. Pre-Event Phase (4–6 Weeks Prior to Event)

This phase focuses on planning, preparedness, and capacity building, ensuring all systems are in place before the mass gathering.

Key Activities:

a. Planning and Coordination

- District-level coordination meetings under District Collector
- Interdepartmental planning (Health, Police, Fire Force, LSGD, Transport, KSEB, KWA, Food Safety)
- Formation of Incident Command System (ICS)

b. Risk Assessment and Site Inspection

- Detailed hazard mapping of Ponds, temple premises, and access routes
- Identification of high-density zones and vulnerable points
- Structural safety inspection of temporary installations

c. Health System Preparedness

- Identification and alerting of referral hospitals
- Procurement of essential drugs, emergency kits, and logistics
- Planning for medical aid posts and ambulance deployment

d. LSGD and Infrastructure Readiness

- Sanitation planning (temporary toilets, waste management systems)
- Drinking water supply arrangements
- Cleaning of public spaces and vector control measures

e. Training and Capacity Building

- Training of medical teams, volunteers, and rescue personnel
- Mock drills for mass casualty, drowning response, and evacuation
- Orientation of field staff on SOPs

f. Public Awareness and Communication

- IEC campaigns on safety, hygiene, and crowd discipline
- Awareness on designated entry/exit points and emergency contacts

Phase	Timeline	Component	Key Activities	Responsible Departments
Pre-Event Phase	4–6 Weeks Before Event	Planning & Coordination	District-level meetings, interdepartmental coordination, formation of Incident Command System (ICS)	District Collector,Ernakulam,SP Ernakulam (Rural),DMO Ernakulam,Amballoor Panchayath President,Kanjiramattom Mosque (AO)
		Risk Assessment & Site Inspection	Hazard mapping, identification of high-risk zones, inspection of temporary structures	District Collector,Ernakulam,SP Ernakulam (Rural)
		Health System Preparedness	Identification of hospitals, stocking medicines, planning medical aid posts	Block Medical officer of CHC Keechery, Health Supervisor of Keechery, Health Inspector of Keechery.
		LSGD & Infrastructure Readiness	Sanitation planning, drinking water supply, waste management systems	Amballoor Panchayath President and Standing Committee Member

		Training & Capacity Building	Mock drills, emergency response training, staff orientation	Health department staff, Fire Force Mulanthuruthy and Mulanthuruthy Police
		Public Awareness & Announcements, IEC	Awareness campaigns on safety, hygiene, crowd movement	Amballoor Gramapanchayath, Health Dept, Information Dept
		Logistics & Resource Mobilization	Ambulance planning, equipment deployment, volunteer mobilization	Health, Transport, NGOs
		Traffic & Route Planning	Identification of parking zones, diversion plans, emergency routes	Motor Vehicles Dept, Police

2. Event Phase

This phase involves real-time management of mass gathering, ensuring safety, surveillance, and emergency response.

Key Activities:

a. Crowd Management

- Enforcement of sector-wise crowd control
- Regulation of entry/exit points and restricted zones
- Continuous monitoring using CCTV and field officers

b. Medical and Emergency Services

- Operationalization of medical aid posts
- Deployment of ambulances (ALS/BLS) and boat rescue teams
- On-site triage, stabilization, and referral system

c. Surveillance and Public Health Measures

- Real-time disease surveillance and reporting
- Monitoring of food safety and water quality
- Inspection of sanitation facilities

d. River and Water Safety

- Deployment of trained swimmers and rescue boats
- Continuous patrolling of river stretch
- Restriction of unauthorized boat movement

e. Traffic and Transport Management

- Implementation of traffic diversion plans
- Designated parking zones
- Ensuring clear emergency evacuation routes

f. Command and Communication

- Functioning of centralized control room
- Coordination between departments through wireless communication
- Public announcements for crowd guidance and emergency alerts

Phase	Timeline	Component	Key Activities	Responsible Department / Agency
Event Phase (Peak Day)	Event Day	Crowd Management	Sector-wise crowd control, barricading, regulation of entry/exit points, CCTV monitoring	Police Department
		Medical & Emergency Services	Functioning of medical aid posts, ambulance deployment (ALS/BLS), triage, stabilization and referral	Health Department
		Surveillance & Public Health	Disease surveillance, food safety inspection, water quality monitoring	Health Department, Food Safety Department

		River & Water Safety	Deployment of rescue teams, boat ambulances, river patrolling, restriction of unauthorized access	Fire & Rescue Services, Water Transport Department
		Traffic Management	Traffic diversion, parking control, ensuring emergency route clearance	Police Department, Motor Vehicles Department (MVD)
		Command & Communication	Control room operations, interdepartmental coordination, public address systems	District & Local Administration
		Security & Law Enforcement	Crowd discipline, prevention of anti-social activities, lost & found services	Police Department
		Volunteer & Field Support	Crowd guidance, emergency assistance, information dissemination	NSS, NGOs

3. Post-Event Phase (Immediately After Event to 1 Week)

This phase ensures safe dispersal, environmental restoration, and health surveillance.

Key Activities:

a. Crowd Dispersal and Traffic Clearance

- Controlled exit of spectators to prevent congestion
- Traffic regulation to avoid bottlenecks

b. Sanitation and Environmental Cleanup

- Immediate waste collection and disposal
- Cleaning and restoration of riverbanks and public spaces
- Safe disposal of biomedical and food waste

c. Health Surveillance and Follow-up

- Monitoring for communicable diseases (diarrheal diseases, fever cases, etc.)
- Activation of Rapid Response Teams if outbreaks are suspected
- Reporting and documentation of health incidents

d. Review and Documentation

- Compilation of event reports from all departments
- Analysis of response effectiveness and gaps
- Documentation of lessons learned and best practices

e. Stakeholder Debriefing

- Post-event review meetings with all departments
- Recommendations for future improvement

By integrating pre-event planning, real-time event management, and post-event evaluation, the district administration can effectively minimize risks, enhance response efficiency, and ensure public safety during this high-density mass gathering.

Phase	Timeline	Component	Key Activities	Responsible Department / Agency
Post-Event Phase	Immediate to 1 Week After	Crowd Dispersal & Traffic Clearance	Controlled exit of crowd, congestion management, restoration of normal traffic flow	Police Department, Transport Authorities
		Sanitation & Environmental Cleanup	Waste collection and disposal, cleaning of riverbanks, restoration of public spaces	Local Self Government Department (LSGD), Haritha Karma Sena
		Health Surveillance	Monitoring for communicable diseases, activation of Rapid Response Teams (RRT), follow-up reporting	Health Department
		Documentation	Compilation of event	All Departments

		& Reporting	reports, incident analysis, data consolidation	
		Review & Evaluation	Conduct post-event review meetings, gap analysis, and recommendations for improvement	District Administration
		Stakeholder Debriefing	Interdepartmental review, feedback collection, lessons learned documentation	District Disaster Management Authority (DDMA)
		Restoration of Services	Reinstatement of essential services (water, electricity, sanitation) and infrastructure repair	LSGD, Utility Departments (KSEB, Water Authority, etc.)

4. COMMAND SYSTEM AND SYSTEM COLLABORATION

Effective management of the Makam & Navarathri festival mass gathering requires a well- defined command structure and seamless coordination among multiple departments. A structured Incident Command System (ICS) ensures unified decision-making, efficient resource utilization, and rapid emergency response.

Key Components

1. Incident Command System (ICS)

- The overall command is led by the District Collector, who functions as the Incident Commander.
- Ensures unified leadership, strategic decision-making, and coordination across all departments.
- Establishes a clear chain of command to avoid confusion during emergencies.

2. Health Department as Nodal Agency

- The Health Department led by District Medical Officer Ernakulam, will act as the lead agency for medical preparedness and public health response.
- Responsible for deployment of medical teams, ambulance services, disease surveillance, and emergency care systems.
- Coordinates with hospitals and Rapid Response Teams (RRTs) for effective case management.
- Medical Officer In Charge of CHC Keechery acts as the key person who coordinates the camps and first aid posts, reporting to DMO , and referral of patients.

3. Interdepartmental Coordination

A multi-sectoral approach is adopted involving:

Department / Authority	Roles & Responsibilities
Police Department(Mulanthuruthy & Ernakulam Rural)	Crowd control, maintenance of law & order, traffic management
Fire & Rescue Services(Mulanthuruthy & Thrippunithura)	Emergency rescue operations, especially water-related incidents
Local Self Government Department (LSGD)(Amballoor)	Sanitation, waste management, maintenance of public utilities
Disaster Management Authority(Ernakulam)	Risk assessment, preparedness and planning, rescue and relief operations
KSEB - Amballoor	Uninterrupted electricity supply and safety audit of additional electricity usage and accident prevention.
Kerala Water Authority - Thrippunithura	Uninterrupted water supply to cater Mass gathering. Ensuring water quality.
Food Safety Authority - Piravom	Inspection of Permanent/Temporary eateries and action plan for coordinated work with the Health Department.

This coordinated framework ensures integrated field-level operations and quick response to any incidents.

4. Control Room and Communication System

- A centralized Control Room is established for real-time monitoring and coordination.
- Ensures continuous communication between field teams, decision-makers, and emergency services.
- Equipped with communication tools (wireless, mobile networks, public address systems) for rapid information dissemination and response.

5. LIST OF KEY PEOPLE AND CONTACTS

Sector / Unit	Designation / Officer	Role & Responsibilities	Contacts
District Level Command System	District Collector	Incident Commander – Overall leadership, coordination, and decision-making	04842423001
	District Disaster Management Authority (DDMA)	Strategic planning, disaster coordination, monitoring, and review	9868891801
Health & Medical Team	District Medical Officer (DMO)	Health Lead – Medical preparedness and coordination	04842360802
	MO CHC Keechery	Support coordination and field-level supervision	9446447940
	MO CHC Keechery	Clinical management and hospital coordination	9446447940
	Rapid Response Team (RRT) including HS, HI, JHI and MLSP	Disease surveillance and outbreak response	9446271558
Law & Order / Security	District Police Chief / Superintendent of Police (SP)	Law & order, crowd control, and security management	04842394770

	DySP / Circle Inspector	Field-level supervision and coordination	04842712200
	Station House Officer (SHO)	Ground-level implementation and enforcement	9497980517
Emergency & Rescue Services	Fire & Rescue Services	Emergency response and water rescue operations	04842742800
	Station Officer	On-site rescue operations and support	04842775388
Local Self Government (LSGD)	Panchayat President (Amballoor Panchayat)	Local governance and coordination	8086727686
	Panchayat Secretary	Administrative control and implementation	9496045789
	Health Inspector (HI)	Sanitation, food safety, and field supervision	9496231702
	Haritha Karma Sena	Waste management and environmental sanitation	0484-2426982
Transport & River Management	Motor Vehicles Department (MVD) Officer	Traffic regulation and vehicle control	0484-2774166
Support & Volunteer System	NSS / NGO Coordinators	Volunteer mobilization and crowd assistance	9188933750
	Civil Defence / Volunteers	Emergency support and public guidance	04842229213
Transportation	KSRTC Ernakulam	Major entry point and public transport management	0484 2372033
	KSRTC Piravom	Major exit point and traffic regulation	9188933790
	Railway Station Thrippunithura	Transportation hub	04842777375
Food and Safety	Piravom	Inspection of the hygiene of street foods	8089456478
KSEB	Amballoor	Electricity Safety Audit	04842740314
KWA	Thrippunithura	Quality Water supply	04842777960

6. LIST OF HOSPITALS DIRECTLY INVOLVED

A tiered referral system is established to ensure timely and efficient management of medical emergencies during the mass gathering. Health facilities are categorized based on their capacity to handle primary care, secondary care, and tertiary-level emergencies, enabling smooth patient flow and reducing delays in treatment.

1. First Referral Unit

- THQH Thrrippunithura - 04842777315
- THQH Vaikom - 04829216361
- CHC Keechery - 04842961389
 - Acts as the nearest referral centre for cases from the event site
 - Manages minor, moderate to severe cases injuries, dehydration, heat-related illnesses, and initial stabilization of emergency cases.
 - Equipped with emergency unit, basic laboratory services, and short-term observation beds
 - Provides advanced emergency care, trauma management, and inpatient services

2. Private Hospitals

- ★ AP Varkey Mission Hospital, Arakkunnam - 04842748555
- ★ Devi Hospital, Thrrippunithura - 04844151515
- ★ VKM Hospital, Thrrippunithura - 04842777619
- ★ Welcare, Kanjiramattom - 07994013404
- ★ Nue Life, Kanjiramattom Mosque - 04842737000

Nearby private hospitals are identified and empaneled to augment surge capacity

Provide additional beds, emergency care, and specialized services

Help reduce burden on government hospitals during peak patient load

3. Tertiary Facilities

- Government Medical College Ernakulam - 04842754000
- Government Medical College, Kottayam - 048292592201
- General Hospital Ernakulam - 04842386000
- Medical Trust Hospital, Ernakulam - 04842358001
- EMC, Ernakulam - 04842907000
- Amritha Hospital, Ernakulam - 04846681234
 - o Serve as tertiary referral centres for critical cases such as:
 - Severe trauma
 - Burns
 - Cardiac emergencies
 - o Equipped with ICU facilities, ventilator support, and specialist care

7.MANDATORY AMBULANCE AND MEDICAL AID POSTS ON SITE

To ensure rapid on-site medical response and efficient emergency management, strategically located medical aid posts and ambulance services are established across key locations. These are designed to provide immediate first aid, stabilization, and referral support during the mass gathering.

A. Geospatial Location of Medical Aid Posts

Location	Coordinates/Description	Risk factors
Mosque Premises	Kanjiramattom Mosque Lat 9.328805629 Long 76.68791468	High footfall area with continuous crowd movement
Parking Areas	Multiple areas	First contact points for incoming/outgoing crowd; accident-prone zones
High-Density Spectator Zones	Near The Stages	Immediate access for large gatherings to reduce response time

B. Human Resource Deployment

Category	Number	Roles and Responsibilities
Doctors	2	Clinical assessment, emergency care, stabilization
Staff Nurses	4	Patient care, triage support, medication administration
Pharmacists	1	Drug dispensing and stock management
Health Inspectors (HI)	1	Sanitation monitoring, food safety supervision
Junior Health Inspector(JHI)	2	Sanitation monitoring, food safety supervision
ASHA Workers	4	Community support, patient guidance, crowd assistance
Ambulance	1	Ensure quick and safe transportation of critically ill or injured patients from the festival site to the nearest hospital.
Emergency Medical Technicians (EMTs)	1	Pre-hospital care, ambulance support, emergency handling

C. Facilities to be Arranged at Medical Aid Posts

Facility	Number	Purpose
First Aid Stations	2	Immediate treatment of minor injuries and illnesses
Observation Beds	4	Short-term monitoring and stabilization of patients
ORS Corners	2	Prevention and management of dehydration cases
Emergency Resuscitation Kits	2	Management of critical emergencies (CPR, airway support)

D. Support Accessories and Logistics

Equipment / Resource	number	Purpose
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Stretchers & Wheelchairs	2	Safe transport of patients within event site
Civil Volunteers	Sufficient	Crowd Movement and Facilitators
Public Address System		Emergency communication and crowd guidance

The deployment of medical aid posts and ambulance services at strategically identified locations ensures minimum response time during emergencies, especially in high-risk zones like dense crowd areas. Adequate human resource allocation, along with essential medical facilities and rescue equipment, strengthens on-site emergency care capacity. This integrated system enables early intervention, effective triage, and timely referral, thereby significantly reducing morbidity and mortality during the Aranmula Vallamkali mass gathering.

E. AMBULANCE SERVICE

Emergency Ambulance with Trained faculties will be readily available on call for services.

Contact - 108 & Department Vehicle (Health Department) as per the direction of DMO.

E. a. Private Ambulance List

Sl. No.	Source	Contact
1	St Johns Ambulance Service	9961832223

E. b. Ambulance Staffing Pattern

Type	Staff	Role
ALS	Driver + EMT + Nurse	Critical care transport
BLS	Driver + EMT	Basic stabilization

Support	Driver + Attendant	Non-critical transport
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Contact Point

Sl No	District	DMO Office	Collectorate Control Room	DISHA
1	Ernakulam	0484 2360802 0484 2369567	Emergency & Disaster Control Room: 1077 (Toll-Free) or 0484-2423513	1056