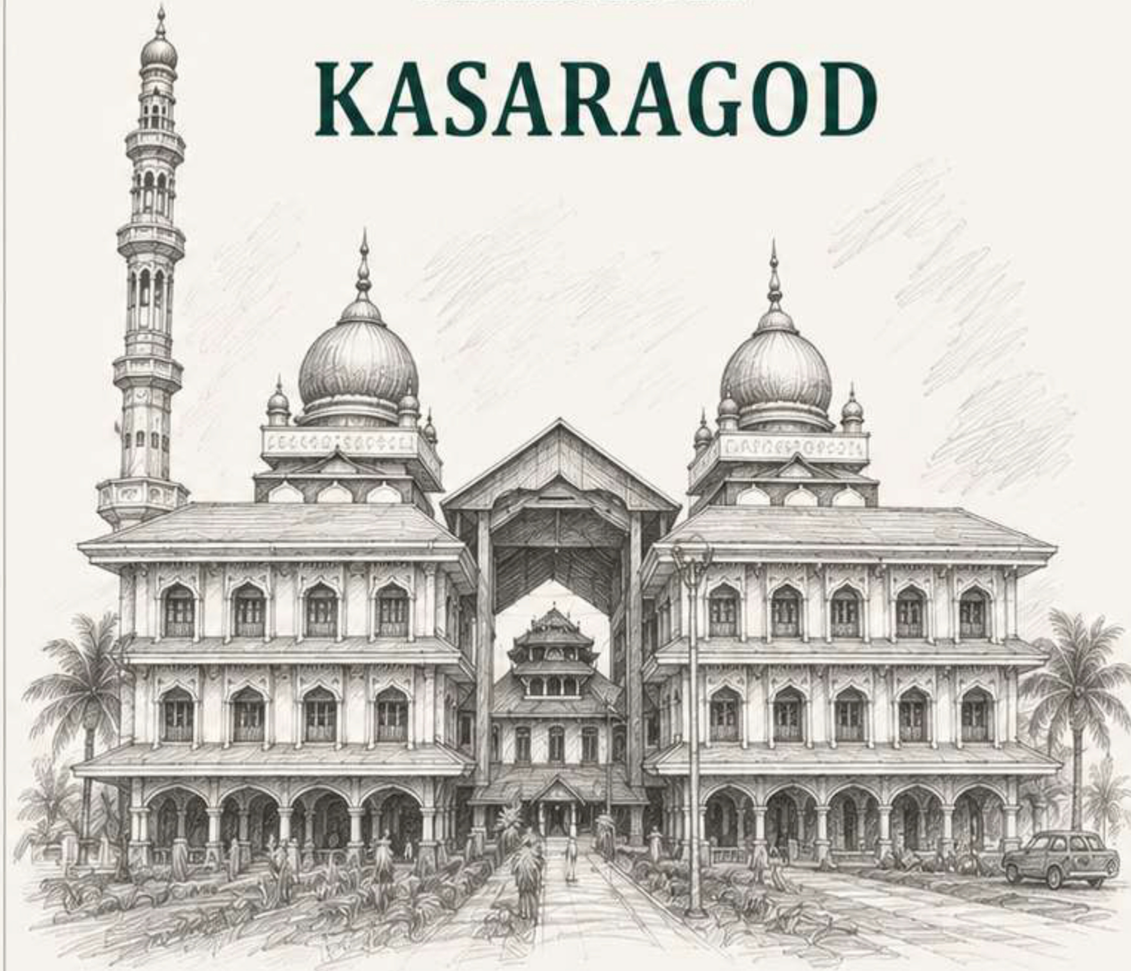
DEPARTMENT OF
HEALTH AND FAMILY WELFARE
GOVERNMENT OF KERALA

May 2026

FESTIVAL DISASTER
PREPAREDNESS PLAN

KASARAGOD



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.

Dr. Rajan N Kobragade IAS
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Chapter 1

Preparedness Plan for Mass Gathering: Bekal Fest

Location:	Bekal Fort, Pallikkara, Kasaragod District, Kerala
Panchayath:	Pallikkara Grama Panchayath
Conducting Authority:	Bekal Resorts Development Corporation (BRDC) in collaboration with the Kerala Tourism Department, District Tourism Promotion Council (DTPC)
Operational Framework:	One Health Strategy (Human-Animal-Environment)
Authority:	District Medical Officer (Health), Kasaragod

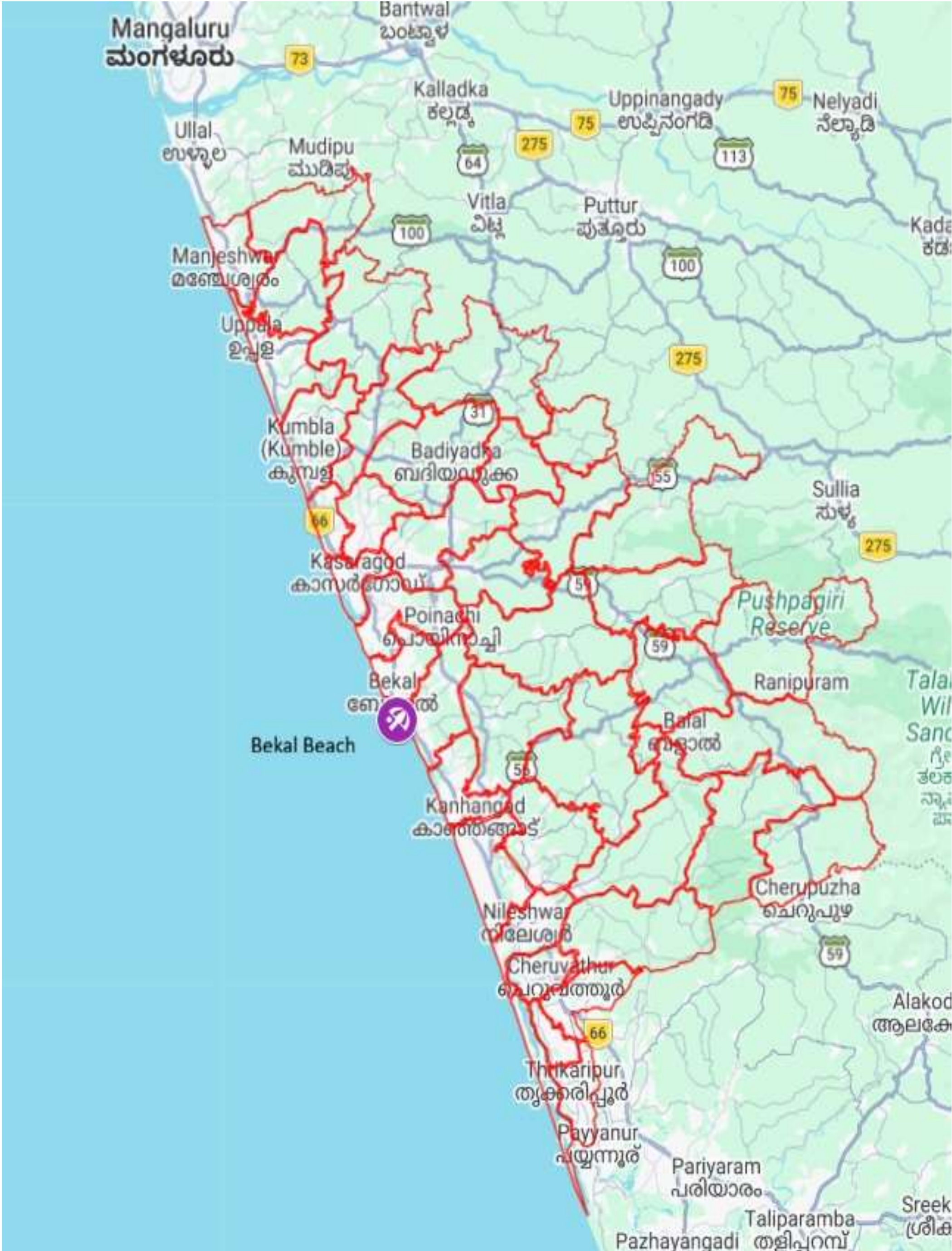
1. PREAMBLE

Bekal Fest, held in the picturesque coastal setting around Bekal Fort and its adjoining areas such as Bekal Fort Beach and Pallikkara Beach, is a large-scale cultural and tourism event that attracts thousands of visitors from across Kerala and other parts of India, creating a vibrant atmosphere of music, food, art, and recreation. It was held from December 20 to December 31 each Year at Bekal Fort and nearby Bekal Fort Beach, features vibrant cultural evenings and large public gatherings. However, the very features that make the festival successful - high crowd density, continuous movement of people, prolonged interpersonal interactions, and the mixing of diverse populations—also make it a potential hotspot for the transmission of infectious diseases, especially during periods of emerging or re-emerging public health threats.

The temporary infrastructure set up for the event, including food courts, drinking water supply systems, sanitation facilities, and waste disposal mechanisms, can further contribute to the spread of foodborne and waterborne illnesses if not properly regulated and monitored. In addition, activities such as animal or pet exhibitions introduce the risk of zoonotic diseases, while environmental factors like waste accumulation and vector breeding can facilitate the spread of vector-borne infections. During the fest, visitor turnout may exceed expectations, leading to crowd sizes surpassing the capacity of designated halls and event spaces. Such overcrowding increases the risk of airborne disease transmission, hampers effective crowd movement, and may result in safety hazards such as stampedes or delayed emergency response. This situation underscores the importance of strict crowd control measures, real-time monitoring, and contingency planning within the pandemic preparedness framework to ensure both public health safety and overall event management.

In this context, the development and implementation of a comprehensive pandemic preparedness plan is essential to ensure systematic risk assessment, real-time disease surveillance, early detection of suspected cases, and rapid response mechanisms including isolation, treatment, and contact tracing. Such a plan should also emphasize infection prevention and control measures, safe food and water practices, vector control, and effective risk communication to the public. By adopting a coordinated, multi-sectoral approach aligned with national and state public health guidelines and guided by the One Health framework,

Bekal Fest can be conducted in a manner that safeguards the health of attendees, protects the local community, and ensures that the event remains both culturally enriching and epidemiologically safe.



2. RISK MITIGATION OF GATHERING

2.1 Risk Assessment

- **High-Risk Groups:** Elderly tourists visiting, children attending the play area
- **Geographic Risk:** International travelers and domestic tourists from across Kerala attending Bekal Fest at Bekal Fort significantly increase the diversity of potential pathogen introduction, raising the risk of infectious disease spread in a mass gathering setting. Additionally, the proximity of the venue to nearby railway stations and tracks poses a risk of accidental injuries, especially during peak crowd movement and overcrowding.
- **Language Barrier:** Non-Malayalam speakers may miss emergency public address (PA) announcements if not provided in Kannada, Tulu, and English.

2.2 Risk Matrix Application

Scenario	Likelihood	Impact	Risk Level
Respiratory Outbreak	Medium	High	High
Food/Waterborne Illness	High	Medium	High
Heat Stroke/Dehydration	High	Low	Moderate
Crowd Surge (Main Stage)	Medium	High	High

2.3 Pathogen Risk Categorization

Category	Primary Threats	Mitigation Strategy
Airborne	Influenza (ILI), COVID-19, T	Syndromic surveillance, thermal screening.
Waterborne	Cholera, Typhoid, Diarrheal diseases	Continuous water monitoring, chlorination, and food safety audits.
Zoonotic	Avian Influenza, Rabies, Leptospirosis	Pre-event veterinary clearance and daily bird/animal health surveillance.

2.4 Key Mitigation Strategies

- Syndromic surveillance at all entry points.
- Thermal screening and isolation protocols.
- Mandatory hand hygiene stations and public awareness campaigns.
- Vaccination advisories and crowd density regulation using digital monitoring.
- Restricted human-animal interaction zones and PPE for handlers.

3. SUMMARY OF TEMPORAL EVENTS WITH TIMELINE

Phase	Timeline	Key Activities
Pre-Event	T-30 to T-1 days	Risk assessment, stakeholder meetings, mock drills, and PPE stockpiling.
Event Phase	Day 1 to Final Day	Active surveillance, on-site medical care, crowd control, and environmental monitoring.
Post-Event	T+1 to T+14 days	Retrospective contact tracing, final reporting, and symptom monitoring.

4. COMMAND SYSTEM AND SYSTEM COLLABORATION

Incident Command System/ Team	Designation of Lead Person	Team Mates
Incident Commanding team	District Collector	Panchayath Secretary Pallikkara, Block Panchayath secretary
Public Health Team	District Medical Officer	Medical Officer FHC Pallikkara, Block Medical Officer Periya
Veterinary team	District Animal Husbandry Officer	Veterinary surgeon – Ravaneeswaram
Environmental Team	Pallikkara Panchayath	Ward Members, Block Members, Concerned ward
Operations Unit	Health Police Fire and rescue	DSO, Technical Assistant, DVBDCO, Dist. Epidemiologist.

5. LIST OF KEY PEOPLE

Designation
District Collector
District Medical Officer
Superintendent of Police
District Surveillance Officer
Fire & Rescue Officer
Food Safety Officer

6. LIST OF HOSPITALS DIRECTLY INVOLVED

Major Hospitals
District Hospital, Kanhangad
General Hospital, Kasaragod
FHC Pallikkara
BFHC Periya
FHC Ajanur

7. MANDATORY AMBULANCE AND MEDICAL AID POSTS (MAP)

On Site

A. Geospatial Locations

- ✓ Main Entrance –Screening site
- ✓ Stage/Event Core- Medical team including one Doctor, Two Nursing officers.
- ✓ Parking Zones-Ambulance available on call

B. Number and Split of Human Resources (HR)

- ✓ Doctors: 1 per post (Outbreak/Emergency trained).
- ✓ Nurses: 2 per post (Infection prevention trained).
- ✓ Paramedics/Veterinary Assistants: 2 per post (Animal care certified).
- ✓ Volunteers: Adequate for crowd guidance and sanitization.

C. Facilities and Support Accessories

- ✓ First aid kits, isolation rooms/tents, oxygen support, and pulse oximeters.
- ✓ PPE: N95 masks, gloves, gowns, and disinfectants.
- ✓ Biomedical waste disposal systems and ORS corners.

8. AMBULANCE PLAN

a. ALS and BLS distribution

- ❖ ALS-1(Critical care)
- ❖ BLS-3-4

c. Evacuation Route

- Pre-identified Green Corridors with traffic police coordination and GPS-enabled navigation

9. HOSPITAL PREPAREDNESS

a. Government Healthcare Facilities

Sl. No.	Health Facility	Type of Facility	Total beds	ICU Beds	Oxygen Support Beds	No. of Ventilator Support Beds	No. of ambulances
1	W& C Hospital	W&C	80	1	22	0	1
2	DH Kanhangad	DH	400	5	112	11	1
3	UPHC Kanhangad	UPHC	0	0	0	0	0
4	GH Kasaragod	GH	220	8	8	5	2
5	UPHC Kasaragod	UPHC	3	0	0	0	0
6	UHWC Thalangara	UHWC	0	0	0	0	0
7	UHWC Anangoor	UHWC	0	0	0	0	0
8	UHWC Nellikkunnu	UHWC	0	0	0	0	0

b. Private Healthcare Facilities

Sl. No.	Health Facility	Total beds	ICU Beds	Oxygen Support Beds	No. of Ventilator Support Beds	No. of ambulances
1	Pallikkandam Ayurveda Hospital	30	0	0	0	0
2	Kanhangad Nursing Home	10	0	0	0	0
3	Aishal	80	20	67	5	0
4	United Medical Centre	72	7	7	1	0
5	Krishna Hospital	35	0	0	0	0
6	Janardan Hospital	25	5	15	2	1
7	Wintouch Multi Speciality Hospital	96	9	96	5	1
9	Carewell Hospital & Research Centre Pvt. Ltd Kasaragod	90	12	84	4	0
10	Chaithra Medical Centre	40	3	5	2	0
11	K S Abdullah Hospital	100	4	7	0	1
12	KIMS	100	9	9	3	0

10. TEMPORAL DYNAMIC PLANS BASED ON EVENTS

Risk Domain	Primary Focus	High-Risk Locations at Bekal Fest
Event-wise	High-density gatherings (Crowd crush, respiratory spread)	Main stage concerts, entry/exit gates.
Airborne	Respiratory pathogens (COVID-19, Influenza, TB)	Food courts, indoor exhibitions.

Risk Domain	Primary Focus	High-Risk Locations at Bekal Fest
Waterborne	Contaminated water/food (Cholera, Typhoid, Norovirus	Temporary food stalls, beachside shacks, public drinking water points
Zoonotic	Animal-to-human spread (Rabies, Nipah, Avian Flu)	Camel/Horse ride zones on the beach, proximity to local stray animal populations.

11. CAPACITY BUILDING AND MEETINGS

A. Stakeholders Meeting

Stakeholder	Key Responsibilities	Nodal Officer	Support Team
Health Department	Surveillance, screening, treatment, isolation facilities	District Medical Officer	Doctors, nurses, paramedics
Police Department	Crowd control, enforcement, emergency routing	District Police Chief	Field officers, traffic police
Fire & Rescue	Emergency evacuation, rescue operations	Fire Station Officer	Rescue teams
Food Safety	Food hygiene inspection, water quality checks	Food Safety Officer	Inspectors
Local Administration	Overall coordination, communication, resource mobilization	District Collector	Panchayat/ Municipal staff
Risk Communication	Volunteers, police	Public messaging, Once rumor control	IEC team

B. Training Plan

Training Type	Target Group	Content	Frequency	Trainer
Infection Prevention & Control (IPC)	Health staff, volunteers	Hand hygiene, masking, sanitation	Once + refresher	Health Dept
PPE Usage	All frontline workers	Donning/doffing, disposal	Twice	Health trainers
Surveillance & Reporting	Health teams	Case identification, reporting protocol	Once	Epidemiologists
Risk Communication	Volunteers, police	Public messaging, rumor control	Once	IEC team

C. Mock Drills and Simulation Exercises

Drill Type	Scenario	Departments Involved	Evaluation Criteria
Pandemic Simulation	Suspected cases detected	Health, Police, Admin	Response time, isolation efficiency
Emergency Evacuation	Sudden crowd surge	Police, Fire, Volunteers	Evacuation time, crowd control
Medical Emergency	Cluster of symptomatic individuals	Health, Ambulance, Police	Treatment time, referral efficiency

12. SOP OF INTERVENTIONS IN COMMON HEALTH HAZARDS

A. Airborne Diseases Surveillance & Response Table

Sl. No	Date & Time	Name/ID of Patient	Age/Sex	Travel/Exposure History	Mask Provided (Y/N)	Isolation Done (Y/N)	Clinical Assessment (Mild/Moderate/Severe)	Action Taken (Treated/ Referred)	Reporting Officer

B. Waterborne Diseases Surveillance & Control Table

- Case Monitoring (Cluster Detection)

Sl. No	Date& Location	No. of Cases	Symptoms (Diarrhea/Vomiting)	Suspected Source	Cluster Identified (Y/N)	Action Taken	Reporting Officer

- ORS Distribution & Treatment

Sl. No	Date& Location	No. of ORS Packets Distributed	No. of Patients Treated	Severe Cases Referred	Staff Name

- Water Source Inspection

Sl. No	Water Source Location	Type (Tank/Tap/ Bottled)	Chlorination Level	Contamination Detected (Y/N)	Action Taken (Closed/Treated)	Inspector Name

- Food Safety Inspection

Sl. No	Stall Name/ID	Hygiene Status (Good/Average/Poor)	Violations Found	Action Taken (Warning/Closure)	Inspector Name

C. Zoonotic Diseases Surveillance & Response Table

Sl. No	Date& Location	Type of Animal	Condition (Sick/Dead/Aggressive)	Veterinary Notified (Y/N)	Action Taken

D. Integrated Daily Surveillance Summary

Date	Airborne Cases	Waterborne Cases	Zoonotic Alerts	Total Medical Visits	Referrals	Actions Taken	Remarks

E. Rapid Response Log

Sl. No	Date & Time	Incident Type	Location	Team Activated	Response Time	Action Taken	Outcome

13. CONSOLIDATION SHEETS

a) Event Risk Classification Table

Sl. No	Event Name	Date & Time	Expected Crowd	Duration	Key Risks Identified	Mitigation Measures	Nodal Officer

b) Support Services Contacts

Sl.No.	Service Type	Phone Number	Function
1	Ambulance Services	04672207018	Emergency transport
2	Police Control Room	04972236224	Crowd control & security
3	Fire & Rescue	04672202101	Fire & disaster response
4	Food Safety Department		Inspection & enforcement

c) Ambulance

d) Hospital Referral Network

Sl. No	Hospital Name	Location	Distance from Venue (km)	Type (Govt/ Private)	Contact Number
1	District Hospital, Kanhangad	Kanhangad	16 km	Govt	04994222999
2	General Hospital, Kasaragod	Kasaragod	13 km	Govt	04672217019
3	FHC Pallikkara	Pallikara	2.6 km	Govt	04672275500
4	BFHC Periya	Periya	9.4 km	Govt	04672234141
5	FHC Ajanur	Ajanur	13 km	Govt	04672204985
6	Pallikkandam Ayurveda Hospital	Pallikandam	15 km	Pvt.	
7	Kanhangad Nursing Home	Kanhangad	12 km	Pvt.	
8	Aishal	Kanhangad	12 km	Pvt.	

Sl. No	Hospital Name	Location	Distance from Venue (km)	Type (Govt/ Private)
9	United Medical Centre	Kasaragod	14 km	Pvt.
10	Krishna Hospital	Vidyanagar	16 km	Pvt.
11	Janardan Hospital	Kasaragod	14 km	Pvt.
12	Wintouch Multi Speciality Hospital	Kasaragod	15 km	Pvt
13	Carewell Hospital & Research Centre pvt. ltd Kasaragod	Kasaragod	14 km	Pvt
14	Chaithra Medical Centre	Kasaragod	16 km	Pvt
15	K S Abdullah Hospital	Kasaragod	16 km	Pvt
16	KIMS	Kasaragod	20 km	Pvt

e) Referral Pathway Protocol

Step No	Action	Responsible Person	Time Target	Remarks
1	Identify emergency case	Medical Officer	Immediate	Triage system
2	Stabilize patient	Medical Team	<10 minutes	Basic life support
3	Assign ambulance	Control Room	<5 minutes	Nearest available
4	Inform referral hospital	Control Room	Simultaneous	Pre-arrival alert
5	Transport patient	Ambulance Team	As per distance	Continuous monitoring

14. CONCLUSION

The pandemic preparedness plan for Bekal Fest, at the iconic Bekal Fort and its surrounding areas such as Bekal Fort Beach and Pallikkara Beach, provides a comprehensive and proactive framework to manage public health risks associated with large-scale gatherings. By emphasizing strong multi-sectoral coordination among health authorities, local administration, veterinary services, and environmental agencies, the plan ensures a unified and efficient response system. The integration of real-time surveillance, early warning systems, and rapid response mechanisms enables timely detection and containment of potential outbreaks. Furthermore, adopting a One Health approach allows simultaneous management of airborne, waterborne, and zoonotic threats, thereby addressing the full spectrum of possible risks in such a dynamic environment. This holistic preparedness not only protects the health and safety of attendees and the local community but also strengthens the resilience of the event against future public health emergencies, ensuring that Bekal Fest can continue to be conducted smoothly, responsibly, and sustainably without compromising its cultural and economic significance.

ANNEXURES

Annexure 1: Line List Format for Suspected Cases

Sl.No.	Name	Age/Sex	Address	Symptoms	Exposure History	Animal Contact	Food/Water Exposure	Provisional Diagnosis	Action Taken	Referred To	Outcome

Annexure 2: Rapid Reporting Form (On-site Medical Units)

Reporting Frequency: Every 4–6 hours during event

1. General Information

- ☐ Reporting Unit:
- ☐ Date & Time:
- ☐ Reporting Officer:

2. Syndromic Surveillance Data

- ☐ ILI/SARI cases:
- ☐ Acute diarrheal disease cases:
- ☐ Fever with rash:
- ☐ Animal bite/exposure cases:

3. Zoonotic Surveillance

- ☐ Sick animals reported:
- ☐ Bird mortality (if any):
- ☐ Veterinary action taken:

4. Public Health Actions

- ☐ Isolation cases:
- ☐ Referrals made:
- ☐ Ambulance utilization:

5. Alerts Generated

- ☐ Yes/No
  If yes, specify:

Annexure 3: Hospital Reporting Format

Hospital

1. Daily Summary:

- ☐ Total OP cases:
- ☐ Respiratory cases:
- ☐ Gastrointestinal cases:
- ☐ Zoonotic exposure cases:

2. Bed Status:

- ☐ Isolation beds available:
- ☐ ICU beds available:

3. Critical Cases:

- ☐ Number:
- ☐ Diagnosis:

4. Deaths (if any):

- ☐ Cause:
- ☐ Investigation initiated (Y/N):

Annexure 4: Medical Aid Post Checklist

1. **Infrastructure**
   - ☐ Tent/structure ready
   - ☐ Isolation area available
   - ☐ Clean drinking water
2. **Equipment**
   - ☐ BP apparatus
   - ☐ Pulse oximeter
   - ☐ Oxygen cylinders
   - ☐ Thermometers
3. **Infection Control**
   - ☐ PPE kits available
   - ☐ Masks (N95/surgical)
   - ☐ Hand sanitizers
   - ☐ Biomedical waste bins
4. **Medicines**
   - ☐ ORS packets
   - ☐ Antipyretics
   - ☐ Antibiotics (as per protocol)
   - ☐ Emergency drugs

Annexure 5: Ambulance Readiness Checklist

- ☐ ALS/BLS classification marked
- ☐ Oxygen supply functional
- ☐ Emergency drugs available
- ☐ PPE kits available
- ☐ Communication system working
- ☐ Driver and EMT present
- ☐ Route map briefed

Annexure 6: Veterinary & Zoonotic Surveillance Checklist

- ☐ Animal health certification verified
- ☐ Daily inspection of animals conducted
- ☐ Bird flu surveillance in place
- ☐ Isolation area for animals ready
- ☐ PPE for handlers available
- ☐ Animal waste disposal system in place

Annexure 7: Food and Water Safety Checklist

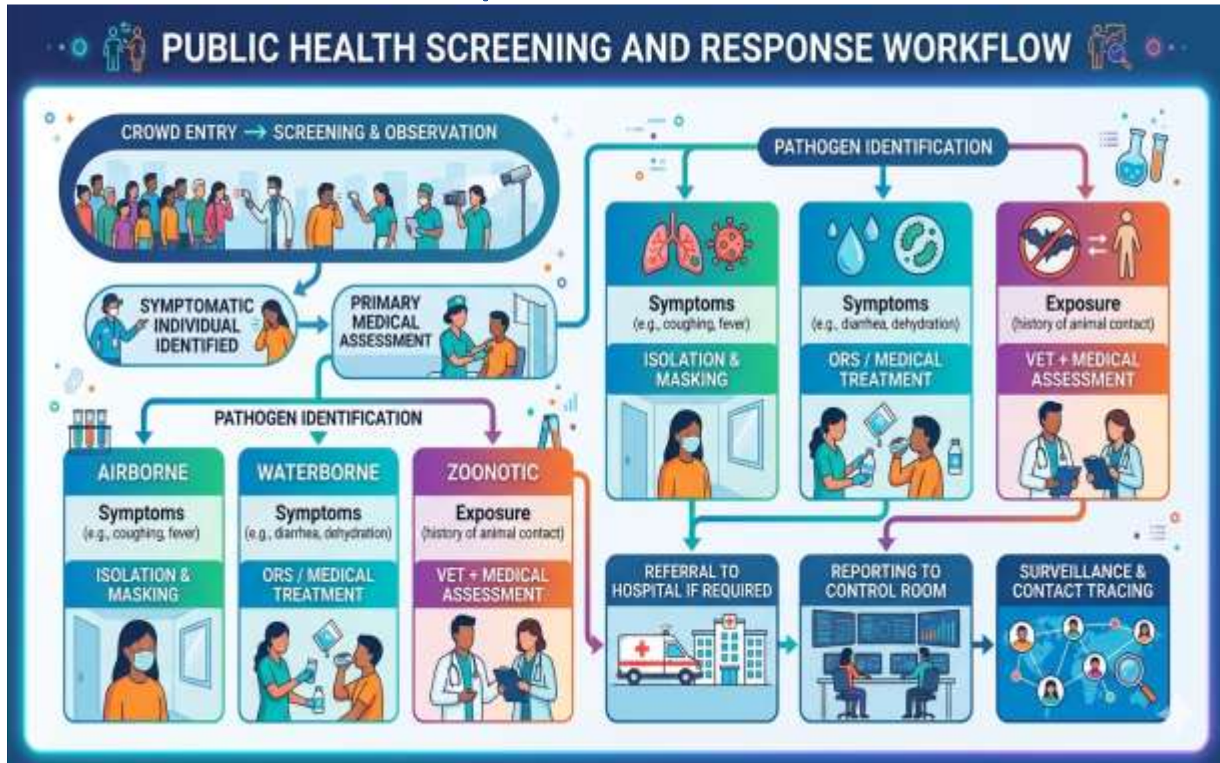
1. **Food Safety**
   - ☐ Vendor license verified
   - ☐ Food storage hygienic
   - ☐ Cooking area clean
   - ☐ No stale food

2. Water Safety

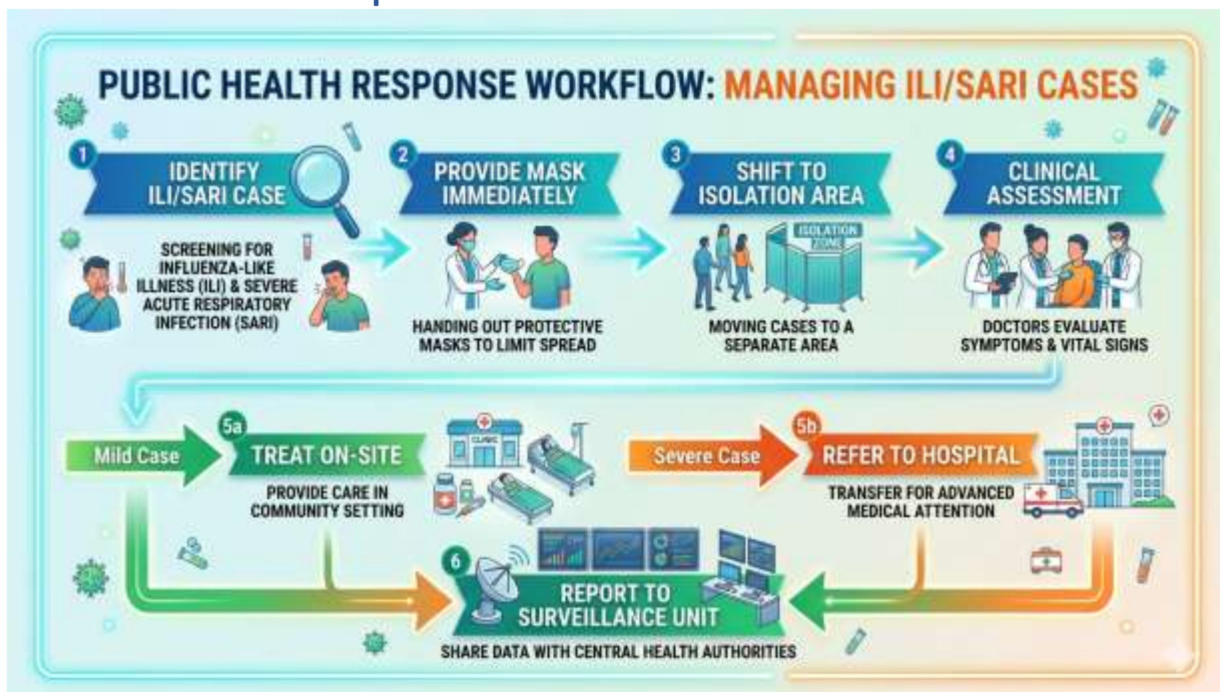
- ☐ Chlorination adequate
- ☐ Water testing done
- ☐ Safe storage maintained

EMERGENCY RESPONSE DIAGRAMS

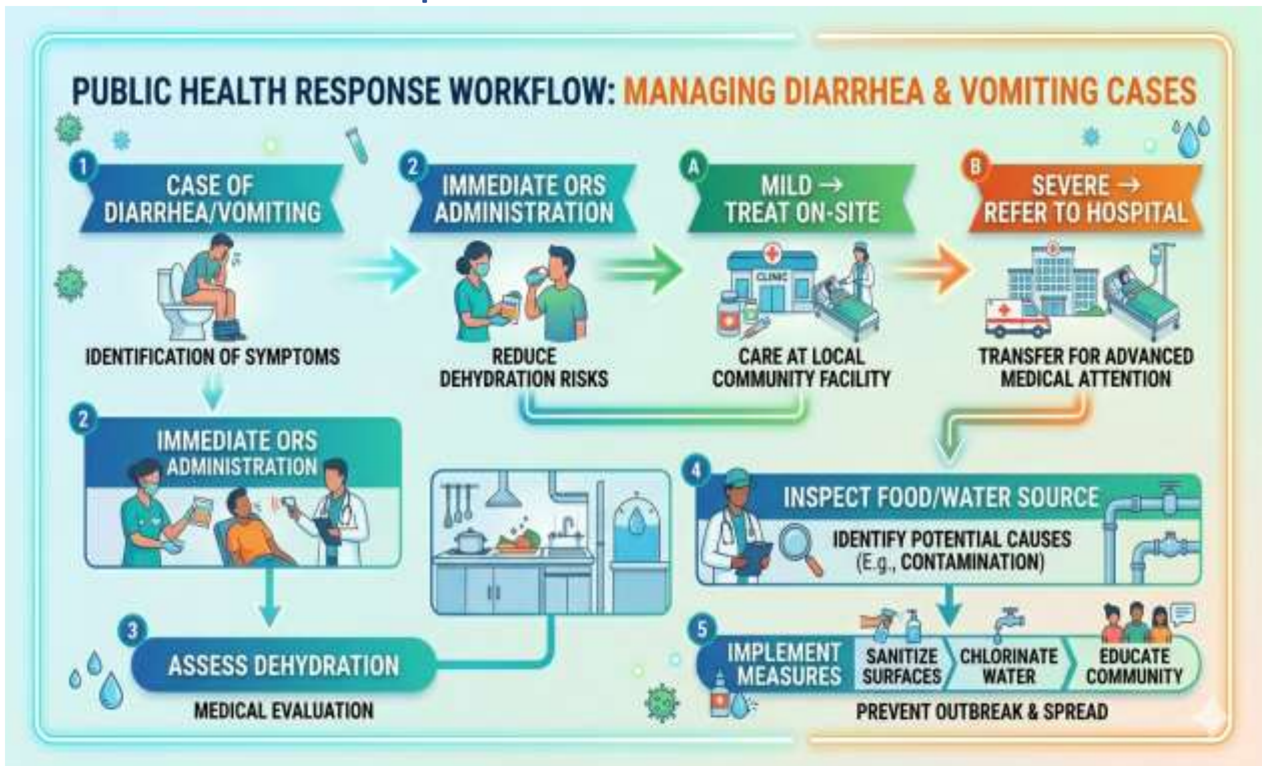
1. Overall Surveillance and Response Flow



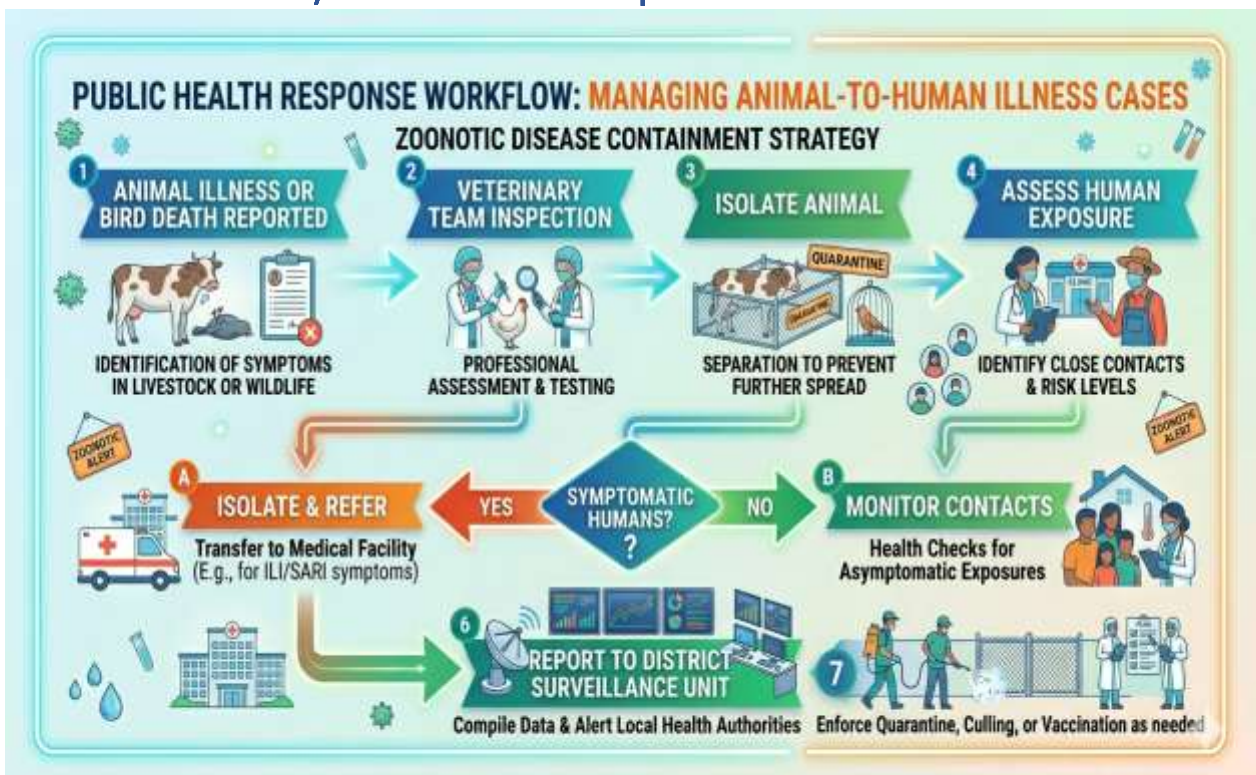
2. Airborne Disease Response Flow



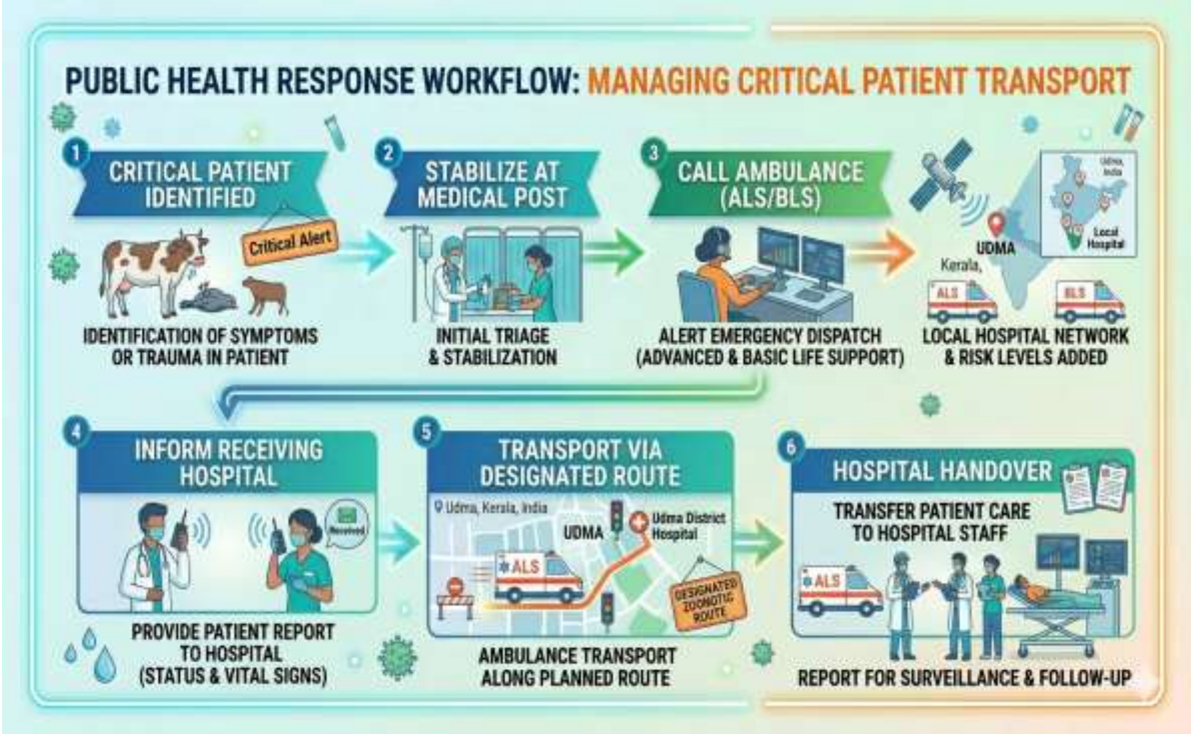
3. Waterborne Disease Response Flow



4. Zoonotic Disease / Avian Influenza Response Flow



5. Emergency Evacuation Flow



MALIK DEENAR UROOS

Location: Malik Deenar Nagar, Thalangara, Kasaragod

Municipality: Kasaragod

Conducting authority: Mosque committee

Operational framework: One health Strategy (Human -Animal- Environment)

Authority: District Medical Officer(Health)

1. PREAMBLE

The Malik Deenar Uroos is a significant annual religious congregation held in Kasaragod district of Kerala, drawing tens of thousands of devotees, pilgrims, and visitors from across multiple districts of the state as well as neighboring states. The event is characterized by high population density, prolonged duration of stay, and extensive interpersonal interactions, all of which create an environment conducive to the rapid transmission of communicable diseases. Mass gatherings of this magnitude inherently pose substantial public health challenges, particularly in the context of emerging and re-emerging infectious diseases such as COVID-19, influenza-like illness (ILI), acute respiratory infections (ARI), and other water-borne, food-borne, and vector-borne diseases. The convergence of diverse populations with varying health statuses and immunization backgrounds increases the risk of disease importation, amplification, and subsequent dissemination to wider communities following the event. In addition to infectious disease risks, the gathering also presents challenges related to environmental sanitation, food safety, heat-related illnesses, crowd management, and emergency medical response. Therefore, a comprehensive, multi-sectoral preparedness and response plan is essential to mitigate risks and ensure the safety and well-being of all participants.

This Pandemic Preparedness Plan has been developed with the following core objectives:

1. To ensure public health safety and prevent outbreaks through proactive risk assessment, surveillance, and implementation of preventive measures.
2. To establish robust systems for early detection, isolation, and timely management of suspected cases, thereby minimizing morbidity and preventing large-scale transmission.
3. To strengthen interdepartmental coordination and unified command mechanisms involving Health Services, Police, Fire & Rescue, Local Self Government Institutions, and other stakeholders for efficient response.
4. To ensure continuity and surge capacity of essential medical services, including on-site medical care, ambulance services, and hospital preparedness for referral and critical care management.

The plan adopts the Incident Command System (ICS) as the operational framework to enable structured leadership, defined roles and responsibilities, and efficient resource management during the event. This ensures a clear chain of command and facilitates rapid decision-making during emergencies.

Further, the plan integrates the Integrated Disease Surveillance Programme (IDSP) for real-time disease surveillance, data collection, analysis, and early warning signals. This integration enables timely identification of unusual health events or clusters and supports prompt public health interventions.

The preparedness strategy emphasizes a multi-layered approach, including:

a. Pre-event planning and risk communication
b. On-site surveillance and medical preparedness
c. Emergency response and referral systems
d. Post-event monitoring and follow-up

Overall, this document serves as a comprehensive operational guide for all stakeholders involved in the planning and execution of health and safety measures during the Malik Deenar Uroos, ensuring that the event is conducted in a safe, organized, and resilient manner with minimal public health risk.

2. RISK MITIGATION OF GATHERING

The Malik Deenar Uroos involves large-scale congregation of devotees under conditions that can significantly increase the risk of disease transmission and public health incidents. A systematic identification of risks is essential for targeted mitigation and preparedness planning.

1. Overcrowding in Confined Religious Spaces
   - ✓ The core rituals of the Uroos are conducted within and around the shrine premises, where space is limited relative to the number of attendees. During peak hours, particularly on main prayer days and ceremonial occasions, there is:
     - ➢ High crowd density with minimal physical distancing
     - ➢ Restricted ventilation in enclosed or semi-enclosed structures
     - ➢ Limited movement space, increasing contact rates
   - ✓ Such conditions significantly elevate the risk of airborne and droplet transmission of respiratory illnesses such as COVID-19, influenza-like illness (ILI), and other acute respiratory infections (ARI). Additionally, overcrowding increases the likelihood of non-infectious events such as stampedes, suffocation, and delayed access to medical care.
2. Close Physical Interaction During Rituals
   - ✓ Many religious practices associated with the Uroos involve:
     - ➢ Physical proximity during prayers and gatherings
     - ➢ Shared use of religious spaces and objects
     - ➢ Hand-to-hand contact and congregation in queues
     - ➢ These interactions facilitate:
       - ▪ Direct person-to-person transmission of infectious agents
       - ▪ Indirect transmission through contaminated surfaces (fomites)
       - ▪ Increased exposure duration, especially during prolonged rituals
   - ✓ The cumulative effect is a higher probability of cluster formation and rapid spread of communicable diseases within the gathering.
3. Food and Water Contamination Risks
   - ✓ Large-scale preparation and distribution of food (including community meals or offerings) and provision of drinking water introduce multiple public health concerns:
     - ➢ Risk of improper food handling and storage
     - ➢ Use of contaminated water sources
     - ➢ Inadequate cooking or reheating practices
     - ➢ Poor personal hygiene among food handlers
   - ✓ These factors can lead to outbreaks of:
     - ➢ Food-borne illnesses (e.g., gastroenteritis)
     - ➢ Water-borne diseases (e.g., diarrhea, Viral Hepatits A,cholera-like illness)
   - ✓ In addition, temporary food stalls and informal vendors may operate without strict regulatory oversight, further increasing the risk of contamination.
4. Pilgrim Influx from Different Epidemiological Zones
   - ✓ The Uroos attracts attendees from diverse geographic regions, each with varying disease prevalence and public health profiles. This creates:
     - ➢ Risk of importation of infectious diseases from high-prevalence areas
     - ➢ Mixing of populations with different immunity levels
     - ➢ Potential for introduction of emerging or re-emerging infections
   - ✓ Such population mixing can lead to:
     - ➢ Amplification of disease transmission within the gathering

- ➢ Exportation of infections to home communities after the event
- ✓ This risk is particularly critical in the context of diseases with incubation periods that allow asymptomatic transmission.
- ✓ The combination of these risk factors—high crowd density, close interpersonal contact, environmental sanitation challenges, and population mixing—creates a complex public health risk environment. Therefore, targeted mitigation strategies, real-time surveillance, and rapid response mechanisms are essential to prevent and control potential outbreaks during the Malik Deenar Uroos.

Risk Stratification

Risk Category	Description	Action
Low	Open spaces, low density	Routine monitoring
Moderate	Medium crowd areas	Active surveillance
High	Shrine interiors, peak events	Strict control measures

Mitigation Measures

Mitigation measures for the Malik Deenar Uroos are structured across four key domains: Pre-Event Preparedness, During Event Controls, Environmental Management, and Surveillance Systems. These measures aim to reduce the risk of disease transmission, ensure early detection, and enable rapid response.

A. Pre-Event Measures

Pre-event interventions are critical in reducing baseline risk before the congregation begins.

1. IEC (Information, Education, Communication) Campaigns

- ✓ Dissemination of health advisories through:

- ➢ Mosques and religious leaders (Friday sermons, announcements)
- ➢ Local television, radio, and newspapers
- ➢ Social media platforms (WhatsApp groups, district health pages)

✓ Key messages include:
- ➢ Personal hygiene practices (handwashing, cough etiquette)
- ➢ Early reporting of symptoms
- ➢ Avoidance of attendance by sick individuals

2. Advisory to Vulnerable Groups

✓ Targeted communication to:
- ➢ Elderly individuals (>60 years)
- ➢ Persons with comorbidities (diabetes, hypertension, respiratory illness)
- ➢ Pregnant women and immunocompromised individuals

✓ Advisories may include:
- ➢ Avoiding peak crowd days
- ➢ Using protective measures (mask, sanitizer)
- ➢ Seeking medical consultation before attending

3. Vendor Inspection and Licensing

✓ Mandatory registration of all food vendors

✓ Pre-event inspection by Health Inspectors to ensure:
- ➢ Safe food handling practices
- ➢ Availability of clean water
- ➢ Proper waste disposal
- ➢ Issuance of temporary licenses with compliance conditions

4. Water Quality Testing

✓ Testing of all drinking water sources for:
- ➢ Microbial contamination (coliform count)
- ➢ Chlorine levels
- ➢ Certification of potable water sources before event commencement
- ➢ Identification and closure of unsafe sources

B. During Event Measures

These measures focus on real-time risk reduction during peak crowd presence.

1. Crowd Zoning and Barricading

✓ Division of the event area into multiple zones:
- ➢ Entry zones
- ➢ Worship zones
- ➢ Exit zones

✓ Use of barricades to:
- ➢ Prevent overcrowding
- ➢ Regulate flow of people
- ➢ Deployment of volunteers and police personnel for enforcement

2. One-Way Movement Pathways

✓ Designation of separate entry and exit routes

✓ Clear signage indicating direction of movement

✓ Continuous monitoring to prevent reverse flow and congestion

3. Hand Hygiene Stations

✓ Installation of handwashing/sanitizer stations at:
- ➢ Entry points

- ➢ Food distribution areas
- ➢ Toilets
- ➢ Placement at intervals of approximately 100 meters
- ➢ Regular replenishment of soap, water, and sanitizer

4. Mask Use (as per prevailing guidelines)
- ✓ Enforcement based on current government/public health advisories
- ✓ Distribution of masks at entry points (if required)
- ✓ Public announcements reinforcing compliance

5. Dedicated Isolation Areas
- ✓ Establishment of isolation rooms/tents near main medical posts
- ✓ Equipped with:
  - ➢ Beds
  - ➢ PPE kits
  - ➢ Basic medical supplies
  - ➢ Immediate segregation of symptomatic individuals (fever, cough, breathlessness)
  - ➢ Facilitation of safe transfer to healthcare facilities

C. Post event Measures

Environmental sanitation plays a key role in preventing both infectious and non-infectious health risks.

1. Chlorination of Water Supply
- ✓ Maintenance of residual chlorine levels (0.5 mg/L recommended)
- ✓ Regular monitoring by health authorities
- ✓ Immediate corrective measures in case of deviation

2. Waste Management Systems
- ✓ Placement of adequate number of waste bins across the venue
- ✓ Segregation of waste (biodegradable/non-biodegradable)
- ✓ Scheduled waste collection and disposal
- ✓ Engagement of sanitation workers for continuous cleaning

3. Sanitation and Toilet Management
- ✓ Adequate number of temporary toilets based on crowd estimates
- ✓ Cleaning schedule every 2–3 hours
- ✓ Availability of:
  - ➢ Water supply
  - ➢ Soap/handwash
  - ➢ Special attention to high-use areas to prevent contamination

a) Surveillance Measures

Surveillance is essential for early detection and containment of outbreaks.

1. Daily Reporting of ILI/SARI Cases
- ✓ All medical aid posts to maintain line listing of:
  - ➢ Influenza-like illness (ILI)
  - ➢ Severe Acute Respiratory Infection (SARI)
  - ➢ Daily submission of reports to district surveillance unit
  - ➢ Trend analysis for early warning signals

2. Rapid Response Team (RRT) Deployment
- ✓ Constitution of trained RRTs including:
  - ➢ Medical officers
  - ➢ Epidemiologists

  - Health inspectors
- Roles:
  - Investigation of suspected clusters
  - Field response and containment
  - Coordination with laboratories and hospitals

3. Syndromic Surveillance Booths
- Establishment of dedicated surveillance desks at key locations
- Screening for:
  - Fever
  - Respiratory symptoms
  - Gastrointestinal symptoms
  - Immediate referral of suspected cases to medical posts
- The above mitigation measures form a multi-layered defense system, combining prevention, monitoring, and rapid response. Effective implementation requires strict supervision, interdepartmental coordination, and continuous public cooperation to ensure that the Malik Deenar Uroos is conducted safely with minimal public health risk.

3. SUMMARY OF TEMPORAL EVENTS WITH TIMELINE

Phase	Timeline	Key Activities	Health Preparedness
Planning	T-30 to T-15	Meetings, approvals	Resource mapping
Preparation	T-14 to T-1	Training, setup	Mock drills
Early Event	Day 1–2	Pilgrim arrival	Screening
Peak Event	Day 3–5	Main rituals	Max deployment
Closure	Day 6	Dispersal	Emergency standby
Post-event	Day +1 to +14	Follow-up	Surveillance

T = Event Day (Day 0)
T-30 = 30 days before the event
T-15 = 15 days before the event
So,T-30 to T-15 means the planning phase occurs from 30 days before the event up to 15 days before the event.

4. COMMAND SYSTEM AND COLLABORATION

4.1 Incident Command Structure

Role	In charge
Incident Commander	District Collector
Medical Commander	District Medical Officer (DMO)
Operations	Police Department

Logistics	Local Self Government- Municipality Chairperson
Surveillance	IDSP Unit- DSO

4.2 Functional Units

- ✓ Medical Response Unit
- ✓ Surveillance Unit
- ✓ Logistics & Supply Unit
- ✓ Communication Unit

4.3 Coordination Mechanisms

- ✓ Daily review meetings
- ✓ Real-time communication via WhatsApp/wireless
- ✓ 24×7 Control Room

5. LIST OF KEY PEOPLE

Designation
District Collector
District Medical Officer
Municipality Chairperson
Health standing committee Chairperson
Police Department
Fire & Rescue Officer
Ambulance Coordinator
General Hospital Nodal Officers
Junior Health Inspector
ASHA Supervisor
Anganwadi Worker
Epidemiologist
Malik Deenar Office
Malik Deenar Office Secretary

6. LIST OF HOSPITALS DIRECTLY INVOLVED

A well-defined and tiered hospital network is essential for effective medical response during the Malik Deenar Uroos. The hospitals are categorized into Primary, Secondary, Tertiary, and Private Sector facilities, each with clearly defined roles in patient management, referral, and surge capacity handling.

6.1 First Referral Facility

A. General Hospital Kasaragod

The General Hospital functions as the first referral and nodal treatment center for all moderate to severe cases arising from the event.

- ✓ Roles and Responsibilities:
  - ➢ Act as the central receiving facility for referred patients from on-site medical posts
  - ➢ Establish a dedicated triage area for incoming patients from the Uroos
  - ➢ Maintain isolation wards for suspected infectious diseases
- ✓ Ensure availability of:
  - ➢ Oxygen-supported beds
  - ➢ ICU facilities (minimum reserved capacity)
  - ➢ Emergency laboratory services
  - ➢ Coordinate with district surveillance units for reporting and outbreak detection
  - ➢ Serve as the command hospital for medical coordination
- ✓ Preparedness Measures:
  - ➢ Reservation of beds exclusively for event-related emergencies
  - ➢ Deployment of additional medical staff during peak days
  - ➢ 24×7 emergency services with rapid admission protocols

B. Private Hospitals (Kasaragod)(Aster MIMS)

Private Hospitals act as intermediate care centers.

- ✓ Functions:
  - ➢ Provide first-level referral support from field sites
- ✓ Handle:
  - ➢ Minor trauma cases
  - ➢ Mild to moderate infections
  - ➢ Stabilize patients before referral to higher centers
  - ➢ Maintain ambulance linkage with primary and tertiary facilities
- ✓ Preparedness Actions:
  - ➢ Strengthening outpatient and emergency departments
  - ➢ Ensuring availability of essential drugs and IV fluids
  - ➢ Maintaining communication with district control room

6.2 Second Referral Facilities

District Hospital Kanhangad and Medical College Hospital Kasaragod

This hospital serves as the secondary referral center, supporting the district hospital and medical college hospital by sharing patient load.

- ✓ Roles:
  - ➢ Manage moderate cases and non-critical emergencies
  - ➢ Provide stabilization of patients before further referral if required
  - ➢ Maintain isolation and observation wards
  - ➢ Support overflow from District Hospital

6.3 Third Care Backup

Medical College Hospital

A nearby Government Medical College Hospital (e.g., Pariyaram/other regional medical colleges) will function as the tertiary backup facility.

- ✓ Roles:
  - ➢ Management of critical and complicated cases, including:
  - ➢ Severe respiratory infections
  - ➢ Multi-organ complications

- Advanced trauma care
- Availability of:
  - Advanced ICU care
  - Ventilator support
  - Specialist services (pulmonology, infectious disease, critical care)
- Operational Strategy:
- Activation only when:
  - District hospital capacity is exceeded
  - Specialized care is required
  - Pre-established referral protocols and communication channels

6.4 Private Sector Hospitals (Empaneled)

Selected private hospitals in the district will be empaneled to augment surge capacity.

- Roles:
  - Provide additional bed capacity during peak load
- Manage:
  - Mild to moderate cases
  - Non-infectious emergencies
  - Participate in referral network coordination
- Selection Criteria:
  - Availability of emergency services
  - Basic ICU or high-dependency units
  - Willingness to comply with district protocols
- Responsibilities:
  - Adherence to infection prevention and control (IPC) guidelines
  - Mandatory reporting of notifiable diseases
  - Coordination with district health authorities

6.5 Integrated Referral Mechanism

- All hospitals will be connected through a structured referral system:
  - On-site Medical Post → General Hospital (mild/moderate cases)
  - General Hospital → District Hospital (serious cases)
  - District Hospital → Medical College (critical/specialized care)
- Key Features:
  - Predefined referral pathways
  - Dedicated ambulance linkage
  - Real-time communication between facilities
  - Bed availability monitoring system

6.6 Coordination and Communication

- Each hospital will designate a Nodal Officer
- Daily reporting to District Control Room
- Use of:
  - Telephone hotline
  - WhatsApp coordination groups
  - Emergency communication systems

The tiered hospital involvement ensures a robust, scalable, and responsive healthcare system capable of managing routine cases, handling emergencies, and responding to potential outbreaks during the Malik Deenar Uroos. Proper coordination among these facilities is critical

to ensure timely treatment, efficient patient flow, and optimal utilization of healthcare resources.

7. MANDATORY AMBULANCE AND MEDICAL AID POSTS ON SITE

Human Resource Allocation

Adequate and well-distributed human resources are critical to ensure efficient triage, timely treatment, and rapid response during the Malik Deenar Uroos.

1. Staffing Pattern – Main Medical Aid Post

Category	Number per Main Post	Roles & Responsibilities
Doctors	2	Clinical assessment and triage- Emergency management and stabilization- Decision-making for referral
Nurses	4	Patient monitoring- Drug administration- Wound care and IV-line management
Paramedics	4	Basic life support (BLS)- Assisting in procedures- Patient transport within site
Volunteers	10	Crowd guidance- Assisting patients- Supporting logistics and communication

2. Functional Role Distribution

- ✓ Triage Officer (1 Doctor/Nurse): Initial patient categorization
- ✓ Treatment Team: Handles clinical care and stabilization
- ✓ Observation Team: Monitors patients under short-term observation
- ✓ Referral Coordinator: Liaison with ambulance and hospitals

3. Shift Management

- ✓ 24×7 functioning during peak days
- ✓ Staffing divided into 3 shifts (8 hours each)
- ✓ Backup reserve team available for surge situations

4. Satellite Medical Posts

- ✓ Located at high-density zones (entry/exit points, parking areas)
- ✓ Staffing scaled proportionally:
  - 1 Doctor
  - 2 Nurses
  - 2 Paramedics
  - 4–5 Volunteers

5. Additional Support Teams

- ✓ Rapid Response Team (RRT): For outbreak investigation
- ✓ Sanitation Staff: For hygiene maintenance
- ✓ Data Entry/Record Staff: For surveillance reporting

Facilities to be Arranged

Each medical aid post must be equipped to function as a mini-emergency care unit capable of handling a wide range of health conditions.

1. Examination and Treatment Area

- Minimum 2–4 examination beds per post
- Privacy screens for patient examination
- Adequate lighting and ventilation

2. Oxygen Supply System
- Oxygen cylinders/concentrators with backup
- Flow meters and masks (adult & pediatric)
- Continuous monitoring of oxygen stock

3. Emergency Drugs and Consumables
- Essential emergency drug kit including:
- Antipyretics, analgesics
- IV fluids and ORS
- Anti-allergic medications
- Life-saving drugs (adrenaline, atropine)
- Dressing materials and sterile supplies

4. Isolation Facility
- Separate isolation room/tent for suspected infectious cases
- Equipped with:
- Bed and basic monitoring equipment
- PPE kits for staff
- Restricted access with clear signage

5. Personal Protective Equipment (PPE)
- Adequate stock of:
  - Masks (surgical/N95 as per need)
  - Gloves
  - Face shields
  - Gowns
- Designated donning and doffing area

6. Basic Diagnostic Support
- Thermometers (digital/infrared)
- BP apparatus
- Pulse oximeter
- Glucometer

Support Accessories

Support equipment ensures efficient patient handling, emergency response, and operational coordination.

1. Patient Transport Equipment
- Stretchers: For transporting critically ill or immobile patients
- Wheelchairs: For non-ambulatory but stable patients
- Clearly marked patient movement pathways

2. Emergency Life-Saving Equipment
- Defibrillator (AED/Manual):
  - Available at main medical post
  - Staff trained in its use
- Suction Apparatus:
  - For airway management
  - Portable units preferred

3. Communication Systems
- Mobile phones with dedicated numbers
- Walkie-talkies for real-time coordination
- Direct connectivity with:

- Control room
- Ambulance services
- Hospitals

4. Power and Backup
   - Uninterrupted power supply
   - Backup generators or inverters
   - Emergency lighting for night operations

5. Documentation and Reporting Tools
   - Patient registers
   - Referral forms
   - Surveillance reporting formats
   - The combination of adequate human resources, well-equipped facilities, and essential support accessories ensures that each medical aid post can function as an effective frontline unit for:
     - Immediate medical care
     - Early detection of infectious diseases
     - Stabilization and referral of critical patients
     - This structured setup is vital for maintaining rapid response capability and public health safety during the Malik Deenar Uroos.

8. AMBULANCE PLAN

a. Empaneled Ambulances
- Govt 108 services
- General hospital ambulances
- Private ambulances -

b. ALS & BLS Distribution
- ALS: 1 (critical care)
- BLS: 2-3

c. Staffing Pattern
- ALS: Doctor + Nurse + Driver
- BLS: EMT + Driver

d. Evacuation Routes
- Pre-identified and mapped
- Traffic clearance ensured
- Dry run conducted
- Alternate routes identified

9. HOSPITAL PREPAREDNESS

This section presents an overview of the healthcare infrastructure within the municipality. It highlights the distribution and baseline capacity of health facilities that serve as the foundation for service delivery during the public health emergencies.

a. Government Healthcare Facilities

Sl. No.	Health Facility	Type of Facility	Total beds	ICU Beds	Oxygen Support Beds	No. of Ventilator Support Beds	No. of ambulances
1	GH Kasaragod	GH	220	8	8	5	2
2	UPHC Kasaragod	UPHC	3	0	0	0	0
3	UHWC Thalangara	UHWC	0	0	0	0	0
4	UHWC Anangoor	UHWC	0	0	0	0	0
5	UHWC Nellikkunnu	UHWC	0	0	0	0	0
6	Medical college Hospital (Not fully functiond)	MCH	500	8	0	0	0

b. Private Healthcare Facilities

Sl. No.	Health Facility	Total beds	ICU Beds	Oxygen Support Beds	No. of Ventilator Support Beds	No. of ambulances
1	United Medical Centre	72	7	7	1	0
2	Krishna Hospital	35	0	0	0	0
3	Janardan Hospital	25	5	15	2	1
4	Wintouch Multi Speciality Hospital	96	9	96	5	1
5	Carewell Hospital & Research Centre Pvt. Ltd Kasaragod	90	12	84	4	0
6	Chaithra Medical Centre	40	3	5	2	0
7	K S Abdullah Hospital	100	4	7	0	1
9	KIMS	100	9	9	3	0
10	Dia Life Hospital	11	4	4	2	1
11	Mallya City Hospital	10	0	0	0	0
12	Aster MIMS	264	16	106	61	6

b. Ayush Healthcare Facilities

Sl. No.	Health Facility	Total beds	ICU Beds	Oxygen Support Beds	No. of Ventilator Support Beds	No. of ambulances
1	Government Ayurveda Hospital Anangoor	30	0	0	0	0
2	APHC Thalangara	0	0	0	0	0

Key Control Room Team

Role	Designation	Responsibility
In-charge/ Nodal Officer	Superintendent	Overall coordination, decision-making, and reporting to the District level.

Infection control Officer	Nursing officer	Case management
Data Entry Operator	DEO	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	JHI	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	Clerk	Clerical works
Technical Support *(IT/Data)*	Data Manager	Handling data

a. Hospital Nodal System

- ✓ Each hospital appoints:
  - ☐ Incident Commander
  - ☐ Emergency Officer
  - ☐ Infection Control Nurse

b. Protocol Preparation

- ✓ Triage system (Red/Yellow/Green)
- ✓ Isolation wards
- ✓ PPE protocols
- ✓ Referral pathways

c. Crisis Teams

- ✓ 24×7 emergency teams
- ✓ ICU standby
- ✓ Lab support

d. Base Referral Hospital

- ✓ District Hospital:
  - ☐ Isolation beds
  - ☐ ICU readiness
  - ☐ Testing facilities

10. TEMPORAL DYNAMIC PLANS

a) Event-Based Planning

Event	Risk	Action
Flag Hoisting	Medium	Standard deployment
Peak Days	Very High	Full deployment
Closing	High	Evacuation readiness

b) Contact Coordinators

- ✓ Each event assigned:
  - ☐ Medical Officer
  - ☐ Police Officer
  - ☐ Volunteer Lead

c) Evacuation & Referral

- ✓ Ambulances at strategic points
- ✓ Clear route maps
- ✓ Hospital linkage predefined

d) Alert Mechanism

- ✓ Tier 1: On-site care
- ✓ Tier 2: Ambulance
- ✓ Tier 3: Hospital
- ✓ Tier 4: District escalation

11. CAPACITY BUILDING & MEETINGS

a) Meetings

- ✓ District Disaster Meeting
- ✓ Health Preparedness Review
- ✓ Coordination Meetings

b) Timeline

- ✓ T-30, T-15, T-7, T-1
  - a) Stakeholders
    - Health, Police, Fire
    - Local bodies
    - Religious committee
  - b) NGOs

c) Training & Mock Drills

- ✓ PPE usage
- ✓ Triage simulation
- ✓ Ambulance drills
- ✓ Outbreak simulation

12. SOP FOR COMMON HEALTH HAZARDS

a) Infectious Diseases

- ✓ Isolation & masking
- ✓ Testing referral
- ✓ Contact tracing

b) Heat Illness

- ✓ ORS distribution
- ✓ Cooling spaces

c) Food Poisoning

- ✓ Rapid investigation
- ✓ Food sample testing

d) Trauma/Stampede

- ✓ Triage and stabilization
- ✓ Immediate evacuation

e) Vector-borne Diseases

- ✓ Fogging
- ✓ Source reduction

13. CONSOLIDATION SHEETS

Support Services Contacts

Sl. No	Service Type	Function
1	Ambulance Services	Emergency transport
2	Police Control Room	Crowd control & security
3	Fire & Rescue	Fire & disaster response
4	Food Safety Department	Inspection & enforcement

Hospital Referral Network

Sl. No	Hospital Name	Location	Type
1	District Hospital, Kanhangad	Kanhangad	Govt
2	General Hospital, Kasaragod	Kasaragod	Govt
3	Medical college Hospital	Kasaragod	Govt
4	Aster MIMS	Kasaragod	Private
5	United Medical Centre	Kasaragod	Private
6	Krishna Hospital	Kasaragod	Private
7	Janardan Hospital	Kasaragod	Private
8	Wintouch Multi Speciality Hospital	Kasaragod	Private
9	Carewell Hospital & Research Centre pvt. ltd Kasaragod	Kasaragod	Private
10	Chaithra Medical Centre	Kasaragod	Private
11	K S Abdullah Hospital	Kasaragod	Private
12	KIMS	Kasaragod	Private

Referral Pathway Protocol

Step No	Action	Responsible Person	Time Target	Remarks
1	Identify emergency case	Medical Officer	Immediate	Triage system
2	Stabilize patient	Medical Team	<10 minutes	Basic life support
3	Assign ambulance	Control Room	<5 minutes	Nearest available
4	Inform referral hospital	Control Room	Simultaneous	Pre-arrival alert
5	Transport patient	Ambulance Team	As per distance	Continuous monitoring

CONCLUSION

This comprehensive preparedness plan for the Malik Deenar Uroos establishes a multi-layered framework for prevention, surveillance, and response, designed to ensure that the event is conducted safely while minimizing public health risks. By integrating structured planning, resource optimization, and coordinated action across multiple sectors, the plan addresses both routine medical needs and potential public health emergencies, including infectious disease threats such as COVID-19 and other communicable conditions.

The effectiveness of this plan is fundamentally dependent on the following key pillars:

1. Strong Coordination

- ✓ Effective implementation requires seamless coordination among all stakeholders, including:
  - ➢ Health Department
  - ➢ Police and Traffic authorities
  - ➢ Fire and Rescue Services
  - ➢ Local Self Government Institutions
  - ➢ Event organizing committees
  - ➢ Volunteer groups and NGOs
- ✓ A clearly defined Incident Command System (ICS) ensures:
  - ➢ Well-defined roles and responsibilities
  - ➢ Unified command and decision-making
  - ➢ Efficient allocation and utilization of resources
  - ➢ Regular interdepartmental meetings, shared communication platforms, and a functional control room are essential to maintain operational coherence throughout the event.

2. Real-Time Monitoring

- ✓ Continuous monitoring is critical to identify risks early and respond promptly. This includes:
  - ➢ Health surveillance: Real-time tracking of ILI/SARI cases and other syndromic indicators
  - ➢ Crowd monitoring: Assessment of crowd density and movement patterns
  - ➢ Resource tracking: Availability of hospital beds, ambulances, oxygen, and medical staff
  - ➢ Environmental monitoring: Water quality, sanitation status, and waste management
- ✓ The integration of surveillance systems such as the Integrated Disease Surveillance Programme (IDSP) enables timely detection of unusual trends or clusters, facilitating early intervention and containment.

3. Community Cooperation

- ✓ Active participation and cooperation of the public are vital for the success of all preventive measures. Key aspects include:
  - ➢ Adherence to public health advisories
  - ➢ Early reporting of symptoms to medical teams
  - ➢ Compliance with crowd management measures and movement restrictions
  - ➢ Cooperation with screening and surveillance activities
- ✓ Engagement of religious leaders, community representatives, and volunteers plays a crucial role in:
  - ➢ Building trust
  - ➢ Enhancing awareness

- ➢ Promoting responsible behavior among pilgrims

4. Rapid Response Systems

- ✓ A robust and responsive emergency system ensures timely management of any incident.This includes:
  - ➢ On-site medical response: Immediate triage, treatment, and stabilization
  - ➢ Efficient ambulance services: Quick evacuation through pre-defined routes
  - ➢ Hospital preparedness: Availability of beds, ICU facilities, and trained personnel
  - ➢ Outbreak response: Rapid Response Teams (RRTs) for investigation and containment
- ✓ Clearly defined escalation protocols ensure that cases are managed at the appropriate level without delay, reducing morbidity and preventing escalation into larger public health emergencies.

Overall Outcome

- ✓ By combining strong coordination, real-time monitoring, community engagement, and rapid response mechanisms, this plan creates a resilient system capable of:
- ✓ Preventing outbreaks
- ✓ Managing medical emergencies efficiently
- ✓ Ensuring continuity of essential services
- ✓ Ultimately, this integrated approach ensures that the Malik Deenar Uroos is conducted in a safe, organized, and public health–secure manner, safeguarding both participants and the wider community.

ANNEXURE

- ✓ Festival Details

Event Name: Malik Deenar Uroos
Location: Malik Deenar Mosque
Significance: Commemorates Malik Ibn Dinar
Duration: Typically, 3–7 days (varies annually)
Footfall: Tens of thousands of devotees daily
Peak Days: Final Uroos day and special prayer days
Key Activities:
Religious gatherings & prayers
Processions
Food distribution (Annadanam)
Night programs

✓ Geospatial Mapping (Event Medical Planning)

- Zones to be mapped:
  - Entry/Exit gates
  - Main prayer hall
  - Queue areas
  - Food distribution areas
  - Parking zones
  - VIP areas
  - Emergency evacuation routes

✓ Hospital List with Command Points

- Primary Referral Hospitals:
  - Kasaragod General Hospital (Command Center)
  - District Hospital Kanhangad
  - Medical College Kasaragod
  - Aster MIMS Hospital Kasaragod
- Command Points Setup:
  - Main Medical Command Center: At festival control room
  - Field Command Posts:
  - Near main gate
  - Near food distribution area
  - Near parking area

✓ SOP for Medical Hazards

A. Crowd-related incidents (Stampede):
- Immediate triage using START protocol
- Activate mass casualty plan
- Ambulance dispatch priority tagging

B. Heat-related illness:
- ORS distribution points
- Shade/rest areas
- Rapid cooling protocols

C. Cardiac emergencies:
- AED availability at key points
- CPR-trained staff deployment

D. Food poisoning:
- Isolation area setup

- ☐ Rapid transport to hospital
- ☐ Food sample collection

E. Fire incidents:

- ☐ Coordination with fire force
- ☐ Evacuation routes activation

✓ HR Distribution List (Medical Team)

- ☐ Command Structure:
  - ○ Incident Commander (Medical Officer)
  - ○ Deputy Commander
  - ○ Zone Medical Officers
- ☐ Team Allocation:
  - ○ Triage Teams: At entry points
- ☐ First Aid Teams: Across venue
- ☐ Ambulance Teams: Mobile units
- ☐ Specialists:
  - ○ Emergency physicians
  - ○ Nurses
  - ○ Paramedics
  - ○ Pharmacists
- ☐ Support Staff:
  - ○ Volunteers
  - ○ Crowd control assistants

✓ List of Empaneled Ambulances & EMTs

- ☐ Ambulance Types:
  - ○ ALS (Advanced Life Support)
  - ○ BLS (Basic Life Support)
  - ○ Patient Transport Vehicles
- ☐ Deployment Plan:
  - ○ 1 ambulance per major zone
  - ○ 2–3 ambulances at main standby
  - ○ Dedicated referral transport units
- ☐ Suggested Providers (example framework):
  - ○ Kerala Health Services
  - ○ 108 Emergency Response Service
  - ○ Local private ambulance services (empaneled)
- ☐ EMT Requirements:
  - ○ Certified EMT-B / EMT-A
- ☐ Trained in:
  - ○ CPR & AED
  - ○ Trauma care
  - ○ Mass casualty handling

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