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Department of Medical Education
Government of Kerala

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KERALA.HEALTH

**Govt. Medical College
Palakkad**



**Pandemic Management Plan
2026**

KERALA.HEALTH

Message



Kerala Health has consistently recognised that pandemic preparedness is no longer a standalone activity limited to the health sector, but an essential component of public safety, governance resilience, and sustainable development. The experiences of NIPAH outbreaks, COVID-19 pandemic, emerging zoonotic threats, climate-sensitive diseases, and increasing global interconnectedness have clearly demonstrated that future public health emergencies require continuous preparedness, rapid response systems, and strong institutional coordination. In this context, the preparation of comprehensive Pandemic Preparedness Plans by the Department of Health and Family Welfare marks an important landmark towards strengthening Kerala's health security framework.

Today, pandemic management plans must be viewed through the broader lens of the One Health approach, which recognises the interconnectedness of human health, animal health, environmental systems, and ecological balance. Emerging infections are increasingly influenced by environmental degradation, climate variability, urbanisation, migration, and changing human-animal interactions. Therefore, effective preparedness requires coordinated action not only from the Health and Family Welfare Department, but also from departments including Animal Husbandry, Forests, Local Self Government, Disaster Management, Revenue, Education, Transport, Police, Water Resources, and Civil Supplies. Such interdepartmental convergence is critical for surveillance, risk communication, outbreak containment, logistics management, and continuity of essential services during emergencies.

Kerala has always demonstrated exemplary leadership in responding to public health challenges through timely action, scientific decision-making, community participation, and decentralised governance. The integration of pandemic management with disaster management systems further strengthens our capacity to respond to multiple emergencies simultaneously, including outbreaks occurring during floods, heat waves, or other natural disasters. The development of structured protocols, surveillance mechanisms, escalation frameworks, surge planning systems, infection prevention strategies, and institutional coordination models reflects the state's commitment to building a resilient and future-ready health system.

I am informed that Keralam is the only state where the pandemic preparedness plans have been prepared to such a depth right from the Panchayath level to District

and at institutional level upto Medical Colleges. I place on record my sincere appreciation to all those who worked on this endeavour. The dedication, technical expertise, and coordinated efforts demonstrated by the state and district teams are truly commendable. I am confident that these plans will further strengthen Kerala's capacity to effectively prevent, detect, and respond to future public health emergencies while ensuring the safety and wellbeing of our people.

Shri. K Muraleedharan

Minister for Health and Family Welfare and Devasom,
Government of Kerala



Foreword

Kerala Health has been taking efforts to strengthen the Medical Education. Out of various initiatives such as documentation on Medical College developments giving all the details, preparation of Fact Sheets of DME and MCH giving information regarding the outputs and outcomes, Standard treatment protocol, standardization of the units in the Medical Colleges, one more initiative was taken regarding preparedness for health emergencies such as communicable diseases which could transform into an epidemic/ pandemic. COVID has taught us many lessons. But the moot question is, “What learnings have we taken away from the Pandemic, and its aftermath?” Have we understood those learnings and worked on developing the systems for future scenarios?

And now, I say with immense pride that through Kerala Health, every Medical College has excellent pandemic management plans in place.

This preparation of pandemic management plans started with the thought of “What new systems do we need to develop across the State?” The Director of Medical Education and senior Doctors from Community Medicine and other Departments took up the challenge of preparation of plans. An elaborate process was followed by conducting state level meetings. Dr Aravind was asked to prepare a template for the Medical Colleges Plans. That template was validated in the state meeting and shared to all the Government Medical Colleges in the State. After that step, a workshop was conducted at Ernakulam Medical College involving all the teams from Medical Colleges as well as from Apex Cancer Centres. Post this workshop, all the institutions took a series of meetings at their level and completed this commendable work.

It is noteworthy to mention here that after Alappuzha, Thrissur also prepared a comprehensive Pandemic management Plan and Festival management Plan. Unfortunately, during this year's Thrissur Pooram preparations, there was a massive fire accident, but the Thrissur MCH team put the Management Protocol in practice and in a short span of time within 8 minutes, they took care of the fire disaster victims and provided exemplary services. While they were handling the incident, thanks to timely preparation and awareness, they were handling hundreds of emergencies not relating to the disaster during that period. This has clearly demonstrated to all that well-prepared planning and capacity building is the key to mitigating problems.

The Kerala Health program has to keep up with changing times, and so, along with the aforementioned initiatives, we discussed with the Digital University of Kerala

(DuK) to develop Kerala Pandemic Management System. This system envisages end-to-end solution for pandemic management. This will make things easy for the functionaries in the health institutions as well as the field functionaries to update the information. Once the pandemic management plans and Festival management plans are done, the teams will begin developing plans for calamities, other disasters and major accidents.

We are also planning mock drills so as to build the capacities of various teams. This way all the Medical Colleges teams will be well trained to manage any eventuality.

I am confident that all Medical Colleges shall institutionalize updating of plans on a yearly basis, skill building, analysis of any emergency handled and based on the analysis do modifications in the plans. This way it will be a dynamic plan of the Medical College.

For any Health System it is very important to have a system to handle any health emergency, and it is with sense of pride one can say that with the coordinated team work, this huge work was done in exemplary way. It also demonstrates that with shared vision and having 'thinking teams' at state, institution and field level can work on many challenges and deliver results. Therefore, these officers who worked on this project hands-on are mentioned right on the cover page! It is a big achievement for the Kerala Health to lay the foundation of Pandemic Management upon which further developments can be easily done.

I wholeheartedly appreciate the work done by one and all for preparing Pandemic Management Plans.

I am confident that all our Medical Colleges will become centre of excellence and earn recognition for their works. I wish all the success for the future endeavours.

Dr Rajan Khobragade IAS

Additional Chief Secretary
Health & Family Welfare and
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Message

The health system of Kerala is defined by a mindset of proactive vigilance, a compassionate attitude toward the most vulnerable, and a historic legacy of resilience in the face of public health crises. Our motto for preparedness is simple: to be prepared and proactive is to safeguard the stability and prosperity of our people. This Pandemic Preparedness Plan is not just a technical manual; it is a shared commitment fuelled by the lessons learned from our past encounters with Nipah and COVID-19. These experiences have taught us that rapid mobilization and early detection are our most effective tools in preventing a public health emergency of international concern.

We have designed this strategy to be agile, moving from routine care to emergency surge levels based on real-time data such as ICU occupancy, staff availability, and disease epidemiology. By utilizing advanced diagnostic tools and regional surveillance cells, we aim to identify threats early, ensuring that life-saving interventions begin the moment a patient reaches our doors. Central to this plan is the safety of our workforce; we are committed to providing the training, equipment, and psychological support necessary to prevent burnout and ensure no healthcare worker faces these challenges alone.

Even in the height of a pandemic, our mission to provide essential care for mothers, children, and emergency cases will not waver. Through seamless coordination with district authorities and the private sector, we are building a networked response that maximizes resources for the benefit of every citizen. I am deeply grateful to the faculty and staff whose expertise shaped this document, and I am confident that by following these protocols, we will continue to lead with competence and compassion.

Dr. K. V. Viswanathan

Director of Medical Education
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Purpose of Document

To ensure early detection and effective response to pandemics - Protect patients, healthcare workers, students, and staff - Maintain essential healthcare and academic services in a limited resource setting - Coordinate with different departments at district, state, and national health levels.

Definitions & Abbreviations:

RPEID CELL Regional Prevention of Epidemic and Infectious Cell

OMU Outbreak Monitoring Unit

1. Introduction & Contextual Analysis

1.1 Background & Purpose

Pandemics preparedness is a critical component of health care system so it is important to have a well documented plan.

Government Medical College, Palakkad is the only medical college in India functioning under the Department of Scheduled Castes and Scheduled Tribes Development. The institution has been functioning since 2014, and seven batches of MBBS students have successfully completed their studies. Outpatient services are currently provided through 11 specialized clinical departments. Considering the healthcare needs of the people of Palakkad district, the Government has planned the construction of a 500-bedded hospital within Palakkad Municipality limits. Palakkad is the only district in Kerala that does not have a fully functional tertiary care medical institution. Consequently, the population depends on tertiary care facilities in other districts as well as neighboring states. Establishment of a public-sector medical college hospital is therefore the need of the hour for the people of Palakkad. The district is relatively less developed and comprises extensive rural areas, with a significant proportion of the population belonging to tribal communities. Inpatient services commenced on 12.03.2024 as part of the proposed 500-bedded hospital. For the purpose of undergraduate medical training, District Hospital Palakkad and Woman & Child Hospital, Palakkad are attached as teaching institutions of Government Medical College, Palakkad. Essential infrastructure facilities including two modular operation theatres, Medical Intensive Care Unit (MICU), Surgical Intensive Care Unit (SICU), pre-operative room, and post-operative recovery room have been established and are functioning. Casualty services have been operational since 09.05.2025.

As building and other facilities including staff recruitment is not complete, further revisions of this document will be necessary.

Objectives for rapid response within the first week to prevent a PHEIC.

1. To establish a structured comprehensive pandemic response system – Readiness with policy framework, resources and training

2. To establish and monitor surveillance and early detection of outbreaks
3. To establish Infection prevention and control
4. To procure/map, train and plan human resources and capacity surge
5. To ensure Logistics, infrastructure and supply chain availability, repair and maintenance
6. To develop escalation strategies
7. To work in coordination with District team
8. To promote Research
9. To improve communication and community engagement

1.2 Institutional Geography

Institution is located near National highway about 5 km away from Palakkad town and about 8 km away from railway station.

1.3 District-Specific Risk Profile

District is at risk of various natural calamities including landslides and floods especially during rainy season. There are lot of migrant labourers increasing risks for diseases including malaria. District is at risk of endemics like Leptospirosis and Dengue and also at risk of emerging diseases like Nipah. As it is a border district high number of travellers and transportations.

1.4 Scope & Objectives:

Framework for early warning: Institute have surveillance mechanisms including IHIP and RPEID cell. OMU has been constituted.

Intersectoral coordination: Communication with district health service and Collector is maintained.

2. Governance & Command Structure

2.1 Pandemic Preparedness & Response Committee (PPRC)

Proposed to be constituted

2.2 Multidisciplinary Team

Roles for HODs (Medicine, Microbiology, etc.), HICC, Nursing Superintendent, Oxygen War Room Management and PRO: They all will be part of PPRC for escalation plan making and implementation.

Biomedical Engineering(not present),

2.3 Outbreak Monitoring Unit (OMU)

OMU has been constituted. It acts as as specialized cell for identifying emerging/re-emerging infections, triaging and further planning.

2.4 Institutional Medical Board

will be constituted as per the situation for oversight for clinical treatment protocols and discharge policies.

3. Situational Analysis & Resource Mapping

3.1 Infrastructure Audit

Comparison of existing vs. required IP/OP blocks, negative pressure rooms, and dedicated infectious disease blocks.

Table No:1 - Infrastructure

Category	Existing facility	Gaps Identified	Action needed
Hospital Buildings	OP BLOCK, WARD BLOCK & OT BLOCK	pandemic block earmarked in OT BLOCK	Need to establish ward in 4th, 5th, 6th & 7th floor of OT block
Inpatient Beds	154 total beds (four wards functional)	Deficient surge isolation beds	Convert Ward 3 & 4 into full isolation ward
Oxygen Beds	No centralized medical gas supply in ward block	Deficient	Medical gas pipeline work ongoing
ICUs	2 ICUs, 9 beds	Deficient functional ICU beds during surge	Establish ICU in OT block 2nd floor
Ventilators	15 available	Deficient during surge	AMC activation needed for 13 ventilators
Operation Theatres	2 functional OT (2 table including 1 ophthalmic Tables)	Only 2 negative pressure OTs	Three modular OT ready to be commissioned in case of surge

3.2 Human Resource Pool

Mapping of sanctioned vs. present staff (Professors to temporary staff) and a three-tiered staffing plan (core, reserve, volunteer)

Table No:2 – Human Resource Pool

Sl No	Category	Sanctioned	Present	Gaps	Mobilization Strategy
1	Faculty (Clinical)	90	81	Deficient during surge	Creation of posts and recruitment redeploy from non-critical depts.
2	Residents (SR/ Academic JR/ NAJR)	94	51	Deficient during surge	Recruit additional temporary doctors
3	Nursing Staff (Permanent)	nil	Nil	Not available	Post creation
4	Nursing Staff (Contract)	64	51 +4 SN O	Deficient during surge	Recruitment of emergency temporary nursing staff.
5	ICU/Transplant Trained Nurses	-	40	Deficient during surge	More recruitment, training, Prioritize for Level 3 (Crisis) ICU surge.

6	Nursing Assistants	15	13	Deficient during surge	Additional recruitment
7	Hospital Attendants (Gr 1 & 2)	-	-	Not available	Recruitment
8	Kudumbasree / Cleaning Staff	31	44	Deficient during surge	Additional recruitment Focus on waste management and environmental cleaning.
9	Ancillary (Lab, Rad, Pharm)	56	26	Deficient even for routine work	Additional recruitment
10	Security & Transport Staff	38	38	Deficient during surge	Additional recruitment Lead "Red Channel" movement and patient data entry.
11	Volunteer / Reserve Pool	Nil	nil	deficient	Identify retired HCWs and those in non-clinical roles.

3.3 Equipment & Logistics

Inventory for ventilators, HFNCs, oxygen beds, LMO capacity (KL), and PPE buffer stocks.

Table No:3 – Equipment & Logistics

Category	Current Status (Available)	Gaps Identified	Action Required
Ventilators	Total 15	Deficient during surge	Additional procurement, AMC activation for 13
ICU Beds	9 beds	Deficient	Operationalize all ICUs
Patient Monitors	35 available	Pediatric BP cuff deficient Deficient in surge	Procure additional monitors
Infusion	2 available	Pumps Insufficient	Additional procurement
Syringe Pumps	8 available	Deficient	Procure additional units
HFNC Units	7 available	Not commissioned / not in use	Training & activation
NIV Units	2 disposable NIV	Limited	Buffer stock planning
Biomedical Waste Mgt	BMW officer & system in place	Inadequate in surge	Additional BMW bags, transport & contracts
Oxygen Supply	1kl liquid oxygen plant+oxygen manifold+pressure	inadequate	Procurement

	swing adsorption plant+ward oxygen beds 120 D cylinders, 67 B		
Portable X ray Plan	1 functional unit	Deficient during surge	additional unit
ECG Machines	4 available	Limited in surge	additional procurement
Pulse Oximeters	35 multipara 6 finger oximeters	inadequate	additional procurement
Ambu Bags	Available	inadequate	additional procurement
N95 Masks	Limited stock	inadequate	additional procurement
Ambulances	1 ambulance	Deficient	additional /Networking with district ambulance services
PPE Kits	Limited stock	inadequate	additional procurement
N95 Masks	Limited stock	inadequate	additional procurement

4. Graduated Response Framework (Three-Tier Model)

4.1 Escalation Triggers

Defined by disease epidemiology (\$R_0\$), ICU occupancy, bed availability, and staff absenteeism.

4.2 Tier 1 – Conventional (Best Case)

Standard facility standards, minor staff adjustments, and full maintenance of elective services.

Operational Goal: Maintain standard of care without dilution of expertise while maximizing routine elective services.

Table No:4 – Tier 1 action plan

Trigger Points	Institutional Action Points
Cases: No confirmed local cases OR sporadic imported cases without local transmission.	Surveillance: Activate ILI/SARI screening at entry points and mandatory IHIP reporting.
Admission: Baseline hospital and ICU admission levels.	Infrastructure: Identify "Red Channel" entry points and start planning for expansion of oxygen beds and ICUs by 20% . 2 nd floor in OT block with 36 beds may be operationalised.

Staffing: Absenteeism <10%.	Additional recruitment Training: Conduct refresher training on IPC, PPE donning/doffing, and simulation mock drills.
Logistics: PPE and drug supply days >30.	Logistics: Assess and enhance centralized/decentralized Liquid Medical Oxygen (LMO) to full reserve capacity.

4.3 Tier 2 – Contingency (Moderate Case)

Containment Activation of surge annexes, prioritizing/pausing electives, and adaptive staffing.

Operational Goal: Adapt space, staff, and supplies to maintain care functionally equivalent to standard care.

Table No:5 – Tier 2 action plan

Trigger Points	Institutional Action Points
Cases: Confirmed local transmission and rising suspected cases in OP/IP departments.	Hospital Reorganization: Activate surge annexes and create barricaded triage areas. Ward block 4 th , 5 th , 6 th and 7 th floors can be operationalised.

ICU Occupancy: 70–90%.	Clinical Operations: Regulate non-pandemic care and pause/reduce non-urgent elective surgeries.
District Load: Hospital admissions due to the pandemic reaching 10% of total district admissions.	Additional recruitment HR Strategy: Implement shift-based duties (6–8 hours) and deploy float pools or tiered staffing models.
Logistics: PPE supply days 7–29; ventilator/O ₂ constraints beginning.	Logistics: Fill 100% of oxygen reserve capacity and look for potential sources of capacity enhancement. Medical gas pipeline work ongoing in ward block and OT block

4.4 Tier 3 – Crisis (Worst Case)

Activation of Crisis Standards of Care (CSC), extreme resource scarcity, and use of non-traditional spaces.

Operational Goal: Maximize population benefit under extreme resource scarcity; activation of Crisis Standards of Care (CSC).

Table No:6 – Tier 3 action plan

Trigger Points	Institutional Action Points
Cases: Surge in confirmed admissions; OP load crosses the threshold level.	OP/IP Reorganization: Stop general OP services; convert waiting or non-patient areas into makeshift wards. OT block 4 th , 5 th , 6 th , 7 th floor can be operationalised
ICU Occupancy: >90% (System Overwhelmed).	Critical Care: Activate earmarked pandemic beds in private institutions for government-referred patients in coordination with district authorities.
District Load: Pandemic admissions reaching 25% of total hospital admissions in the district.	Services: Switch to emergency non-pandemic care only ; discharge all stable/recovering patients.
Staffing: Absenteeism >20%.	HR Strategy: Large-scale recruitment of temporary staff; redeployment of non-clinical/academic staff to clinical work.
Logistics: PPE supply <7 days; spare ventilator capacity <10%.	Networking: Full district ICU pooling and activation of field hospitals/CSLTCs.

5. Operational Standard Operating Procedures (SOPs)

5.1 Triage & Red Channel Protocol

Dual-stream triage (Green/Red zones), dedicated transport routes, and lift/trolley disinfection with 1% hypochlorite. – **under construction**

5.2 Patient Care Equipment

SOPs as per Govt protocol

5.3 Infection Prevention & Control (IPC)

Manuals for hand hygiene, cough etiquette, donning/doffing training, and staff safety monitoring.

5.4 Environmental & Engineering Controls

Currently facility is not available

5.5 Makeshift Isolation Enclosures

Guidelines for temporary cubicles/tents with localized negative pressure.

5.6 COVID/Pandemic Operation Theatre

Converting re-circulatory HVAC to 100% once-through systems with independent exhaust blowers.

6. Specialized Service Guidelines

6.1 Dialysis Units

not available

6.2 Management of Deceased

Handling protocols (Standard Precautions), plugging orifices, 1% hypochlorite bag disinfection, and family counselling will be done under the supervision and instruction of OMU.

6.3 Maternal & Child Health

working in W&C

7. Logistics & Ancillary Services

Currently deficient, need to procure more.

7.1 Supply Chain Management

Real-time tracking via automated inventory systems and KMSCL coordination.

7.2 Linen & Laundry

SOPs for leak-proof containers, negative pressure laundry areas, and avoiding double-bagging.

7.3 Biomedical Waste Management

Double-layered yellow bags, dedicated "X Waste" labeling, and separate record keeping.

7.4 Support Services

Dietary coordination with LSGD, psychological support (Psychiatry dept), and social work teams.

8. Communication, Monitoring & Research

Daily online/offline review by OMU, Mandatory IHIP reporting.

Internal communication: via Circulars and WhatsApp groups

External communication: via Designated spokesperson from control room and RPEID cell coordination

8.1 Surveillance Systems

Integration with IHIP, IDSP, ICMR, ILI / SARI surveillance

Screening at entry points, Red channel will be created for free-flow of pandemic patients arranged in separate entry points at Casualty, Ramp will be utilized for transportation of patients, Mandatory IHIP reporting, Sample collection & transport SOPs

8.2 Media & Risk Communication

Designated spokesperson, accurate status reports, and designated locations for media updates.

8.3 Control Room Operations

Coordination of patient arrivals, duty roster management, and daily review meetings.

- patient transport - Communication and coordination through district
- Patient data collection – from both inpatient and outpatient
- Daily Status Reports – Preparation and communication
- Addressing concerns of public- phone calls attending
- Duty assignment and duty rosters for staff
- Daily review meetings
- Training programmes - for various category of staff within the institution and from other institutions in the district, public, private and other voluntary agencies
- Arranging transport - for discharge and referral
- sample dispatching and collection of results

- media communication

8.4 Research Collaboration

Clinical trials, outcome analysis, and veterinary/environmental science coordination will be done

9. Recovery & De-escalation

Will be done as per the Govt protocol

9.1 Discharge & Back Referral

Criteria for shifting mild/moderate cases to Taluk or District hospitals.

9.2 Financial Plan

nil

9.3 After-Action Reviews

Policy audits and post-pandemic evaluations for iterative improvement.

10. Index of Standard Operating Procedures (SOPs) & Guidelines

This section serves as a repository of all mandatory protocols.

10.1 Clinical & Triage Protocols

- **Dual Stream Triage:** Segregation of ILI/SARI cases from general patients at entry.
- **Red Channel Protocol:** Step-by-step movement of positive patients, including lift blocking and security coordination.
- **Patient Admission & ID Banding:** Mandatory ID bands and registration of bystanders/vehicle details.
- **Testing Strategy:** as per protocol

10.2 Infection Prevention & Control (IPC)

- **Donning & Doffing:** Mandatory refresher training for all staff levels, including housekeeping and drivers.
- **Hand Hygiene & Cough Etiquette:** Standardized practices as per the Institutional IPC Manual.
- **Environmental Cleaning:** Two-hourly cleaning of high-touch surfaces (switches, handles) with 1% hypochlorite.
- **Patient Equipment Reprocessing:** Sterilization of heat-sensitive (ETO/Sterrad) and heat-stable (Autoclave) items.

10.3 Engineering & Infrastructure SOPs

- **AIR Conversion:** not available
- **Operation Theatre (OT) Modification:** available in three OT s
- **Makeshift Enclosures:** currently not available

10.4 Logistics & Waste Management

- **Biomedical Waste (BMW):** Use of double-layered yellow bags and specific "X Waste" labelling.
- **Linen & Laundry:** Protocol for leak-proof containers and avoiding double-bagging to reduce waste.

- **Oxygen War Room:** Real-time oxygen mapping and reserve capacity enhancement.

10.5 Specialized & Support Service Guidelines

- **Dialysis Unit SOP:** NA
- **Management of the Deceased:** Mortuary facility in District Hospital will be utilised. Disinfection of body bags with 1% hypochlorite and plugging of orifices.
- **Psychological Support:** Counseling for families and staff to manage burnout and anxiety. Counsellors not available
- **Food & Dietary Services:** Coordination with Local Self-Government Departments (LSGD) for timely patient meals.
- **Maternal & Child Health SOP**

Index of Annexures

All the major institutions shall keep the following Annexures with all details ready at their respective institution level. The SoPs shall be updated / modified as per the research and information available regarding the respective pathogens..

1. Triage and Red channel protocol
2. Patient transport protocol during pandemics
3. SOP for Patient care equipment
4. SOP Hand hygiene
5. SOP Cough etiquette
6. Personal safety measures and PPE use
7. SOP for environmental cleaning
8. Environmental and Engineering controls
9. SOP for Makeshift Isolation enclosures
10. SOP for pandemic operation theatre
11. Guidelines for Dialysis units
12. Protocol for handling of deceased
13. Guideline on dead body management in context of COVID 19
14. SOP for Safe Linen Use
15. Biomedical Waste Management [BMW] Protocols in Isolation wards:
16. Medical Board Constitution
17. SOP for transporting a Suspect/ Confirmed case
18. CPCB Guidelines – Biomedical Waste Management
19. Mapping of laboratories
20. Infection Prevention and Control Manual-GMCH

Contact Details

Name of college	Contact Points	Contact Number
GMC Trivandrum	Information counter	4712528225
	General enquiry	4712528083
	Duty PRO	8281529159
GMC Kollam	Control Room	4742575050
GMC Konni	Control Room	4682344888
GMC Alappuzha	Control Room	4772281000
	Duty PRO	8281002947
GMC Kottayam	Control Room	9188528533
GMC Idukki	Casualty	04862232444
	Control Room	4862232555
GMC Ernakulam	Control Room	04842754000 04842751001 8075774769
	Duty PRO-	9778082825
GMC Thrissur	Control Room	04872472002 8075011853
	Duty PRO-	9383400082
GMC Manjeri	Control Room	8078253515
GMC Kozhikode	Control Room	4952350349
	Duty PRO-	9497669040
	IMCH Control room	4952350395
GMC Wayanad	Duty PRO-	8129428785
GMC Kannur	Control Room	04972882200, 8078041358
	General enquiry-	4972882100
	Duty PRO-	04972882390 9048600970
GMC Kasaragod	Control Room	8289908320