



Course Report

Online Training Programme
on
Community Based Disaster
Risk Management
during Covid-19 Pandemic and
Psychosocial Care in Disasters
[28th – 30th July, 2021]

Conducted by

**Mahatma Gandhi State Institute of Public
Administration, Punjab**

Institutional Area, Sector – 26, Chandigarh

In collaboration with

National Institute of Disaster Management

(Ministry of Home Affairs, Government of India)
A-wing, 4th Floor, NDCC-II Building, Jai Singh Road,
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Special Chief Secretary, Punjab
cum Director General, MGSIPA

Patrons



Maj. Gen. Manoj Kumar Bindal
Executive Director
NIDM



National Institute of Disaster Management
Ministry of Home Affairs
Government of India

28 - 30

July, 2021

11 AM - 1 PM

Guidance



Mrs. Jaspreet Talwar, IAS
Principal Secretary, Punjab
cum Director, MGSIPA



Prof. Santosh Kumar
Project Director
NIDM

Online Training Programme
on

**Community Based Disaster Risk
Management during Covid-19
Pandemic and Psychosocial
care in Disasters**

Coordinators



Col. Dalbir Singh
GM (Training)
MGSIPA



Dr. Ajinder Walia
Assistant Professor
NIDM



Nitika Singla
Moderator



Mahatma Gandhi State Institute of Public Administration, Punjab, Chandigarh



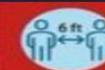
**Stay Protected
from Corona**



**Wear your Mask
Properly**



**Wash your Hands
Regularly**



**Maintain Social
Distancing**

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ABOUT THE INSTITUTE



Mahatma Gandhi State Institute of Public Administration (MGSIPA), Chandigarh, Punjab is the Administrative Training Institute (ATI) of the Government of Punjab engaged in imparting quality training in various disciplines to officers and officials of the State Government and its Boards, Corporations, Central Government and other Organizations; as well as undertaking research studies including evaluation and consultancy in public administration, public policy and governance. The Institute is an ISO 9001:2015 and ISO 14001:2015 certified organization for its training activities and is spread over 12 acres in a pollution free institutional area in Sector 26, Chandigarh.

MGSIPA houses subject - specific Centres for Management Development, Study of Laws, Urban Governance, Sevottam, Secretariat Staff Training, Engineering Studies and RTI. MGSIPA has three Regional Centres located at Bathinda, Jalandhar and Patiala. The Institute also runs a Civil Services Coaching Centre.

MGSIPA organizes over 200 training programmes a year, which include Foundation Training Programmes, Induction Training Programmes, Trainer Development Programmes, In-Service Training Programmes and regular domain-specific three-day and five-day training programmes for various categories of employees of the Government.

About NIDM

The National Institute of Disaster Management (NIDM), is a statutory organization of the Government of India under Ministry of Home Affairs, established to function within the policies & guidelines laid down under the Disaster Management Act, 2005, and to cater the needs of research, training, documentation and publication in the area of disaster management, including natural (geological, hydrological, climatic), and human induced (chemical, industrial, nuclear, environmental) hazards. It is a premier national institute working for human resource development at the apex level in the area of disaster mitigation and management. The mandate of the institute is to gear up the national, state and district level administration to tackle natural calamities and will also be coordinating research projects, training programmes and will build a database on natural disasters with case studies. The mission of the institute is to work as a think tank for the government by providing policy advice and facilitating capacity building services including strategic learning, research, training, system development and expertise promotion for effective disaster preparedness and mitigation.

NIDM works to design, develop and implement training programmes, undertake and coordinate research, formulate and implement the human resource development plan, provide assistance in national policy formulation, collaborate with and promote other research and training institutes, State Governments and other organizations for successfully discharging their tasks, develop educational wares for dissemination among stakeholders in addition to undertake any other function as assigned to it by the Central Government. The institute also works towards the effective application of disaster risk mitigation and management in India as well as the region by providing technical

assistance for capacity building and developing disaster management systems and Institutional framework in the sector.

NIDM is envisioned to be a Centre of Excellence and Advance Learning in the fields of disaster management, in this part of the world. The key activities of the centre include:

- Online Training for at the national/regional, state and district levels to prepare them to tackle natural and human induced disaster risks.
- Research on hazard identification & assessment, prevention & mitigation issues, and concerns and lacunae in management of hazards, risk and loss events with case analysis of lessons learnt from past disasters events.
- Documentation of best practices in disaster management, impact of disasters, case studies, situational analysis of relief and response measures, creation of database, preparation and dissemination of awareness materials, and publications in the form of newsletter, web-resource, flyers, journal, monographs, handbooks, etc.

ABOUT THE TRAINING PROGRAMME

Introduction

The concept of Community Based Disaster Risk Management (CBDRM) during Covid-19 Pandemic is practiced under different names like Community Based Disaster Preparedness, Community Based Disaster Management or Community Based Flood Mitigation Programme, but all these programs have the same purpose, which is to reduce the negative impact of disaster risks. The main understanding behind all such activities is to find ways and measures to prevent, mitigate or to reduce the impact and risks of disasters during Covid-19 Pandemic through participation and involvement of communities.

The rationale for involving communities in disaster preparedness and mitigation activities assumes that community is the real sufferer and the first responder and it has developed its own coping mechanisms and strategy to reduce the impact of disaster. It is imperative to appreciate this local knowledge and resources, and to build on them in order to improve the capacity of the people to withstand the impact of disasters. Moreover, ownership of disaster reduction should not be stripped from local people who would be left even more powerless in case external intervention does not occur. In fact, building community leadership and a chain of trained community cadres through participatory approach can help harness the resilience and resourcefulness of the community to cope up with exigencies. Involvement and participation of the communities will ensure a collective and coordinated action during emergencies. Hence, disaster reduction activities should be based on participatory approaches involving local communities as much as possible, considering them as proactive stakeholders and not passive targets for intervention. Furthermore, it is not only the "big" disasters that

destroy life and livelihoods. Accumulated losses from small floods, droughts and landslides can exceed the losses from big disasters and contribute significantly to increased vulnerability at the local level. These disasters attract little media attention and communities are often left on their own to cope with the destruction. This provides another reason to invest in Community Based Disaster Risk Management.

The CBDRM approach provides opportunities for the local community to evaluate their own situation based on their own experiences initially. Under this approach, the local community not only becomes part of creating plans and decisions, but also becomes a major player in its implementation. Although the community is given greater roles in the decision-making and implementation processes, the approach does not ignore the importance of scientific and objective risk assessment and planning. It acknowledges that as many stakeholders as needed should be involved in the process, with the end goal of achieving capacities and transferring of resources to the community, which level who would assume the biggest responsibility in disaster risk reduction and management.

Realizing the pivotal role played by the community, the Mahatma Gandhi State Institute of Public Administration, Punjab (MGSIPA) in collaboration with National Institute of Disaster Management, Ministry of Home Affairs, Government of India organized an **Online Training Programme on “Community Based Disaster Risk Management during Covid-19 Pandemic and Psychosocial Care in Disasters” w.e.f. 28th to 30th July, 2021**. The aim of the programme was to develop skills among trainers to carry out CBDRM programmes in the country. The programme was intended to be used by trainers who will further have an interface with the community on the basis of this training.

Aim

The main aim of the programme was to train the stakeholders of various departments/ States in implementing Community Based Disaster Risk Management programmes during Covid-19 Pandemic in the vulnerable community.

Objectives

The programme was designed with the following objectives:

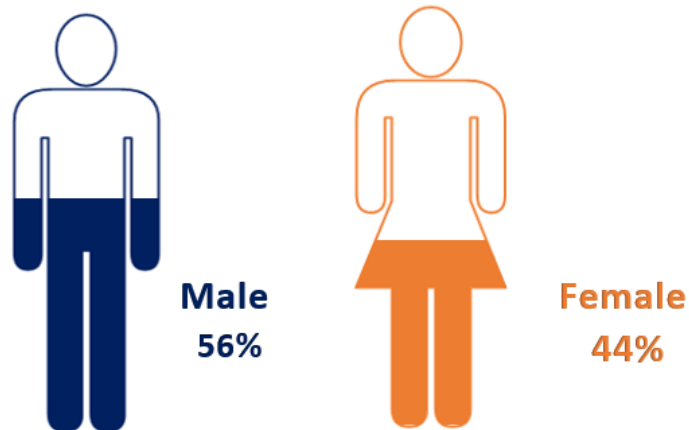
1. To explain the basic concepts of Disaster Management during Covid-19 Pandemic;
2. To provide an overview of the basic concepts of CBDRM during Covid-19 Pandemic;
3. To illustrate case studies highlighting the role of community in the pre as well a post disaster scenario during Covid-19 Pandemic;
4. To describe the process of development of community-based disaster management plan during Covid-19 Pandemic;
5. To equip the participants with necessary skills for imparting first aid and search and rescue techniques during Covid-19 Pandemic;
6. To discuss various schemes for the vulnerable community where disaster risk management during Covid-19 Pandemic is being mainstreamed with development schemes.

Demography of Participants

The programme was targeted towards trainers who are working in the field and are engaged in training the community for management and preparedness of disaster. A total of 1011 officials from various departments and districts/states at national level including functionaries in the Department of Education & Revenue, Disaster Management

Faculty, Teachers, Principals, School Administrators, Community Based Organizations registered for this online training programme and 332 participants attended the training, who are engaged in the management of disasters.

Gender-wise Distribution of Participants



Programme Details

This training programme was scheduled for 3 days, based on e-learning module covering 2 hours each day during the programme from 11 AM to 1 PM.

Learning Methods

CISCO WebEx Training Platform was used for this programme. All the participants were requested to install CISCO WebEx Application on their mobiles or desktops. The training was conducted through various methods including power point presentations by the speaker/experts.

Sessions' Recording Link

https://drive.google.com/drive/folders/1dTRit_QSkD4X91UoWyGtD-kO78A1kaWH?usp=sharing

PATRONS

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PROGRAMME SCHEDULE

Day 1 – 28th July, 2021

INAUGURATION

- 1100 hrs** Participants and Faculty Members join the programme
- 1105 hrs** *Welcome Address* – **Col. Dalbir Singh**
General Manager (Training, Project & Consultancy), MGSIPA
- 1110 hrs** *About the Programme* – **Nitika, Moderator**
- 1115 hrs** *Keynote Address* – **Dr. Ajinder Walia**
Assistant Professor, NIDM, Ministry of Home Affairs,
Government of India.
- 1125 hrs** *Note of Thanks* – **Shri Gulshan**
Chief General Manager, MGSIPA, Government of Punjab

Time	Title	Facilitator
1130 – 1245	Physical Health of Communities during Pandemics: Impact and Management during Covid-19 Pandemic	Dr. Sushma Sagar, AIIMS, Delhi
1245 – 1300	Q & A Session	<ul style="list-style-type: none"> • Dr. Sushma Sagar • Col. Dalbir Singh • Ms. Nitika
Day 2 – 29th July, 2021		
1100 – 1105	Recapitulation	<ul style="list-style-type: none"> • Col. Dalbir Singh • Ms. Nitika

1105 – 1155	Psychosocial Care of Communities during Pandemics: Impact and Management during Covid-19 Pandemic	Dr. Aravind Raj , National Institute of Mental Health and Neuro-Sciences, Bengaluru
1155 – 1205	Q & A Session	<ul style="list-style-type: none"> • Dr. Aravind Raj • Ms. Nitika
1205 – 1255	Social Impact of Covid-19 Pandemic: Lessons Learnt	Dr. Ajinder Walia Assistant Professor, NIDM
1255 – 1300	Q & A Session	<ul style="list-style-type: none"> • Dr. Ajinder Walia • Ms. Nitika
Day 3 – 30th July, 2021		
1100 – 1105	Recapitulation	<ul style="list-style-type: none"> • Col. Dalbir Singh • Ms. Nitika
1105 – 1150	Earthquake Risk Mitigation and Management during Covid-19 Pandemic	Shri Hari Kumar , Director, Geo Hazards Society, New Delhi
1150 – 1155	Q & A Session	<ul style="list-style-type: none"> • Shri Hari Kumar • Ms. Nitika
1155 – 1245	Fire Safety and Management during Covid-19 Pandemic	Shri A.K. Sharma , Ex-Chief, Fire Services, Delhi
1245 – 1250	Q & A Session	<ul style="list-style-type: none"> • Shri A.K. Sharma • Ms. Nitika
1250	Valediction	<ul style="list-style-type: none"> • Col. Dalbir Singh • Ms. Nitika

INAUGURAL SESSION

Welcome Address

Col. Dalbir Singh, General Manager (Training, Project & Consultancy), MGSIPA – He unfolded the inaugural session and expressed a great pleasure in collaboratively working with NIDM. Further, he underlined that the training programme is directed towards sensitizing, institutionalizing, and promoting exchange of information, knowledge, and innovation on understanding and learning the Community Based Disaster Risk Management in the tough times of Covid-19. He also embraced the occasion by proposing a vote of thanks to the all the distinguished dignitaries present in the inaugural session.

About the Programme

Ms. Nitika Singla, Guest Faculty & Moderator briefed about the minutes and the technical sessions of all the 3-days of the training programme thus introducing the programme and the key speakers to the participants. Sharing the aim of the programme, she brought to limelight about what the participants would be able to gather as learning outcome after the successful completion of the course.

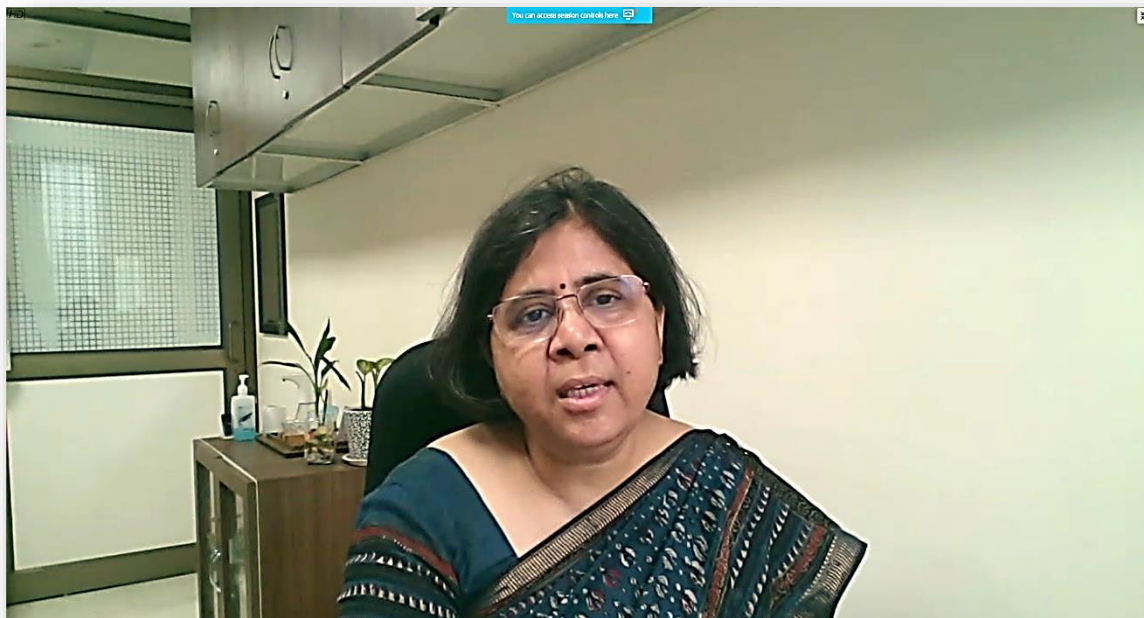
TECHNICAL SESSIONS

Day 1 - 28th July, 2021

Dr. Sushma Sagar, Professor and Faculty-in-charge, Division of Trauma Surgery and Critical Care, AIIMS, New Delhi – She held the first session on the topic, **“Physical Health of Communities during Pandemics: Impact and Management during Covid-19 Pandemic”**. The coronavirus disease (COVID-19) pandemic has impacted the economy, livelihood, and physical and mental well-being of people worldwide. Embarking her presentation, Madam brought to limelight how the ongoing crisis, Covid-19 has led us all understand the importance of planning phase of disaster management. Speaking with her vast years of experience and knowledge, she threw light on the Covid-19 Crisis which include the oxygen supply crisis, migrant labour crisis, Hospital bed Crisis, PPE Crisis, Morgue Facilities, Dead Body Disposal, Food Distribution, Mental Health and Economic Crisis.

Further, she enlightened how the crisis are being managed by the frontline warriors and the policymakers with everyday developing a new theory and by planning again and again. Discussing about the symptoms of getting infected by Coronavirus, she discussed the terminology related to the current situation like Incubation Period, Flattening the Curve, Social Distancing and Self Quarantine. With all her expertise in the medical field, Dr. Sushma scrutinized the appropriate behaviour most importantly the lifestyle changes to be followed in the current times of pandemics. She also discussed about the requirements, checklists, and guidelines for setting up an Isolation Center, Proper use of PPE and transport of infectious patients. She acknowledged about the Clinical Guidance for management of Adult Covid-19 patients; Covid-19 care in pregnancy and the three levelled Prevention measures for health care

workers. In addition to this, Dr. Sushma made an eyeopener presentation talking about the recent fungal infections and myths about the vaccination.



With this, she held the issue of establishing support areas including Family Information Center, Volunteer Co-ordination Center and a media Center which is the need of the hour for better and reliable response for our nation still being in the response phase and not in the recovery phase. In a very lucent and pre-eminent way, Dr. Sushma taught and shared the various first aid techniques including addressing the traumatic condition, Burns, Wounds/Bites, performing Heimlich's manoeuvre and CPR which can be given by an individual to a victim before getting medical aid. Giving few insights she concluded her presentation sharing the importance of health, relation with others, vaccination, helping each other and to be grateful to the almighty.

Q&A Session

Later, we had Q&A Session wherein the participants got their doubts and questions clarified live onboard by an expert.



Online Training Programme on Community Based Disaster Risk Management (CBDRM) during Covid 19 Pandemic and Psychosocial care in Disasters

Dr Sushma Sagar MS,FACS,FRCS
Professor
Div of Trauma Surgery & Critical Care
JPN Apex Trauma Center AIIMS New Delhi
sagar.sushma@gmail.com

Dr. Sushma Very convincingly and patiently addressed all the issues of the participants thus sharing very valuable and fruitful information with us all and I hope you all must imbibe the points taken by her and share them with your near and dear ones.

Key Takeaways:

- Avoid Touching Eyes, Nose and Mouth / Maintain respiratory hygiene / Wash hands frequently and thoroughly.
- Wearing a mask helps contain any potentially infectious respiratory droplets that may be released while breathing, talking, or coughing — especially when social distancing is more challenging and even if the person doesn't yet know they're sick.
- Do not chew tobacco, khaini etc. or spit in the public places which may become a cause of spreading the deadly virus.
- Regularly clean and disinfect frequently touched surfaces to prevent the further spread of the novel coronavirus which stays on the surfaces.

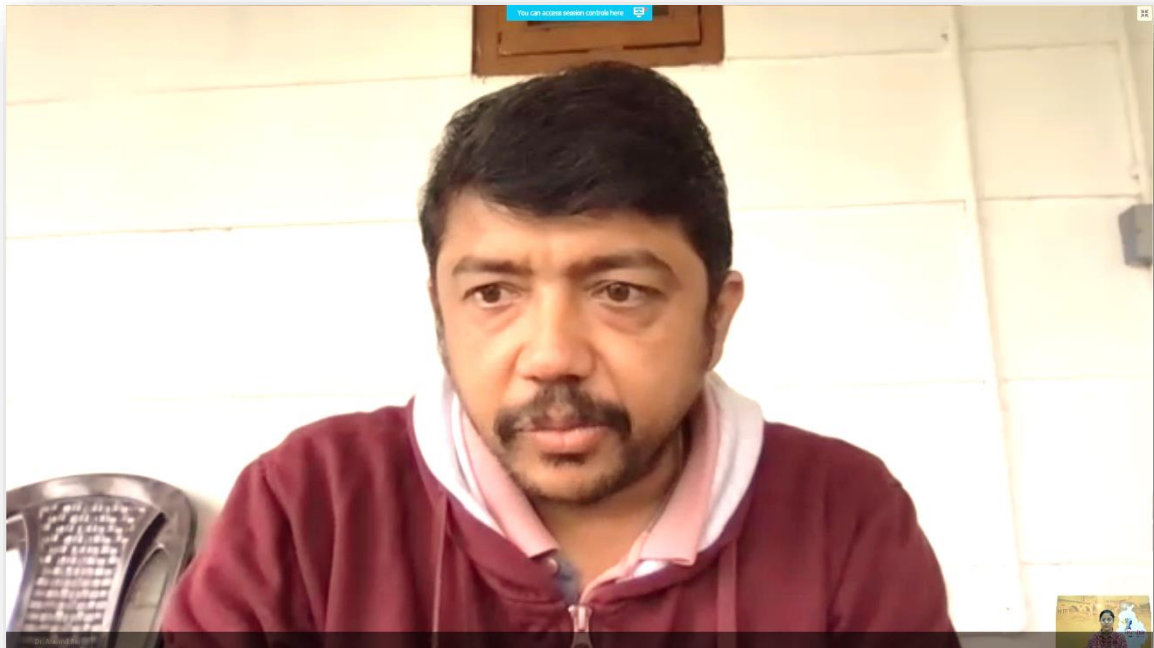
- Avoid unnecessary travel / Do not discriminate against anyone / Discourage Crowd – Encourage Safety.
- Promote social distancing (a term applied to certain actions that are taken to slow down the spread of a highly contagious disease, including limiting large groups of people coming together).
- Understand basic information about coronavirus disease (COVID-19), including its symptoms, complications, how it is transmitted and how to prevent transmission.
- Stay informed about COVID-19 through reputable sources such as UNICEF, WHO and national health ministry advisories.
- Do not circulate social media posts which carry unverified or negative information/Seek information on COVID-19 from credible sources/Call on Helpline no.
- Seek psychosocial support for any stress or anxiety.
- Don't panic if infected with the virus. It is curable and take necessary precautionary measures to keep a check on the further transmission of the deadly virus.
- Being fully vaccinated is one of the best measures one can take to keep oneself and his/her family safe.
- To extend our gratitude to all the doctors, physicians and the frontline warriors for their service round the clock.
- Performing First Aid to provide care to both children and adults during times of crisis.

Day 2 - 29th July, 2021

On Day 2 we had two sessions.

Dr. Aravind Raj, Associate Professor, Department of Psychiatric Social Work, NIMHANS, Bengaluru –

Emerging psychiatric conditions and mental well-being were identified as the tenth most frequent research topic during the COVID-19 pandemic. A recent systematic review found that relatively high rates of symptoms of anxiety, depression, post-traumatic stress disorder and stress were reported in the general population and health care professionals during the COVID-19 pandemic globally.



Dr. Aravind held his session on the topic, “**Psychosocial Care of Communities during Pandemics: it’s Impact and Management**”. He initiated his presentation telling us what is wellbeing, mental health, and psychosocial care. Illustrating with various case studies, Dr. Aravind helped us perceive how impact of Covid-19 is different from other

disasters. He detailed about the psychosocial impacts, capacity building for the same, various techniques and strategies for psychosocial care. Further, he shared various do's and don'ts for better mental health and well-being with his main focus on the vulnerable population and the first responders.

Children and families may be particularly vulnerable to disease severity and unintended harms of public health measures during pandemics and have been previously defined as a high-risk population for negative impacts during an outbreak. COVID-19 is an unprecedented global crisis compared to the most recent pandemics (e.g., H1N1 influenza in 2009) and the community-based measures are lasting a longer period of time. Although there is evidence that the disease seems to be less severe in children, evidence on paediatric disease severity and the role of children in transmission is still emerging. Beyond the direct disease impacts, the indirect impacts of COVID-19 from the community-based public health measures on children and families are an important consideration for the public health response.

Q&A Session

The session went very interactive and sound with the queries of the participants taken live by Dr. Aravind. Dr. Aravind answering to the questions of many of the participants shared how the infodemic is causing major harm to our mental well-being thus appealing people not to share misinformation and not to believe in rumors.

Key Takeaways:

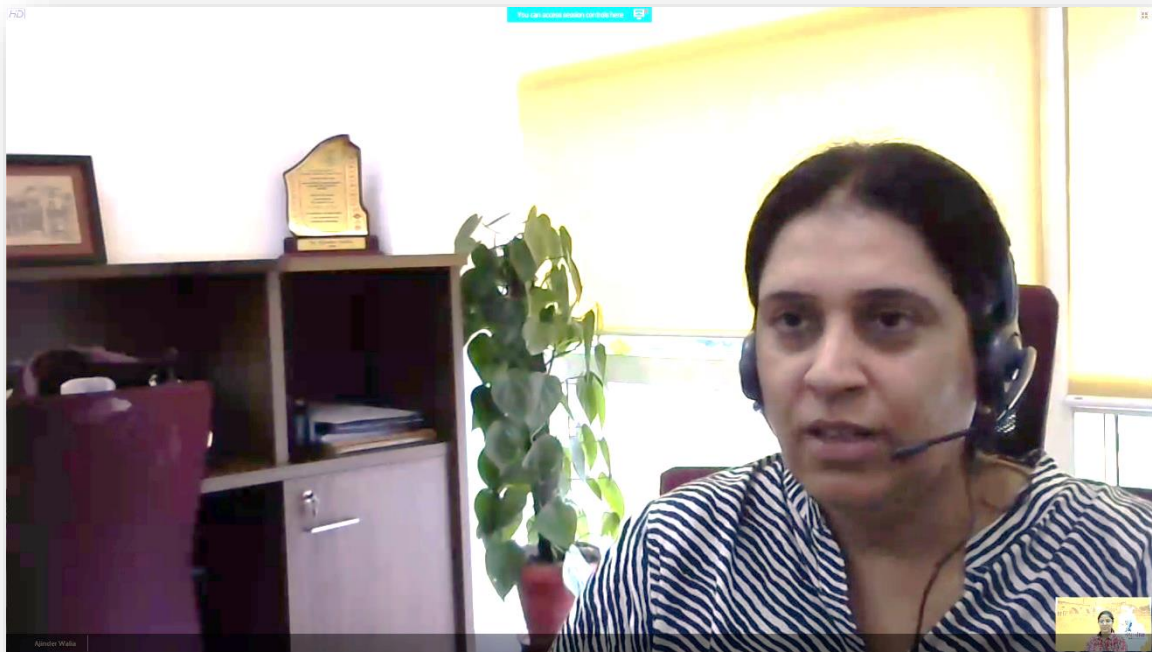
- Comprehensive interventions aimed at addressing a wide range of psychosocial and mental health problems arising in the aftermath of disasters.

- Identification and management of stress related psychological signs and symptoms or mental disorders among disaster-affected persons
- Prevention of psychological and psychiatric symptoms among disaster-affected community
- Role and responsibilities of state actors and authorities to maintain mental and social well-being of the disaster affected community.
- Role of Mental Health Professionals in Disaster Situation
- One-on-one support for individuals in need of assistance
- Support for collective activities
- Support around living conditions and income
- Increasing public awareness about mental health
- Establishment of systems to collect and share sufficient and relevant knowledge and to coordinate organizations for long-term post-disaster interventions would be desirable.
- General information about stress and how it affects us and exercises for you to deal with stress;
- General information about problems caused by substance use and how it affects us and ways to deal with these problems;
- Contact information for mental health professionals in your country who you may wish to talk to.

Dr. Ajinder Walia, Assistant Professor, NIDM on the topic “Social Impact of Pandemics.”

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health,

food systems and the world of work. As per WHO Report, the economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year.



Millions of enterprises face an existential threat. Nearly half of the world's 3.3 billion global workforce are at risk of losing their livelihoods. Informal economy workers are particularly vulnerable because the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.

Dr. Ajinder Walia talked about the lessons learnt from the current pandemic situation. Discussing about the shadow pandemic, Dr. Ajinder held her discussion about the impact of Covid-19 on women, their reproductive health and how more women became victims of domestic

violence. She also shared with us about the problems faced by the people of various age groups especially the aged population and the children, whom we consider the most vulnerable section of the society.

In this way, Madam made an exposition of the Social Aspect of Covid-19 and took the queries of the participants live.

Only together can we overcome the intertwined health and social and economic impacts of the pandemic and prevent its escalation into a protracted humanitarian and food security catastrophe, with the potential loss of already achieved development gains.

We must rethink the future of our environment and tackle climate change and environmental degradation with ambition and urgency. Only then can we protect the health, livelihoods, food security and nutrition of all people, and ensure that our 'new normal' is a better one.

Key Takeaways:

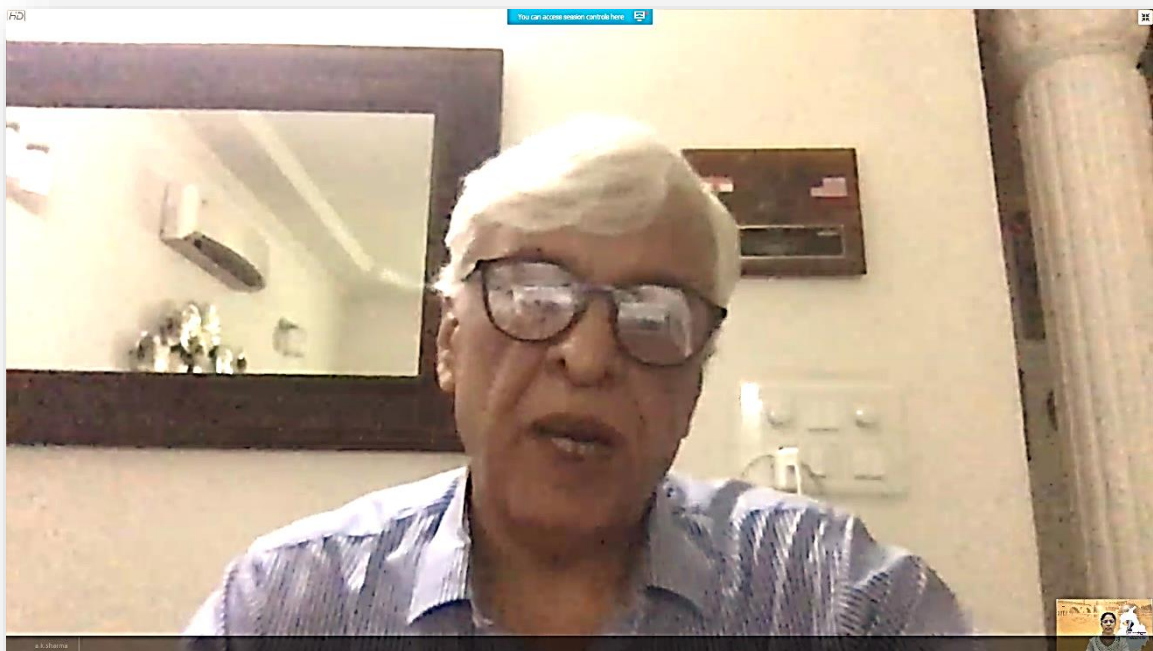
- The COVID-19 vaccination rate in Asia-Pacific is much slower than that of the U.S. and Western Europe. Governments are set to expedite vaccination following the resurgence of infections with new variants in the region.
- In countries with lagging economic activity, we see a threat of delayed revenue rebounds and higher debt accumulation. Recurring infections and lockdowns could further impede people mobility and dampen demand. Fears of higher inflationary pressures will accelerate resets of risk pricing.
- Studying the impact of the pandemic toward an at-risk population to reduce symptoms related to stress and providing specific online psychological counselling based on the target (students, medical staff, parents, and teachers).

- Overcoming the limitations of the human interaction based on digital devices: (1) developing new spaces of inter- and intrasocial communication and new tools of support and psychological treatment, reproducing the multisensory experienced during the face-to-face interaction (Virtual Reality, holograms, serious game etc.); (2) training the next generation of psychotherapists in managing online devices and in implementing their adaptive and personal skills; and (3) sensitizing the general population on telepsychology and its advantages.
- Studying human interaction mediated by new technologies and the role of empathy, associating neuroscience, sociology, and psychology.
- Disaster recoveries are opportunities to build back in a way that breaks down the constraints faced by women.
- Make resources and guidance available to facilitate gender gap assessments in disaster risk management at the country and project level.
- Promote sex and age disaggregated data collection in post-disaster assessments and other disaster related data collection.
- Leverage new data and technologies—such as mobility data—to explore topics, previously understudied, including gendered evacuation patterns and behaviors.

Day 3 - 30th July, 2021

On Day 3, we had two sessions.

Shri A.K. Sharma, Ex-Chief, Fire Services, Delhi – He took the later presentation on the topic, “**Fire Safety and Management**”. Mr. AK Sharma through his power point presentation made the participants perceive the very basics of Fire Safety and Management. Through various case studies on Fire Incidents, he made all aware about the incidents and lessons learnt from them. He further discussed in detail about the challenges faced during a fire incident thus saying that, “though fire is a good servant but a bad master”. Sharing the Three elements of Fire (Heat, Oxygen & Fuel) known as the triangle of fire, Mr. Sharma brought to the knowledge of participants the various techniques to break the triangle of fire to cool and smoothen the fire breakout. Mr. AK Sharma also detailed about the various structural and non-structural fire safety measures to be put in place to prevent and mitigate the fire incidents from becoming a disaster. Summing up his presentation, Mr. Sharma raised the concern of ongoing pandemic thus giving fire and life safety checklist for reopening buildings.



Key Takeaways

Fire: In the event of a fire, always, remember that time is precious and every second counts. Follow the following tips: -

Do's:

- Stay calm, don't panic, and don't run.
- Raise alarm and alert everyone in your premises.
- Escape first and then call for help.
- Use nearest available exit routes.
- While leaving the premises, close all doors and windows behind you if possible but must ensure that anybody is left behind and you are safe.
- Use only escapes routes because they are built for the purpose.
- Use Staircases. "Don't use Lifts'.
- If you come to a closed door, use the back of your hand to feel the top of the door, the doorknob and the cracks between the door and door frame to make sure that fire is not on the other side. If it feels hot, use your secondary escape route. Even if the door feels cool, open it carefully. Brace your shoulder against the door and open it slowly. If heat and smoke come in, slam the door, and make sure it is surely closed, then use your alternate escape route.
- If you are trapped in smoke logged area, lie down, and keep your nose close to floor and crawl towards an exit point.
- If you become trapped in your room closes the door and blocks any gaps which might let smoke or fumes through. Shout from the window to attract the attention of rescue team as well as others.

Don'ts:

- Never stand up in a fire, always crawl low under the smoke and try to keep your mouth covered. Never return to a burning building for any reason; it may cost your life.
- Never go back into a burning building for any reason.
- Teach children not to hide from fire fighters. If someone is missing, tell the fire fighters. They are equipped to perform rescues safely.
- Don't secure open fire/smoke check door open as they limit the spread of fire smoke when in closed position.
- Don't be tempted to clutter the stairs, corridors, and lobbies as they are your escape routes.
- Never use the lift. If you must leave the building use the staircases.
- Do not stop to collect belongings.
- Don't shout or run. This tends to cause panic to others.
- Prevention & Mitigation measures by the community people without external support.
- Whether your premises has remained open, closed, or is starting to plan to reopen, all are experiencing changes in risk. Therefore fire risk assessments should be reviewed accordingly, to ensure they are suitable and sufficient.

Premises about to re-open

With some premises starting to re-open and operate again in accordance with the government's latest guidance on working safely, fire safety should be considered. This includes:

Reviewing and updating your fire risk assessment. Where staffing and occupant levels have changed this may affect evacuation arrangements in event of fire. Also, where parts of the premises are not being used or are being used differently due to rearrangement of layouts, this may affect the means of escape.

Social distancing control measures should not adversely affect fire safety measures, including obstructing the means of escape, fire escape signage, fire detection and alarm systems, sprinkler or suppressions systems

If a one-way system or process is introduced to control the flow of occupants, its impact on the means of escape must be assessed to ensure occupants have a suitable means of escape in event of fire, and specifically that they do not have to travel excessive distances

Ensuring any changes impacting the exterior of any premises such as temporary structures or queuing systems do not obstruct means of escape or compromise assembly points. If the existing means of escape or assembly point is compromised, alternative suitable arrangements should be in place in accordance with the revised fire risk assessment. If unsure, seek advice from your competent fire risk assessor

Ensuring means of escape are easily available as they may not have been used for some time or where an escape route is shared, and other premises remain closed

Reviewing measures implemented to increase security and reduce the risk of arson whilst the premises have not been used, as these may have adversely affected fire safety measures

Reviewing storage and stock levels such as the amount and positioning of stock

Where fire safety measures have not been maintained such as automatic fire alarm and detection systems or automatic fire suppression systems and have not received their routine servicing or testing.

If staff training hasn't not been undertaken for some time, new staff have started, or fire safety measures have been altered then staff should be provided with appropriate fire safety training.

Closed premises

Although many premises are closed during the lockdown period, it is important that the following is considered:

Risk of arson - securing premises is important to reduce the risk of arson. This includes removing any external sources of fuel or ignition which could cause fire spread. Ensuring gates and fences are closed and locked as well as having working CCTV, security systems and external lighting may help to prevent the anti-social behaviour which can lead to arson

Shared means of escape - securing a premises should not affect the means of escape from other premises which are still open, from residential buildings or where Wayleave agreements are in place

Maintaining fire safety measures - internal fire protection measures such as fire doors should be kept closed and in good order as these provide vital protection in the event of fire

The maintenance and testing of the fire detection and alarm system should be continued where it is possible and safe to do so. This should be prioritized based on the risks identified by the responsible person and their contractors

Where the fire detection and alarm system serve multiple premises (some of which may still be operating) it should be ensured that the system still provides the required level of cover to all areas. Arrangements should also be put in place to access closed areas of the building if maintenance is required.

Scaling the risk

Premises which remain open are likely to experience a surge in demand. The following should be considered:

It is essential that fire risk assessments are undertaken or reviewed where there are significant changes in ways of working or processes. This may include more materials, storage requirements, or higher quantities of finished product being on site than would normally be the case. Also, where parts of the premises being closed, the fire risk assessment should determine the level of risk resulting from the changes and any mitigation measures which may include more frequent deliveries and collections or the use of other sites to provide storage

Where staff numbers have been increased, premises must ensure that they continue to provide appropriate staff training. This is sometimes overlooked where employees of the same company come to work at a different site. Responsible persons should be able to show that all personnel are aware of what to do in case of fire. They should also test their emergency procedures, particularly after staff numbers increase

Reductions in staff due to sickness and self-isolation is to be expected. While the numbers of those who are absent will be bolstered by those returning to work, in the short-term, premises should ensure that their fire risk assessment reflects the added risk of such reductions. Issues may include having insufficient staff available to carry out processes safely, increasing the risk of fire. Similarly, a reduction in staff may result

in employees not being able to successfully carry out evacuations and emergency procedures such as in-house fire response or fire warden duties.

Vulnerable people

Premises may employ people who are classed as vulnerable, or those who are vulnerable may be in their care. The effects of the virus on working practices and available staff may negatively affect the ability of vulnerable persons to escape in the event of fire.

Employers should continue to undertake and review their Personal Emergency Evacuation Plans for their staff. This is particularly crucial in the care industry where residents may rely on staff to instigate evacuation measures. In any case, procedures should be reviewed so that they accurately reflect the staff available. Such reviews must carefully weigh the risks from fire and the ability of such businesses to operate safely.

Alterations to buildings

While the use of buildings for medical purposes is underway across the country, this normally refers to field hospitals or expansion within the existing NHS estate.

Other alterations such as wedging fire doors open to reduce the need to touch door handles or sealing fire doors in order to prevent air movement between sections of a building could affect fire safety measures to provide protection from fire and access to means of escape. Similarly, premises may have undertaken other measures, such as partitioning or simply locking of doors that may compromise a building's existing fire strategy.

Some premises may also have been repurposed to undertake other work. An example would be a warehouse which previously had a very small risk and few staff, now undertaking essential work to provide manufacture of medical items or the packing of food parcels. This may have happened within a short timeframe and it is unlikely that fire safety will have been a primary consideration. Such actions may increase the risk due to the type of work being carried out, the number of staff present, and any material works that may be necessary to allow the building to facilitate its task.

In all cases, a review of the fire risk assessment should be undertaken to determine the effect on risk and the mitigation measures that may need to be taken. In addition, the current pandemic does not remove any requirements under building regulations to ensure that alterations meet the functional requirements.

Social distancing and fire safety in schools and early years settings

Following Government guidelines on social distancing and year group 'bubbles', we are aware that some schools and early years settings are locking doors or removing door handles to prevent unauthorized mixing of staff and pupils.

If this is something that your school/early years setting is considering or adopting, it must only be carried out after careful thought regarding fire safety and the impact on the means of escape. Alterations such as wedging fire doors open to reduce the need to touch door handles, or sealing fire doors in order to prevent air movement between sections of a building, could affect fire safety measures provided for protection from fire and access to means of escape.

In order to comply with the current legislation, the following should be confirmed:

- That a suitable means of escape is still available from all of the rooms
- If limited to one escape door, that the maximum occupancy is 60 persons
- If limited to one means of escape, the maximum distance to the exit is 18m, including the route around any furniture
- The exit route should either lead direct to fresh air, or to a fire protected route, capable of withstanding the ingress of fire or smoke for 30 minutes
- Exit signage is adjusted to show the new layout and exit route
- Doors protecting staircase exit routes should not be wedged open
- Staff must be instructed to remove any wedges in the event of an emergency
- Your fire risk assessment is adjusted to reflect any changes you have made.
- If staff training hasn't not been undertaken for some time, new staff have started, or fire safety measures have been altered then staff should be provided with appropriate fire safety training, considering the items above.

Dr. Hari, Director, Geo Hazards Society, New Delhi –

The 2020 COVID-19 pandemic caused a human and economic impact of unprecedented magnitude in contemporary history. In an effort to reduce the rate of infection, most governments implemented measures to increase social distancing and to strengthen the capacity of the

healthcare system. The occurrence of earthquakes coincident with the pandemic may prevent the effective practice of such measures, and consequently cause an increase in the virus spread. Fortunately, the country had no reported cases prior to the cyclone, and thus the lifting of these measures seemingly had no adverse impact.



A similar situation can be envisaged for regions affected by destructive earthquakes, which arrive without significant advance warning unlike many other natural hazards. The damage caused by seismic events on the residential building stock often requires housing hundreds or thousands of inhabitants in temporary shelters. Moreover, the need to treat the injured in the aftermath of an earthquake could cause an excessive influx of people in healthcare facilities and a temporary disregard for rigorous safety measures. In such conditions, social distancing might be impractical, and new clusters of virus spread may arise. It is thus important to account for the possible occurrence of large natural hazards during the pandemic and develop response plans that consider both the constraints due to the pandemic and the additional requirements caused by the natural hazard.

Dr. Hari through his very informative power point presentation titled, **“Earthquake Risk Mitigation and Management”** helped us perceive the risk arising upon the arrival of earthquake sharing about the plate tectonic theory, northward movement of India and the subduction theory which led to the formation of Himalayas. Through a Chloropath Map of Seismic Hazard, he depicted the various Earthquake prone zones in India. Further, he discussed the basic terminology of disaster management with a case study and comparison of two cities. Dr. Hari stating that action is power and the knowledge is not power shared the various protective measures to be followed in times of earthquake in order to safeguard oneself from the damage and loss.



Considering the ongoing times as the age of concurrent disasters, Dr. Hari emphasized on the high time to be well prepared with the mitigation and preparedness plan especially the lifelines i.e., Hospitals thus which if affected should be the last building standing. In the end, Dr. Hari summed up giving three steps to lessen the effects of seismic hazard, the steps being home hazard hunt; preparedness plan (Day & Night) and Family Emergency kits.

Key Takeaways

Familiarization with the various safety measures to be adopted during disasters.

Earthquake:

- Move beds away from windows.
- Move or secure hanging objects over beds, couches, and other places where people sit or lie.
- Keep shoes and a flashlight under the bed. Keeping shoes under the bed ensures quick access to prevent cutting feet on glass and reduces the risk that glass could fall into them.
- Store heavy and breakable objects on low shelves. Weed killers, pesticides, and flammable products should be stored on bottom shelves or in closed cabinets with latches. Chemicals will be less likely to create hazards if they are stored in lower, confined locations.
- Secure bookshelves, water heaters, and tall furniture to wall studs. Install latches on all cabinets, and anchor overhead lighting fixtures. Secure items that might fall, such as televisions.
- Develop a home earthquake plan so that you know what to do during and after an earthquake.
- Conduct earthquake drills with your family or co-workers. Locate safe spots (e.g., under a sturdy table), and identify danger zones (e.g., near windows).
- Develop a plan for reuniting all family members after an earthquake occurs.

- Keep supplies on hand, including food and water for 3 days, a flashlight with extra batteries, a portable radio, a fire extinguisher, and tools.
- Drop, cover, and hold. Move only as far as necessary to reach a safe place. Most persons injured in earthquakes move more than 5 feet during the shaking.
- If indoors, stay there until the shaking stops. Many fatalities occur when people run outside, only to be killed by falling debris from collapsing walls. It is safer to stay indoors until the shaking stops and it is safe to exit. When going outdoors, move quickly away from the building to prevent injury from falling debris.
- If outdoors, find a spot away from buildings, trees, streetlights and power lines, and overpasses. Drop to the ground and stay there until the shaking stops. Injuries can occur from falling trees, street lights and power lines, or building debris.
- If in a vehicle, pull over at a clear location free of hazards and stop. Stay in the vehicle with seatbelt fastened until the shaking stops. Turn on the radio to get information regarding the quake and any damage to roadways that may have occurred.
- If in a high-rise building, expect the fire alarms and sprinklers to go off during an earthquake. Check for and extinguish small fires. Do not use the elevators.
- If in a coastal area, move to higher ground. Earthquakes often generate tsunamis.
- If in a mountainous area or near unstable slopes or cliffs, be alert for falling rocks and other debris that could be loosened by the earthquake. Also, watch for landslides that could be triggered by the earthquake.

VALEDICTION SESSION

Summary of the Programme

Ms. Nitika Singla, Guest Faculty & Moderator gave a summary of the programme with a recapitulation of all the technical sessions and the faculty concerned. She made a quick review of how the three-day online training programme titled; “Community Based Disaster Risk Management during Covid-19 Pandemic” was very well brought up by the technical sessions of the experts of the field.



Vote of Thanks

Col. Dalbir Singh, General Manager (Training, Project & Consultancy), MGSIPA offered a vote of thanks to all the esteemed dignitaries who graced the occasion with their immense presence and embraced it with their magnificent addresses. He expressed gratitude to all the key speakers and faculty who shared their vast knowledge and experience during the 3-days online training programme. At last, he proposed a thanks to all the participants who took time out their busy personal and professional schedules for their unwavering attention during the training programme.

LEARNING OUTCOMES

The generic learning outcomes of this programme encompass a series of capacities that will allow the participants to demonstrate knowledge and understanding to:

- Disaster risk reduction planning is must in the time of Covid-19 outbreak.
- Communities become resilient and self-reliant, so that development initiatives are safe, secure, and sustainable through time.
- Create a sustainable intra-community working relationship, geared towards building group and community cohesiveness in achieving the task of disaster preparedness.
- Enhance people's capacity and survivability and at the same time, dependence from external support is gradually terminated.
- Role of various stakeholders, including both a broad command of the field and a deeper knowledge of specific areas, together with insight into current research and development work.
- Demonstrate deeper methodological knowledge related to their field in training the community for management and preparedness of disaster.
- Provide knowledge on Covid-19 appropriate behavior pledge.
- Raise awareness of COVID-19 signs, symptoms, and severity.
- Communicate status of COVID-19 in your country and globally.
- Promote understanding of what health officials and partners are doing to prevent spread and reduce disease harms.
- Identify behaviour, perceptions, and information needs.
- Realize the importance of Psychosocial and mental well-being.

- Address public/community worries with respect.
- Communicate the information that points to more accurate risk perception.
- Reviewing and responding to public/community concerns, misinformation, and rumors.
- Increase knowledge of steps to prevent COVID-19 infections.
- Discuss the Covid-19 appropriate behaviour for public at large in the time of festival.
- Orient with Covid-19 appropriate behaviour for an individual in travel, public place, temple etc.
- Ensure that all people at-risk of acquiring COVID-19 are identified, reached, and involved.

KEY TAKEAWAYS

Overview of disasters.

- To understand the different phases of disaster management cycle.
- To understand the type of disaster and resulting public health emergencies.

During Covid-19:

- Greet without physical contact - Need to revive traditional gestures and coming up with new ways to greet each other without touching.
- Maintain Physical distance - Keep a distance of at least 2m from each other and avoid spending time in crowded places or in groups.

- Wear reusable hand- made face-cover or mask always - People who are not suffering from medical conditions or having breathing difficulties may use the handmade reusable face cover as directed by health ministry.
- Avoid touching your eyes, nose, or mouth.
- Maintain respiratory hygiene.
- Wash hands regularly and thoroughly.
- Regularly clean and disinfect frequently touched surfaces.
- Do not spit in the open.
- Avoid unnecessary travel.
- Do not discriminate - Against anyone.
- Discourage crowd - Encourage safety.
- Do not circulate social media posts which carry unverified or negative information.
- Seek information on COVID-19 from credible sources.
- Call government helplines for any query related to COVID-19.
- Seek psychosocial support in case of any distress or anxiety.
- Don't panic.
- Stay positive.

Importance of Community Involvement:

- Local people are capable of initiate and sustain their own community development.
- Various community members and groups in the community may have different perceptions of risk and varying vulnerabilities.

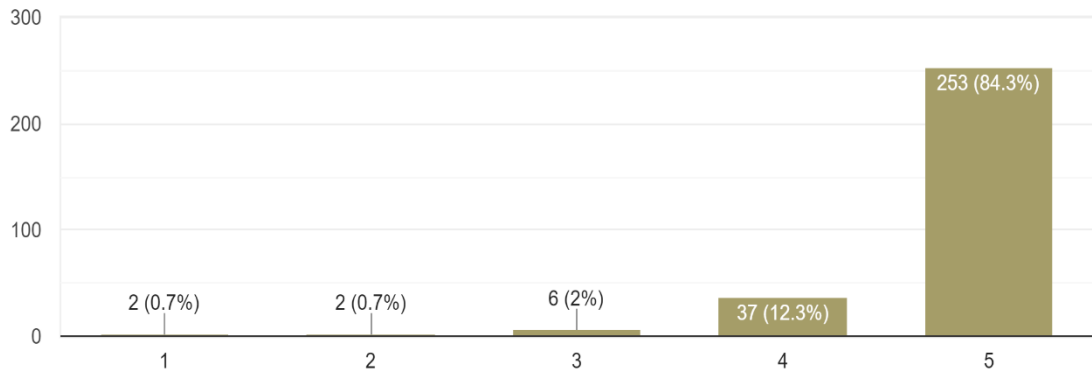
Importance of Community Based Disaster Preparedness:

- It is at the community level where effects of disasters are felt the most and where the physical, social, and economic risks can be most adequately assessed and managed.
- Nobody is more interested in understanding and improving local affairs and conditions than the community residents themselves.
- Nobody can understand local opportunities and constraints better than the residents themselves.
- The first and quickest response to a disaster in any community will always come from the community members themselves.
- For disaster risk reduction initiatives to be more effective generation and analysis of hazard and disaster related data and information should be in a manner and language that is understood by the community.
- Because the community is involved in the whole process, their felt and real needs as well as inherent needs are considered. There is more likelihood that problems will be addressed with appropriate interventions.

COURSE FEEDBACK

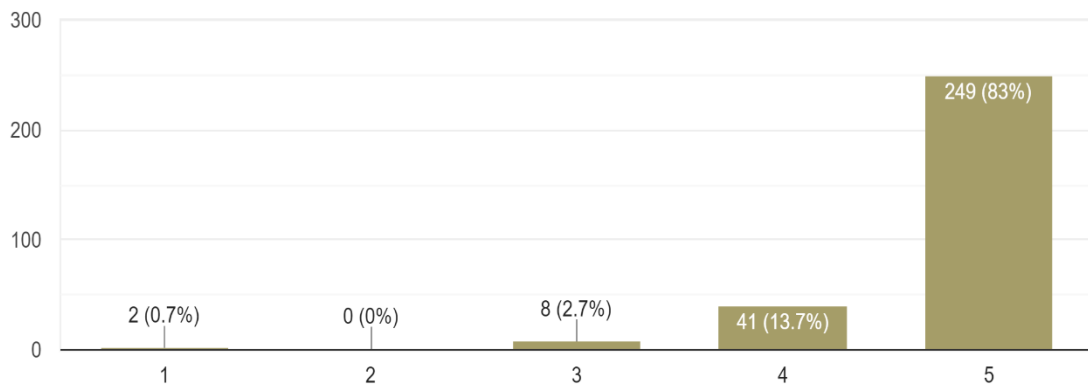
How satisfied were you with the event?

300 responses

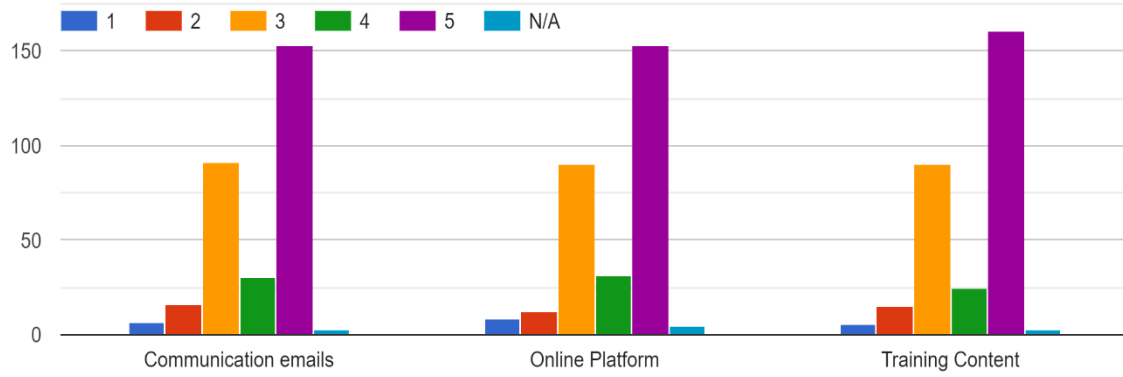


How relevant and helpful do you think it was for your job?

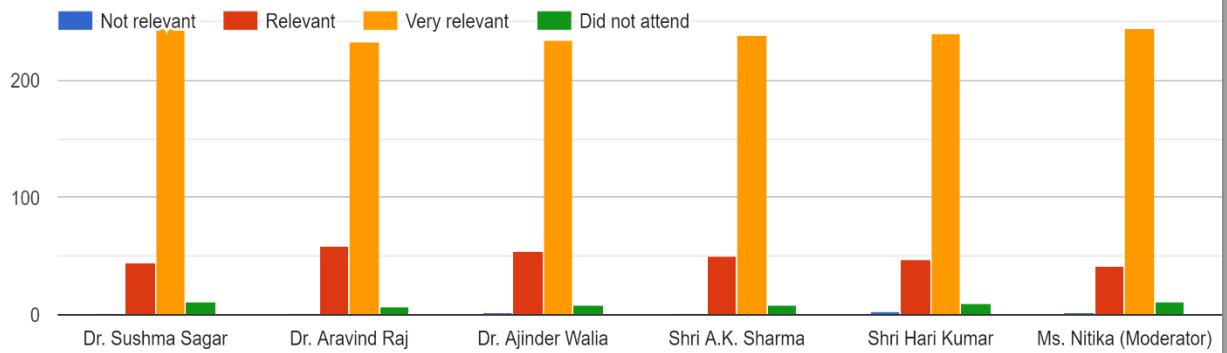
300 responses



How satisfied were you with the logistics?



Which sessions did you find most relevant?



Sr. No.	Name	Designation	Department	State	Username	How satisfied were you with the event?	How relevant and helpful do you think it was for your job?	What were your key take aways from this event?	How satisfied were you with the logistics? [Communication emails]	How satisfied were you with the logistics? [Online Platform]	How satisfied were you with the logistics? [Training Content]	Which sessions did you find most relevant? [Dr. Sushma Sagar]	Which sessions did you find most relevant? [Dr. Aravind Raj]	Which sessions did you find most relevant? [Dr. Ajinder Walia]	Which sessions did you find most relevant? [Shri A.K. Sharma]	Which sessions did you find most relevant? [Shri Hari Kumar]	Which sessions did you find most relevant? [Ms. Nitika (Moderator)]	Any overall feedback for the event?
1	Mrs YADDANAPUDI HEMALATA	RESEARCH SCHOLAR	Law	AP	yaddanapudih emaroo@yahoo.co.in	5	5	Excellent explanation	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
2	J LAWRENCE	Division Warden QRT	Karnataka Civil Defence	Karnataka	lawrence.lawru@gmail.com	5	5	Disaster	N/A	N/A	N/A	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	All Ever very good
3	Juber ali mandal	Student	Agriculture	West bengal	juber55555ali@gmail.com	4	5	Knowladge	4	4	4	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Very good
4	Nitin Ainapure	Ham Radio	Wireless communication	Maharashtra [MH]	vu2can@gmail.com	5	5	Preparedness	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Wonderful
5	Janak singh	Master trainer	Dird	UTTAR PRADESH	Jssengar708@gmail.com	5	5	Satisfied	5	5	5	Very relevant	Very relevant	Very relevant	Relevant	Relevant	Very relevant	Not so iffective
6	Mrs KONDAMUDI HEMALATA	Postgraduate	Psychology	AP	kondamudihemalata@gmail.com	5	5	Excellent presentation	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
7	Anand Kumar Sharma	Trainer	U.P. Bharat Scout & Guide	Uttar Pradesh	anandkumarsharma2013@gmail.com	5	5	Disaster planing in school	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Nice programme
8	Jawahar Singh	Assistant Director	Forest Protection Force	Jammu and Kashmir	jawaharpawar8@gmail.com	5	5	Very informative, useful.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very wonderful session
9	Girase Jayshri Sanjaysing	Student	Chemistry	Maharashtra [MH]	jayshrigirase2812@gmail.com	5	5	Apparaciabler👍	3	1	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Nice session👍
10	Vandana Gupta	Assistant Professor	Mathematics	Punjab	vgupta2587@gmail.com	5	5	Very informative sessions	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	No
11	Theresa.J	Student	BSW	Karnataka	theresasjt@gmail.com	5	5	Great knowledge of things happening around and to be prepared	3	3	3	Very relevant	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Very well organised and good inputs
12	CHANDRA PRAKASH	District Coordinator	JSLPS	Jharkhand	chandraprakash9097@outlook.com	5	5	Good	4	3	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very Good
13	Kishor Shashikant Ghadge	Safety Trainer	Safety	Maharashtra	kishorghadge2007@gmail.com	5	5	Very useful	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good

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14	Juber ali mandal	Student	Agriculture	West bengal	juber5555ali@gmail.com	5	4	Experience	4	4	4	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Excellent
15	Dr. Sanjay Joshi	Assistant Professor	M. & V. Arts & Commerce College, Halol	Gujarat	sanjayngu@gmail.com	5	5	Knowledge	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very interesting and informative event
16	Pawan kumar sourav	State Project Assistant	NYKS	Bihar	pawansourav2@gmail.com	5	5	Excellent	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Great
17	NABONITA RAKSHIT	STUDENT	BLISC	West Bengal	nbr2193@gmail.com	5	5	THE RESOURCE PERSON AND TOPIC	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	VERY GOOD
18	Dr Surendra Kumar Singh	Technical Resource Person	DDMA, Deoria	UP	sks16musafir@gmail.com	5	5	Very usefull	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	In future this type of sessions should be organised
19	Ashwani Puri	Electrician	DMRRR	Jammu and Kashmir	appuri007@gmail.com	5	5	When event is completed	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Most importantly
20	Brijesh Kumar Pandey	Senior Faculty Cum Manager	Panchayati Raj Department	Uttar Pradesh	dpcdeoria52@gmail.com	5	5	Fire safety and management during Covid-19	5	5	5	Relevant	Relevant	Relevant	Very relevant	Very relevant	Very relevant	Excellent
21	Rahul Kumar	RCH IT Coordinator	Health Department	Bihar	rahulkumaraarp111@gmail.com	5	5	Always helping to all people.this training we It will prove helpful in saving from disaster.	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Great Session
22	Girase kunal Sanjaysing	Student	Science	Maharashtra [MH]	kr283081@gmail.com	5	5	Nice	3	2	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Apparaciable
23	Deepanshu	House fire party member	Civil defence	Delhi	Deepvash1996@gmail.com	5	5	Very helpful	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	This event is very helpful my job this is a fantastic event this platform
24	Mayank Sharma	Volunteer	D.D.M.A.	Himachal Pradesh [HP]	mshkaroa98@gmail.com	5	5	No	5	5	5	Very relevant	Relevant	Very relevant	Relevant	Very relevant	Relevant	No
25	Dr. Achshah Mabel Joanna	MD	Medicine	Tamil Nadu	dr.achshahjoanna@gmail.com	5	5	Effective care during disasters	3	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent

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26	Ishan Bhasin	HPE Coach	HPE	Himachal Pradesh	ishanbhasin@gmail.com	5	5	Very nice	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
27	DR.MANDEEP SINGH	Assistant professor	PMN COLLEGE RAJPURA	punjab	mandeepmarok07@gmail.com	5	5	ਡਿਜ਼ਾਮਟਰ	N/A	N/A	N/A	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	ਬਹੁਤ ਵਧੀਆ ਰਿਹਾ ਲੈਚਰ
28	Vikash Kumar raj	Deaster	Management	Bihar	vikashkr8242@gmail.com	3	5	Resque for earthquake	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Relevant	Excellent
29	PARAG RANJAN DAS	Wireless Operator	Amateur Radio (Ham Radio)	WEST BENGAL	vu2ruo@gmail.com	5	5	Specially discussion about a part of Physical and mental health in this pandemic situation and earthquake session by Hari Sir and of course the other sessions provided by you.	3	3	3	Did not attend	Did not attend	Did not attend	Did not attend	Did not attend	Did not attend	Very Good
30	Manoj Kumar Jha	Founder	NGO	Tamilnadu	manoj61367@gmail.com	5	5	Very Detailed Knowledge about Disaster, Pandemic and other Safety Aspects.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very Informative and knowledgeable sessions
31	Manikandan Namboothiri P.V.	Deputy Tahsildar	DRDM, Mahe	Puducherry	manithebluepearl@gmail.com	5	5	Disaster preparedness and insightful points explained	3	2	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
32	Kishan Gopal Jat	Rescuer	Civil Defence Ajmer	Rajasthan [RJ]	Kishan.gopal730@gmail.com	5	5	Civil defence group ajmer	5	4	5	Did not attend	Did not attend	Did not attend	Very relevant	Very relevant	Did not attend	Excellent

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33	NICKSON TATENDA DZVANZVA	SOCIAL WORKER	SOCIAL WORK	GUJARAT	nicktats94@gmail.com	5	5	How to manage critical situations during natural disasters. step on what to do to prevent unattend situations such as Covid, Fire and disasters	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	The event was Amazing! I would recommend this to my workmates
34	Dr. R. Jayaram	Professor and Head	Commerce UG SF	Tamilnadu	jayaramjayaram1954@gmail.com	5	5	Practical knowledge	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Nice presentations
35	Manisha Badgujar	TGT	Education (Teacher)	MAHARASHTRA	manishabadgujar94@gmail.com	5	5	How to prevent ourselves at the time of earthquake	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	More videos should be there
36	PEER ZUBAIR AHMAD	Zubair	Student	JAMMU AND KASHMIR	peerzubair2017@gmail.com	5	5	Most relevant for me	2	3	3	Relevant	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Very interesting
37	Jintu Kumar Das	Teacher	School	Assam	jintu247@gmail.com	5	5	I learnt a lot of things to safeguard myself and the society	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
38	E. VEDA PRIYA	HEADMISTRESS	SCHOOL EDUCATION DEPARTMENT	TAMILNADU	vedapriya@gmail.com	5	5	Earthquake Risk Mitigation and Management during Covid-19 Pandemic	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent webinar.
39	Vijay Pratap Singh	Documentation Expert	DDMA DEORIA	Uttar Pradesh	vijaypratap.aditya@gmail.com	1	1	Good	1	1	1	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Excellent
40	Raushan Kumar Poddar	Research Scholar	Department of Geography	Bihar	raushankumpoddarbihar@gmail.com	5	5	water disaster	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very nice information session. thanks sir
41	Nidhi kumari	Secretary	Katyani Seva sansthan	Bihar	nidhikumariwww@gmail.com	5	5	Nic	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Super

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42	Manoj Kumar Jha	Founder	NGO	Tamilnadu	manoj61367@gmail.com	5	5	Very Detailed knowledge of different type of Disaster Management, pandemic and all other aspects.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very Informative and Knowledgeable sessions.
43	Pankaj kumar	Block coordinator	Actionaid india	Bihar	pk7068286@gmail.com	5	5	Very good	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
44	Kamal Paul Debbarma	OSD, District Education Office, South Tripura	Education	TRIPURA	kamalpauldd@gmail.com	5	5	Earthquakes, YOYO means your are on your own	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Keep sharing us ppt
45	DEEPAK KUMAR	Pursuing in master	Master in social work	Bihar	dk1933543@gmail.com	5	5	It's clear many doubt After this training	5	5	5	Very relevant	Very relevant	Very relevant	Relevant	Relevant	Very relevant	Trainings time maybe 5-7 days
46	Sanjeev Gupta	Associate professor	Mechanical engineering	Jammu and Kashmir	fdpsanjeevpreeti@gmail.com	5	5	Gaining knowledge	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
47	ARUP DHAR	Member, All Tripura Disaster Response Volunteers Association	Others	Tripura	atdrva2019@gmail.com	5	5	Skill and knowledge	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
48	Priyanka Jha	Asst teacher	Education	Jharkhand	priya07jha@gmail.com	5	5	Excellent	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
49	azmera jayaprakash	District fire officer	telangana state disaster response and fire services	telangana	jayaprakash1986@gmail.com	5	5	related to our job work, very useful	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Relevant	very good program
50	Sanjita Mohapatra	Civil defence volunteer	Civil defence	Odisha	sanji.memory88@gmail.com	5	5	Prevention and management of crisis	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Content is too good. If after Every session material provided it ll b better for future references

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51	Anju Singla	CPO (ic)	DCPU	Punjab [PJ]	singlaanju227@gmail.com	4	5	Interesting knowledge	3	1	3	Relevant	Relevant	Relevant	Very relevant	Relevant	Very relevant	Overall good
52	Prashant Sarvade	Bell Attendant	Front Office, Taj Santacruz Mumbai	Maharashtra	psarode795@gmail.com	5	5	Yes, Super	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excillant
53	Asish kumar mandal	Student	Economices	Odisha	mandalkumarasish1111@gmail.com	5	4	When the natural disaster come we can easily manage	3	2	2	Very relevant	Very relevant	Very relevant	Relevant	Relevant	Very relevant	Very nice this traning
54	Dr Piyali Bhattacharya	Consultant Pediatrician	General Hospital SGPGIMS	Uttar pradesh	drpiyali@gmail.com	5	5	Disasters can be not be prevented but damages can be salvaged with proper preparedness	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Do continue such sessions
55	Manoj R Nair	Asst. Teacher	Don Bosco High School, Vadodara	Gujarat	manu03_fifa@yahoo.co.in	5	5	Preparedness for disasters	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Please continue updating by organizing such event
56	anil talkotra	Deputy commandant	NDRF	Jammu and Kashmir	aniltalkotra@gmail.com	4	4	wonderful session, very informative	4	4	5	Very relevant	Relevant	Very relevant	Relevant	Very relevant	Very relevant	very well organized
57	Pankhuri Priya	Student	Masters in social work	Bihar	priyapankhuri1492@gmail.com	5	5	Tackling covid situation	3	3	3	Very relevant	Very relevant	Relevant	Very relevant	Relevant	Relevant	Knowledgeable
58	Sanjay Kumar Mishra	Coordinator	Mahila gramodyog seva samiti (CSO)	Uttar Pradesh	mgss_radhika@yahoo.co.in	5	5	Planning with community	5	5	5	Very relevant	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Most relevant topic

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59	Pramadotham a Rapaka	Graduate	Civil engineering	Telangana	pramadamurthy6@gamil.com	5	5	This was a very great content with complete knowledge over risk assement and management during the pandamic.	5	5	5	Relevant	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	The last sessions about earth quake risk managment and precautions was very relevant as I am a civil engineering graduate. The complete training program was very informativr and helpfull to find my intrst in different fields and as a resposible citizen to my family and country.
60	Akshay Rajkumar Gupta	Member	TDRF	Maharashtra	guptaakshay1912@gmail.com	4	4	I like the session of fire and saftey.	5	5	5	Relevant	Relevant	Very relevant	Very relevant	Very relevant	Relevant	Overall whole lectures are great. All the information given by sir and madam are very helpful for understandin. And the information is completelay related to current situation.
61	Padmakar Mani Tripathi	District Family planning manager	Health department	Utter Pradesh	fplmis.kheri@gmail.com	5	5	It's a knowledgeable session	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Learnt a lot from the team
62	Dr.Sudhir Kumar Tiwari	Assistant Professor	English	Uttarakhand	sudhir.kumar.tiwari.skt@gmail.com	5	5	Very informative and useful during disaster time	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very nice and useful
63	Kottani Ramakrishna	Fire&safety officer	Hse department	Andrapradesh	ramkottani@gmail.com	5	5	Very nice	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Wonderful

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64	GOLLABOINA AMBEDKAR	Research Scholar	Department Geography and Geoinformatics	Telangana	ambedkar.jjr@gmail.com	5	5	More Knowledge and subject	3	3	3	Did not attend	Relevant	Very relevant	Relevant	Very relevant	Did not attend	Excellent
65	Janak singh	ETT teacher	Education	Punjab	thakurjanak Singh232@gmail.com	5	5	We got sufficient knowledge on things which was not knowing	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	It was very useful and knowledgeable sessions. I hope awareness to every one is much important which helps to reduce hazards and any kind of disasters
66	Dr. G. SHARMILA BANU	Assistant Professor and Head	Zoology	Tamilnadu	gsharmilabanu@gmail.com	5	5	Good	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
67	Hanumant M Kupate	PSM	Security	Maharashtra	hmallesh43@gmail.com	5	5	Very nice Session thanks Sir and mam	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Thanks so much
68	Aaditya Gope	Student	Commerce	ASSAM	aditya781018@gmail.com	5	4	Good and enchanting	2	2	2	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Good
69	S. DHANUSH	2nd year UG student	BSc. Anaesthesia Technology (FAHS)	Tamil Nadu	chottu02052002@gmail.com	4	4	Tactics to manage psychological health during covid pandemic.	5	5	5	Relevant	Relevant	Relevant	Very relevant	Very relevant	Relevant	Thank you for providing a wonderful session. Conduct more webinars on clinical topics
70	Dr Ramashray Prasad	Associate Professor in Geography	Geography, Dr Bhim Rao Ambedkar College, University of Delhi	Delhi	drprasad2007@gmail.com	5	5	Preparedness well in advance for any type of disaster, enhancing capacity and lowering vulnerability	N/A	N/A	N/A	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Congratulations to the entire team.

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71	DEVESH SINGH GARBYAL	Assistant Professor	Department Of History, S.V.S.Govt.P.G.College Narayan Nagar, Pithoragrah	Uttarakhand	deveshsinghgarbyal@gmail.com	5	4	Very Informative And Useful during pandemic situation	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very Relevant
72	Subhash upadhyay	Master trainer	Panchayat Raj	Up	subhashupadhyay966@gmail.com	5	5	Very nice	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
73	GINNI BALA	Headmistress	Education	Punjab	ginnibalars@gmail.com	5	5	Informative	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Full of knowledge
74	Rutika sanjaysing girase	Student	Chemistry	Maharashtra	sanjaygirase09@gmail.com	5	5	Nice	1	1	1	Very relevant	Very relevant	Very relevant	Very relevant	Not relevant	Not relevant	Appreciable
75	Anil Kumar	Mast trainer	District disaster management authority of Deoria	UP	asahani347@gmail.com	5	5	I'm very interested	1	1	1	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Admirable work by your team
76	Subhashini singh	Master trainer	Dept of panchayatiraj	Utter pradesh	subhashinisinh608@gmail.com	5	5	Be aware covid19	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	No

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77	Dr. M. V. V. Murali Mohan	Civil Surgeon Epidemiologist (Retd)	Medical and Health	Andhra Pradesh	mvmuralimohan@yahoo.co.in	4	5	In the presentation of Dr. Sushma the food delivery, dead body management and mucormycosis are very useful. The topic Social Impact of Ajinder Wallia is informative. On the whole the entire work shop is interested.	3	3	3	Very relevant	Relevant	Relevant	Relevant	Very relevant	Very relevant	Very useful presentations
78	Vikas Yadav	TGT Maths	Education Department of Chandigarh	Chandigarh	vikasrao1704@gmail.com	3	4	Very good information for precautions of covid-19	3	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very informative
79	BIPLAB AUDDYA	P.G. STUDENT	GEOGRAPHY	WEST BENGAL	biplabauddya1998@gmail.com	5	5	EXCELLENT	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	EXCELLENT
80	Subhash upadhyay	Master trainer	Panchayat Raj	Up	subhashupadhyay966@gmail.com	5	5	Very nice	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
81	Nitin Kumar	Research Scholar	Hindi	Uttar Pradesh	nitinkumar5493@gmail.com	5	5	Knowledge full	3	3	3	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Very relevant	Excellent over all
82	Harbakhsh Singh	Warden	Civil Defence	Punjab	hs.civildefence@gmail.com	5	5	Safety Tips	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
83	Raju Roy	Post Graduate Teacher	Secondary Education Department	Tripura	rajulive24@gmail.com	5	5	Different relevant information take aways from this event.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Overall Excellent

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84	Amit Kumar Singh Tomar	State Trainer ASHA TOT UP	National Health Mission / NGO JPSTSS FARIDPUR BAREILLY	Uttar Pradesh	amittomarfd@gmail.com	4	4	-Pandemic management rules -different presentations ways -query section	4	4	5	Very relevant	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Overall , very relevant
85	Binku Biswal	Civil Defence	Fire Service, Civil Defence &HomeGard	Odisha	binkubiswal6@gmail.com	5	5	Good	3	2	3	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Very relevant	Very nice subject
86	Kiran Bala Minz	Teacher (TGT)	Oxbridge School Mandar	Jharkhand	Kiranminz798@gmail.com	5	5	As a teacher I learn how to face or how to help others through this training.	3	3	3	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	Its was very helpful
87	Shalini Sharma	TGT GEOGRAPHY	Education Department	Chandigarh	shalinizhildiyal@gmail.com	3	4	To take care during pandemic both physically and psychologically	1	2	2	Very relevant	Very relevant	Relevant	Very relevant	Relevant	Very relevant	Connecting issue
88	Juber ali mandal	Student	Agriculture	West bengal	juber5555sali@gmail.com	4	5	Experience	4	4	4	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Excellent
89	Amika vishwakarma	Good	Electrical communication engineering	Madhya Pradesh	amika2001v@gmail.com	5	5	The site you use it consume much net and give signal and voice problem.	4	4	5	Very relevant	Very relevant	Relevant	Relevant	Relevant	Very relevant	Effective and informative event
90	PULASANI MADHU LAKSHMI REDDY	Student	POLITICS AND INTERNATIONAL STUDIES	Andhrapradesh	pmadhulaksh mireddy13@gmail.com	5	5	COVID-19	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Informative session
91	SUPRITI	Teacher	SOUTH DELHI MUNICIPAL CORPORATION	Delhi [DL]	supritichawla1974@gmail.com	5	5	Propagation is as important as initiation	5	5	5	Relevant	Very relevant	Very relevant	Very relevant	Relevant	Relevant	Excellent

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92	MANPREET SINGH	TGT PUNJABI	EDUCATION DEPARTMENT CHANDIGARH	CHANDIGARH	manpreettunga@gmail.com	4	4	Information for precautions of covid 19	4	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Relevant	Very relevant	Excellent
93	PRADOSH RANJAN JENA	District Project Officer, OSDMA	Odisha State Disaster Management Authority, R&DM (DM), Odisha	Odisha	jenapradosh29@gmail.com	4	4	Psychological care during pandemic, Fire Hazard and Safety, Earthquake Risk Mitigation Strategy	4	4	4	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	such event should be organise more
94	Sikander virk	Sarpanch	Punjab govt	Punjab	sikanderbir_singh@yahoo.com	5	5	Good	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Good
95	Satyapal	JBT	Education department	Chandigarh	satyapal45c@gmail.com	5	5	Information regarding covid -19	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	This type of webinar organise at school level
96	ANIL KUMAR MALIK	CHIEF WARDEN HEADQUARTERS	DELHI CIVIL DEFENCE	Delhi	anilmalik.acw@gmail.com	5	5	GREAT LEARNING EXPERIENCE	3	3	3	Did not attend	Did not attend	Did not attend	Did not attend	Did not attend	Did not attend	VERY MUCH RELEVANCE TO PRESENT SCENERIO
97	VINDHYA V S	Bsc perfusion technology	Department of cardio thoracic	Tamilnadu	vindhyavs0@gmail.com	5	5	Psyco-social care	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Thank you
98	Dr. Ravindra Pandurang Jadhav	Assistant Professor	Science	Maharashtra	ravindrajadhav7550@gmail.com	5	5	.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Best
99	Mohit Kumar	PhD Scholar	Environmental Science	Uttarakhand	mmohit1508@gmail.com	5	5	Knowledge about Disaster and it's mitigation techniques	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Wonderful Event
100	Gurpreet singh talwandi	Sub divisional enginner	Punjab water supply and sewerage board	Punjab	gtalwandi13@gmail.com	5	5	Over all event give a brief knowlege about challenges which is to be face in third wave	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Overall event was very knowledgeable

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101	Soham Ravindra jadhav	Student	Science	Maharashtra	vrjadhav3535@gmail.com	5	5	.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Best
102	Ashish Sharma	EHS- Safety	EHS	Gujarat [GU]	ashishsharma112244@gmail.com	5	4	30-07-2021	3	3	3	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	No
103	GOPAKUMAR .V G	POST WARDEN	KERALA CIVIL DEFENCE	KERALA	gopus1985@gmail.com	5	5	Earthquake	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent class
104	LATA JAISWAL	GUEST ASSISTANT PROFESSOR	HOME SCIENCE	Chhattisgarh	latajyswal95@gmail.com	4	4	Good	5	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
105	bhupesh kumar bhupak	district coordinator	jslps	jharkhand	tsa.ddugky.dh anbad@gmail.com	5	5	social mobilization and awareness for community	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	very good content and presentation
106	Sanjay Bisaria	Lecturer	Education	Uttar Pradesh	sanjaybisaria@gmail.com	4	4	समाज को बेहतर बनाने में सहायक	3	2	3	Very relevant	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Very good
107	Sumitra Swain	Resource person	PR	ORISSA	sumitra.khusi83@gmail.com	5	5	Covid-19 information is very useful	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
108	NITIN KUMAR	WARDEN	CIVIL DEFENCE	UTTARAKHAND	nitinkumar.dun@gmail.com	5	4	Presentation	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Great
109	Dr. Ravindra Pandurang Jadhav	Assistant Professor	Science	Maharashtra	ravindrajadhav7550@gmail.com	5	5	..	5	5	5	Very relevant	Very relevant	Relevant	Very relevant	Relevant	Very relevant	Best Organisation
110	Nitya Ranjan bhatta	Apadamitra	Osdoma	Odisha	nityaranjan24@gmail.com	5	5	Yes	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
111	DIPENDRA MANI	District Project Officer, Nami Gange, Patna	NYKS	Bihar	dipendramani.dm@gmail.com	4	5	Psychological Care and Support in very important during Disaster	3	4	3	Very relevant	Relevant	Very relevant	Very relevant	Relevant	Very relevant	Very Innovative and important Training
112	Dr Nita Chauhan	Assistant professor	Govt college kekri	Rajasthan	nitachauhan394@gmail.com	5	5	Social impact of corona virus Community awareness program	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent

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113	Andrews Devarajan	Manager Disaster Risk Reduction	World Vision India	West Bengal	andrews_dev arajan@wvi.org	5	5	Both Psychosocial Care for people' affected due to COVID 19 & Other Disasters.	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very informative and good learning
114	Sanjeev Gupta	Associate professor	Mechanical engineering	Jammu and Kashmir	fdpsanjeevpre eti@gmail.com	5	5	Gaining knowledge	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Excellent
115	Dr. Abhay Kumar	Alumnus	Department of Geography, Jamia Millia Islamia	New Delhi	kr.abhaykumar@gmail.com	5	5	Learn new things	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	None
116	YOGESH SHUKLA	Master Trainer and Motivator	NGO Gaurdian Care Foundation	Utter Pardesh	cplyogesh@gmail.com	5	5	Precaution and awareness is very important to protect life.	4	5	5	Relevant	Did not attend	Very relevant	Did not attend	Did not attend	Did not attend	Sessions are very interested and informative
117	Ashish Sharma	EHS - Safety office	EHS	Gujarat [GU]	ashishsharma112244@gmail.com	5	5	30-07-2021	2	3	2	Very relevant	Relevant	Very relevant	Very relevant	Relevant	Relevant	No ans
118	Ananya Singh	Student at Dayalbagh Educational Institute	Student	Uttar Pradesh	asnsnk14@gmail.com	5	5	There is not one there are many take aways	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
119	PRIYANKA JHA	Environment Specialist	NMCG	Delhi	prijha08@gmail.com	5	5	Psychosocial Care during Disasters	3	4	3	Did not attend	Did not attend	Very relevant	Did not attend	Did not attend	Did not attend	Very Important all the session
120	Laxmi priya pradhan	Apadamitra	Osdoma	Odisha	pradlaxmi@gmail.com	5	5	Very good	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
121	Jatin panwar	8	Senior secondary model school punjabi university patiala	Punjab	panwarsunita082@gmail.com	5	5	Safty about covid and disaster	2	2	3	Relevant	Relevant	Relevant	Relevant	Not relevant	Relevant	This is too much good event

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122	Dr. N. Shashidhara	Assistant Professor	Genetics and Plant Breeding	Karnataka	shashidhara.gpb@gmail.com	5	5	Safety's	5	5	5	Relevant	Very relevant	Very relevant	Very relevant	Relevant	Very relevant	Informative session
123	Rajan Kumar	Training and Capacity Building Coordinator	District Disaster Management Authority, District Sirmour (HP)	Himachal Pradesh	rajan.sharmanov1991@gmail.com	5	5	The said webinar is fruitful for me in all kinds. Thanks to all	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	The said webinar was very wonderful and excellent. I would like to thanks all the speakers Presenters and Organizers for the great event. Thanks with regards, Rajan Kumar...
124	Ravindra Gehlot	Teacher	ATOMIC ENERGY CENTRAL SCHOOL 3, TARAPUR	Maharashtra	ravindra.ghit@gmail.com	5	5	Social awareness among the people	5	5	5	Very relevant	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	It is very fruitful for all the people
125	Jatin Panwar	8	Health	Punjab [PJ]	Jatinpanwar420th@gmail.com	1	5	Yes	1	1	1	Not relevant	Not relevant	Not relevant	Not relevant	Not relevant	Not relevant	Good seminar
126	Shreyas Ramchandra Joshi	Student.	Gokhale Education Society Arts, Commerce and Science College Shriardhan, Raigad 402110	Maharashtra	shreyasrjoshi26@gmail.com	4	5		3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	
127	DR.SATISH UTTAMRAO PATIL	Trainer and Guest Faculty	Disaster Management	Maharashtra	satishpatil5757@gmail.com	5	5	yes	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
128	Santilata moharana	Apadamitra	Osdoma	Odisha	santilatamoharan009@gmail.com	5	5	Very good	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good

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129	RIYA AUDDYA	SACT	GEOGRAPHY	WEST BENGAL	riyaauddya123@gmail.com	5	5	EXCELLENT	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	EXCELLENT
130	Sarita Kumari	-	-	Andaman & Nicobar Islands	kumarisarita064@gmail.com	5	4	-	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Session are to good to understand
131	PRASANTA SATAPATHY	Chairman	SWATI NGO	Odisha	prasanta.swati@gmail.com	5	5	How to maintain the psychosocial challenge	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Nice learning
132	Nishant Satish Patil	Youth Fellow	Tobacco Free movement	Maharashtra	archanapatil1517@gmail.com	5	5	Yes	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
133	Ather Iqbal Qureshi	Teacher	School Education	Jammu and Kashmir	geminiathars@gmail.com	5	5	Care	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Satisfactory
134	Rishi Raj Chaudhary	-	Jawaharlal Nehru University, Delhi	Delhi	rishibj169@gmail.com	5	5	So many	5	5	5	Very relevant	Very relevant	Very relevant	Relevant	Very relevant	Relevant	NAm
135	Dr. D. THAMIZH SELVAM	Assistant Professor	Computer Science	Puducherry	thamizhselva m.d@gmail.com	5	5	Detailed insight into the domain	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Informative & Resourcefulness Sessions
136	MR. PANKAJ PAWANKUMAR RAJPUT	PE-TEACHER	Sports Department	Maharashtra	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
137	Dwickskiland L.Lyngkhai	Monitoring and Evaluation Officer	National Health Mission	Meghalaya	dwickyngkhai@gmail.com	5	5	How to protect our self from Disaster	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
138	Tarvinder Kaur	Assistant Director	Forest Protection Force	Jammu & Kashmir [JK]	sudanlily8@gmail.com	5	5	Very informative and helpful	2	2	2	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Useful
139	Mayukh Biswas	Student	Department of Planning	Andhra Pradesh	mayukh23456@gmail.com	4	5	Good knowledge and a lot of new stuffs	4	3	4	Very relevant	Very relevant	Very relevant	Did not attend	Relevant	Did not attend	Very good and relevant
140	MRS. TULSI PANKAJ RAJPUT	District Coordinator	Sports Department	Maharashtra	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent

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141	Navdeep Singh	सेक्टर वार्डन डिवीजन पंजाबी बाग	दिल्ली सिविल डिफेंस	दिल्ली	navdeepdcd@gmail.com	5	5	इस वेबीनार से बहुत कुछ सीखने के लिए मिला	5	5	5	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	No
142	Gunjan Bais	Research Scholar	Ancient History	Uttar pradesh	gunjanbais632@gmail.com	5	5	Covid Enhansive knowledgeable webinar	3	3	3	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	Very relevant	These types of webinar always organized
143	Gokul Raj M	BE	Electrical And Electronics Engineering	Tamil Nadu	19euee039@skcet.ac.in	5	5	Online	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Good learning
144	NEEL PANKAJ RAJPUT	Student	Education	Maharashtra	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Overall
145	Vala Narendrasinh	EHS safety officer	EHS	Gujarat	vala.narendra.sinh007@gmail.com	5	5	30-07-2021	3	3	2	Relevant	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Very nice
146	BHARAT SANJAY HALLOR	Sports Teacher	Sports Department	Maharashtra	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Overall
147	Hari Sankar Rout	Secretary	SWATI	Odisha	swati_pab@yahoo.co.in	5	5	Socio Psychological care of children	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
148	Thiyagarajan Radhakrishnan	Transmission Executive	Programme Section, All India Radio, Chennai	Tamilnadu	rashmithiyagu@gmail.com	5	5	The Session was very Informative and Enlightening	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	The Session was very Informative and Enlightening
149	Dr.K.Subramanian	Assistant professor	Economics	Tamil Nadu	skcksm1982@gmail.com	5	5	Excellent informations gathering	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
150	MR. PANKAJ PAWANKUMAR RAJPUT	PE-TEACHER	Systel English Medium School, Dhule	Maharashtra	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Overall

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151	Nilamadhaba Patro	Program coordinator	PRDATA, GUDAYAGIRI, KANDHAMAL	Odisha	nils4india@gmail.com	4	5	Disaster planing for, Family, Table top drill, Preparedness and Planing, Fire Prevention, Sample family emergency kit contents and how to save all documents by email.	5	4	5	Very relevant	Very relevant	Did not attend	Very relevant	Very relevant	Very relevant	It was Very good content and Presentation for me and my job.
152	Karuppasamy. K	Research Scholar,	School of Tamil Studies, Madurai Kamaraj University	Tamilnadu	eswaransvpt@gmail.com	5	5	Valuable	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Valuable
153	Dr Parupally Anjaneyulu	Senior Research Associate	Centre for Economic and Social Studies	Telangana (India)	dranjaneyulu.cess@gmail.com	5	5	Preparedness of Hazardous	3	3	3	Very relevant	Relevant	Very relevant	Very relevant	Relevant	Very relevant	Good program
154	Magar Tejas Guman	B.Tech student	Agriculture	Maharashtra	magartejasg25@gmail.com	5	5	Safety or etc	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
155	Gunjan Bais	Research Scholar	Ancient History	Uttar pradesh	gunjanbais632@gmail.com	5	5	Covid Enhansive knowledgeable webinar	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Always organized these types of webinars
156	MRS. TULSI PANKAJ RAJPUT	District Co-ordinator	Mission SAHASI Club, Dhule	Maharashtra	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Overall
157	Santosh kumar pandery	D.R.P.	National Rural Livelihood mission	U.P	santoshkpandery40@gmail.com	5	5	Very nice	1	1	1	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very nice

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158	Padmaselvam. G	Founder and traniner	Kalam kanavu trust and iidm Tnsrlm	Tamil nadu	padmaselvam1972@gmail.com	5	5	Today traniner eant every one traning teaching is then better feel sir than you	3	3	3	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Relevant	very very good speech and clearly
159	Sanjeev Puri	Dy.Div warden civil defence	Civil defence	J&k	purisanjeev43@gmail.com	5	5	Every even of this program is helpfull for me	3	3	3	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Very relevant	Super
160	NISHANT MISRA	Assistant Manager, Parle Biscuits	CM Operations	Punjab	nmishra.pratapgarh@gmail.com	5	5	Community based disaster management in current situation	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
161	NEEL PANKAJ RAJPUT	Student	Sarswati Gyan Niketan, Dhule	Maharashtra	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
162	Subrata Kumar Satapathy	MPHW(M), NMS I/C	Health and Family Welfare	Odisha	subratsat@gmail.com	5	5	Primary Health care of Covid, Disaster management, Psychosocial care for community During pandemic impact and management, and mental Health of Covid, social impact of Corona viruse, prevention measure, sing and symptoms of Covid, community awareness and diagnosis, fire safety and earthquake risk and mitigation,	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	The institution conducted excellent training program and the training is very useful in pandemic Covid situation

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163	Nusrat Shafi	Student	Home science	Jammu & Kashmir [JK]	nshafi309@gmail.com	5	5	Everything was very excellent	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
164	Manish Dwivedi	Executive	Corporate Social Responsibility - Tata Steel	Jharkhand	manish.dwivedi47@gmail.com	5	3	Great learnings about handling pressure situations	5	5	5	Very relevant	Relevant	Very relevant	Relevant	Relevant	Very relevant	Great event would love a FB promotions and YouTube live
165	JONNALA SUBBA REDDY	Associate Professor	Mechanical Engineering	Andhra Pradesh	jonnalasu@yahoo.co.in	5	5	Applications	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
166	Raghubar Prasad Singh	Research Scholar	Univ. Dept of Economics, L. N. Mithila University Darbhanga	Bihar	rrajji4@gmail.com	3	3	Na	2	3	2	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Good
167	MAHESH PANCHAL	Student	DAV COLLEGE, AJMER	Rajsthan	rajputpankaj925@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
168	Amar Chand Sankhala	Warden	Civil Defence	Rajasthan [RJ]	anuamarsankhala@gmail.com	5	5	Useful session	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Its nice
169	Jonnala Subba Reddy	Associate Professor	Mechanical Engineering	Andhra Pradesh	jonnalasu@gmail.com	5	5	AIP	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
170	ABHIJEET KUMAR VERMA	Assistant commandant	MHA	New Delhi	abhijeet.verma618@gmail.com	5	5	Excellent	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
171	Shambalid Ahady	PhD candidate	Civil Engineering Department, DTU	Delhi	shambalid.ahady@gmail.com	5	4	Preparedness	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
172	Shaikh Raispasha Hamidodin	Fire officer	Fire & Emergency service	District :- Nanded (Maharashtra)	sraispasha@gmail.com	5	5	Disaster	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	The training you all have given is very encouraging to us. Take care of yourself and your family.
173	Suchit prasad Gupta	Male Nurse	HSE	UP	suchitgupta38@yahoo.com	2	4	Flood	2	1	2	Relevant	Relevant	Relevant	Relevant	Relevant	Very relevant	Good

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174	Steve Luke	Student	Computer Science	Kerala	mca552@rajagiri.edu	5	5	Addressing the psychological effects is an essential component of disaster management of infectious pandemics. This should be implemented through the whole spectrum of disaster management including preparedness, mitigation, response, and recovery.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Really informative.
175	Mohit Sharma	District Project Officer	Delhi Disaster Management Authority	Delhi	Mohit.sharma44332211@gmail.com	5	5	Knowledge of Disaster Mqngement	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
176	Sonalini Kar	Hospital Manager	Government of Odisha	Odisha	sonalinikar05@gmail.com	5	5	Psychological anticipation and anxiety control	5	5	5	Very relevant	Did not attend	Very relevant	Very relevant	Very relevant	Did not attend	Delightful session
177	PRAGYA MISHRS	Student, The Chintels School	Science	Uttar Pradesh	pragya.mishra8315@gmail.com	5	5	Community based disaster management during Covid pandemic situation	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
178	Rohini.M	Worker	Vee tech	Tamil nadu	rohiniipadma078@gmail.com	5	4	Again this related traning	3	3	3	Relevant	Relevant	Relevant	Relevant	Very relevant	Very relevant	Soo good
179	Aanchal Mishra	Master trainer	Disaster management	Uttar Pradesh [UP]	aanchal2083@gmail.com	5	5	Fire prevention	3	3	3	Relevant	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Excellent

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180	Nandhini varadharajan	Technical Architect	R & D, Bharath Labs, Bharath Corporate, India	TN	nandhini_svs@yahoo.com	5	5	excellent	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	excellent
181	Vigneshwar Manoharan	Senior Technical Architect	R & D, Bharath Labs, Bharath Corporate, India	Tamil Nadu [TN]	vignesh.manohar@gmail.com	5	5	excellent	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	excellent
182	Poonam mishra	Master trainer	Disaster management	Uttar Pradesh	pm361683@gmail.com	5	5	Fire prevention	3	3	2	Very relevant	Relevant	Relevant	Very relevant	Relevant	Very relevant	Good
183	Rajesh Yawale	Inspector	NDRF Pune	Maharashtra	rajeshyawale.crpf@gmail.com	5	5	Very fruitful	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
184	Neha	Student	Economics	Bihar	nehaneha02019@gmail.com	5	5	Physio social care	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Nice
185	Vidhya Sambhaji Chavan	Facility Marshal	Security	Maharashtra	chavanvidhya211@gmail.com	5	5	Very Excellent	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very Excellent outstanding
186	Mukesh Mehboobani	GM	Production	GUJARAT	lmukeshmahbubani@gmail.com	5	5	Self control and social contribution during pandemic boosts self confidence and morale.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Insightful sessions
187	Rakesh Kumar Bhatt	Senior manager	Municipal corporation-Urban 95 Project	Maharashtra	rakesh75ch@gmail.com	5	4	Involved several CBDM issue in further planning	3	3	3	Very relevant	Very relevant	Very relevant	Did not attend	Very relevant	Very relevant	Very nice and informative
188	PANATALA GANGADHAR NAVEEN	STUDENT	DISASTER MANAGEMEN T	Andhra Pradesh	pgnwins@gmail.com	5	5	Earthquake Safety Measures	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good Sessions

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189	Arvind Chauhan	Documentation Coordinator	Revenue Department	Himachal Pradesh	arvindchauhan.chauhan081@gmail.com	5	5	All GoodThanks for Organizing !	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	All GoodThanks for Organizing !
190	Abid Noor Khan	Planning Engineer	Water Resources	Maharashtra	khan.abidnoor@gmail.com	4	4	Precautions for Covid 19 & Avoid Panic while disaster	3	3	3	Very relevant	Very relevant	Very relevant	Relevant	Relevant	Relevant	All Good
191	Amit Gadewal	Guest Faculty	Social Work	Madhyapradesh	agadewal1@gmail.com	5	5	Very much informative session	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Overall session was excellent
192	Ankit kumar pandey	Field Environment Engineer	Environment	Uttar Pradesh	pandeyak595@gmail.com	5	4	Good	2	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
193	Dr KANCHANAP	Assistant Professor	Commerce	TAMILNADU	nithyasirk82@gmail.com	5	5	Covid-19 Pandemic & Psychosocial Care in Disasters	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent session
194	T. SIVAKUMAR	Assistant Professor	Commerce	Tamilnadu	stsivaa@gmail.com	5	5	CBDRM during Covid-19 Pandemic & Psychosocial Care in Disasters	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Well organised
195	Dr. Sharwan Kumar Singh	Honorary State Trainer	Disasters Management and Basic Life Support	Bihar	sharwankumarsingh@gmail.com	5	5	Be first psycho responder for a best response.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Wonderful informative and factual Presentations.
196	Kumar Ganesan	Scientist	Biochemistry	Hong Kong	kumarg@hku.hk	5	5	innovative	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
197	BISATHI BHARATH	Director, PRAGATHI PADHAM YOUTH ASSOCIATION	Department of Youth Affairs	ANDHRA PRADESH	bharathcivils2018@gmail.com	4	5	It is a great experience to know various issues related to psychological issues in Covid-19 pandemic	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	It is a great experience to know various issues related to psychological issues in Covid-19 pandemic
198	AARTI SHARMA	Assistant Professor	Management	Madhya Pradesh	Way2aarti@gmail.com	4	4	Key points	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very Good

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199	Hukam Chand	Assistant Professor	Department of Environmental Science, Dr YSP University of Horticulture and Forestry, Nauri Solan, HP	Himachal Pradesh	hukamchande vs@gmail.com	4	5	Very much informative and applied training	2	3	3	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very informative
200	BISATHI BHARATH	DIRECTOR	PRAGATHI PADHAM YOUTH ASSOCIATION	ANDHRA PRADESH	bharathcivils2018@gmail.com	4	4	It is a great experience to know various issues related to psychological issues in Covid-19 pandemic	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
201	Satyabrata Padhi	Faculty	Art of living	Odisha	satyabratapadhicd@gmail.com	5	3	Psychosocial care for first responders during pandemic...	4	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	One more day of course module
202	Jigneshbhai K. Sanghani	Manager- Fire & Safety	Fire & Safety	Gujarat	sanghani.jk@gmail.com	5	5	Psychology effect during this pandemic and control measures	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good event
203	PRAGATHI PADHAM YOUTH ASSOCIATION	Youth Club	Nehru Yuva Kendra Sangathan	Andhra Pradesh	pragathipadhamyouth@gmail.com	4	4	It is a great experience to know various issues related to psychological issues in Covid-19 pandemic	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Great Session
204	Jatinder Kaur	Punjabi Mistress	School education Department	Punjab	jatindersekho n1983@gmail.com	4	5	Satisfying seminar	4	5	4	Very relevant	Very relevant	Very relevant	Very relevant	Did not attend	Very relevant	Very relevant	Informative
205	ILANGO T	Safety officer	Safety	Tamilnadu	ilangome14@gmail.com	4	4	Good	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent

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206	Dr.Rajni Chauhan	Former Associate Professor	Geography	Haryana	rajnic067@gmail.com	5	5	Fire & Life Safety	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
207	Shailesh Kumar Rai	District Project Officer, Namami Gange	Ministry of Youth Affairs & Sports Govt of India	Bihar	shaileshkumarai478@gmail.com	5	5	AI	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very Good
208	Pinki	Research scholar	Chemistry	Haryana	pinkisharmadugu@gmail.com	4	3	Good	2	2	3	Very relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Good
209	Gyan Deep Sharma	Research Scholar	Department of Environmental Science, Dr. Rammanohar Lohia Avadh University, Ayodhya	Uttar Pradesh	gyandyp@gmail.com	4	4	NA	3	3	3	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Technical issue
210	Dhanswar Sahu	Block Codinator	JAGRUTI NGO DARINGBADI	ODISHA	dhanswar416sahu@gmail.com	5	5	Disaster management , Fire management,	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	It should be continue
211	Yogesh Kumar	District IT Codineter and District Tairening Counsalar Scout	Uttar Pradesh Bharat Scout and Guide	Uttar Pradesh	yogeshv274@gmail.com	5	5	Sabhi achhi rahi	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Nahi
212	VISHWA RANJAN RAVI	CARE INDIA CVC	HEALTH	BIHAR	pvishwayadav@gmail.com	5	5	HOW TO SUPPORT COVID19 AND HELPFUL GUIGE KINE	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent

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213	Prachi	Student	Master in social work	Bihar	Prachiverma1310@gmail.com	5	4	To be mentally physically strong in every condition and gain knowledge about everything happens in our life.	5	4	5	Very relevant	Very relevant	Very relevant	Very relevant	Did not attend	Did not attend	It is very useful, for handling the psychological issues during these situations through this sessions.
214	SHRUTKIRTI KIRAN	Student	MSW	Bihar	shona.attey@gmail.com	5	4	Lots of knowledge and experience also lots of things	4	5	5	Very relevant	Relevant	Relevant	Very relevant	Did not attend	Very relevant	Best event.... If you will give me another chance to join this type of event I m always ready
215	HAPPY SINGH	SOCIAL WORKER	VOLUNTEER, DISTT RED CROSS SOCIETY FATEHABAD (HARYANA)	HARYANA	sethi125051@gmail.com	5	5	Good thought received	2	3	3	Very relevant	Relevant	Very relevant	Relevant	Relevant	Very relevant	Good session
216	Narinder Singh	Program Coordinator	Municipal Corporation Mohali	Punjab [PJ]	narindersingh226@ymail.com	5	5	I have received a lot of information from this program which I will continue to share with everyone. I have learned a lot from this session. Thank you all very much.	4	4	4	Very relevant	Very relevant	Very relevant	Did not attend	Very relevant	Very relevant	I have received a lot of information from this program which I will continue to share with everyone. I have learned a lot from this session. Thank you all very much.
217	JYOTI	A Teacher	Education	Uttar pradesh	jkushawaha08@gmail.com	5	5	Jankari prapt karna	4	4	4	Did not attend	Did not attend	Did not attend	Did not attend	Did not attend	Did not attend	Nhi
218	Julfikar Rahaman	Teacher	Academic	West Bengal	rahaman.d@gmail.com	5	5	Communication	3	3	3	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent

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219	Kumarjit Behera	Student	School of Education, Maharaja Sriram Chandra Bhanjdeo University	Odisha	kumarjit678@gmail.com	3	3	Good	3	3	3	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Good
220	DIBAS MANDAL	Executive Member	Emergency Radio Communication	West Bengal	mandal.dibas123@gmail.com	5	5	Awareness, Self security,	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Wonderful
221	Dr Bhuneshwari Dash	Assistant professor	Nursing	Chhattisgarh	bubu_sahare@yahoo.com	5	5	All	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
222	Priyanshu kumar	No	no	Bihar	priyanshukr1345@gmail.com	5	5	Very good teaching all our teacher	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good teaching
223	Sreenivasan vk	Post warden	Kerala fire and rescue, civil defense	Kerala	sreenivasanvk5@gmail.com	4	4	It's helpful to understand about the need of helping others while happening a disaster	2	3	2	Did not attend	Relevant	Did not attend	Relevant	Very relevant	Relevant	Its a very good programme in this pandemic situation.
224	Rajesh P. Vagadia	VU2EXP	Amateur Radio Operator	Gujarat	vu2exp@gmail.com	4	4	Very informative	3	3	3	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	Quite useful for Disaster Management
225	Laxman Singh	Post warden Civil defence	Civil defence Moradabad	UP	laxmansinghprajapati6674@gmail.com	5	5	Very informative session	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very informative and useful session
226	Dr Rabia Begum	Associate Professor	Political Sciencr	Karnataka [KR]	drabiabegum@gmail.com	5	5	How to manage any disasters	5	5	5	Relevant	Relevant	Relevant	Very relevant	Very relevant	Very relevant	Wonderful & fruitful
227	Rakhwinder kaur	Punjab Secretary	Anti crime special volunteers club	Punjab	0652rekhangill@gmail.com	5	5	Good	5	5	5	Relevant	Relevant	Relevant	Very relevant	Very relevant	Very relevant	All well

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228	Vijay Antu Gorad	Physical Security Monitor	Security at American School of Bombay	Mumbai, Maharashtra	vijaygorad1490@gmail.com	5	5	In this programme we have get more knowledge.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Overall training sessions were very nice and informative 👍
229	Rakhwinder kaur	Punjab Secerty & Club Incharge	Anti Crime Special Volunteer Club (Regd.) Punjab	Punjab	0652rekhangill@gmail.com	5	5	Best	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very best
230	Prince Bansal	State President & Chief Of Club	Anti Crime Special Volunteer Club (Regd.) Punjab	Punjab	jarryprince7@gmail.com	5	5	So powerful	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Powerful
231	Sukhchain Singh	BSA	SAU	Punjab	ssukhchain98557@gmail.com	5	5	Very good	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
232	Anju Singla	CPO (ic)	DCPU	Punjab [PJ]	singlaanju227@gmail.com	5	4	Interesting knowledge	2	2	2	Relevant	Relevant	Relevant	Relevant	Very relevant	Relevant	Overall good
233	Gaurav Singh	Sector Warden	Agra Civil Defence	Uttar Pradesh	gsingh1707@gmail.com	5	5	How can we safe ourself and people from fire	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good knowledge gain from this event
234	Dr. G. SHARMILA BANU	Assistant Professor and Head	Zoology	Tamilnadu	gsharmilabanu@gmail.com	5	5	Good	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
235	Ronita Badajena	Trainer	Civil defence	Odisha	ronitabadajena@gmail.com	5	5	Fire safety & earthquake	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	All topics are really very Helpful for us
236	GHOLAP AMOL BHAIRAVNATH	Physical security monitor	Security	Maharashtra	abgholap96@gmail.com	5	5	Yes	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
237	SubMaj Daljit Singh	Distt Supervisor GOG	GOG	Punjab	submajdaljitsingh@gmail.com	5	5	Sir on Line	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Sir very interesting Subject pl keep it up

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238	Veluru Ramesh	Inspector	NDRF	Andhra Pradesh.	velunaidu019@gmail.com	5	5	Community based disaster risk management and it's important to deal disaster and to achieve minimum loss.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Nice presentation and well organised sessions with eminent personalities and shared invaluable information.
239	Dr Buta Singh Sekhon	Principal	Education	Punjab	bsekhon1@gmail.com	5	5	Health is wealth	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
240	Rajkumar Tukaram Rathod	Assistant Teacher	Education	Maharashtra	rajkumarrathod1984@gmail.com	5	5	psychological care in disaster	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	excellent
241	Ashok mohan koul	Electrician	DMRRR.	Jammu and Kashmir	ashokkoul76@gmail.com	5	5	After event completed than take aways from this event.	5	5	5	Did not attend	Relevant	Not relevant	Relevant	Very relevant	Relevant	Satisfied
242	Amit Kumar	Student	Electrical engineering	Bihar	amitgaya0011@gmail.com	5	5	Excellent teching	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent teching
243	Asha rani	Youth leader	NYKS	HARYANA	ashafauzdaar122@gmail.com	2	1	Yes	3	3	3	Relevant	Very relevant	Very relevant	Very relevant	Very relevant	Relevant	Yes
244	RAMAN SAXENA	STAFF OFFICER TO DIVISIONAL WARDEN	CIVIL DEFENCE HINDION GHAZIABAD	Uttar Pradesh	raman4saxena@rediffmail.com	5	5	Covid 19 care	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
245	RAMAN SAXENA	STAFF OFFICER TO DIVISIONAL WARDEN	CIVIL DEFENCE HINDION GHAZIABAD	Uttar Pradesh	raman4saxena@rediffmail.com	5	5	Covid 19 care	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
246	Ravish Khan	Master Trainer	Panchayati Raj	Uttar Pradesh	khanravish03@gmail.com	5	5	Concept of subject	3	3	3	Very relevant	Relevant	Relevant	Very relevant	Very relevant	Very relevant	Very informative sessions.
247	Lochan	District Coordinator Ace Skill Development pvt.ltd.	Skill (UPDDM)	Uttar Pradesh	sonshivcpn@gmail.com	5	5	very nice	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	everything is all

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248	DR ANITA RANI	Assistant professor	Hindi	Haryana	anitarani3132@gmail.com	5	5	The whole event is useful for me.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	No whole session is greatful
249	Neha Sahani	Research Scholar	Univ. Dept. Of home science, LN Mithila University	Bihar	nehasahani1395@gmail.com	4	4	NA	3	3	3	Very relevant	Relevant	Relevant	Very relevant	Relevant	Very relevant	NA
250	Tarun Anand	Assistant Teacher	Science	Bihar	tarunanand.mu@gmail.com	5	5	Excellent	2	2	2	Relevant	Relevant	Very relevant	Very relevant	Relevant	Very relevant	Excellent
251	Bhikari charan sahu	Civil defence volunteer	Home department. odisha	Odisha	bhikarisahoo1005@gmail.com	5	5	The session is most important about knowledge of women children's in covid pandemic situation. health of communities during pandemic impact and management in systems.	3	3	3	Very relevant	Relevant	Very relevant	Very relevant	Relevant	Very relevant	In this session discuss valuable topics .
252	M.D.ELANGOVAN B.A	Tahsildar (R) /scout master	Revenue /donbisco district scout group	Tamilnadu	elangovanmd.tahsildar@gmail.com	5	5	I can take it to the public to create awareness	5	N/A	5	Did not attend	Very relevant	Did not attend	Very relevant	Did not attend	Did not attend	More excellent
253	M.D. Elangovan . B.A	Tahsildar(r) /scout master	Revenue/Donbosco district scout group	Tamilnadu	elangovanmd.tahsildar@gmail.com	5	5	I would like to take it to the public to create awareness	4	N/A	5	Did not attend	Very relevant	Did not attend	Very relevant	Did not attend	Did not attend	More excellent
254	Ashish Sharma	EHS safety officer	EHS	Gujarat [GU]	ashishsharma112244@gmail.com	5	5	As22	3	3	3	Did not attend	Very relevant	Did not attend	Did not attend	Very relevant	Very relevant	Thanks
255	DR ANITA RANI	Assistant professor	Hindi	Haryana	anitarani3132@gmail.com	5	5	The whole event is useful for me.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	No whole session is greatful

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256	Col Gurinder Singh Sarkaria	Tehsil Head	GOG	Punjab	gurinder.sarkaria@gmail.com	4	5	Preplanning and preparation in advance is key to tackle any disaster. Covid or any natural disasters. Dr ajinder talk very useful besides other topics.	3	3	3	Relevant	Very relevant	Very relevant	Relevant	Relevant	Very relevant	Very useful and satisfying.
257	Karamjeet Kaur	Social Worker	Mai Bhago Youth Club Bela	Punjab	kkaramjeet067@gmail.com	5	5	Risk Manageent Techniques	5	4	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	It was knowledgeable.
258	Biswanath Sahoo	Volunteer	Civil Defence, Home Dept.	Odisha	biswanathsaahoo100597@gmail.com	5	4	Help for work	3	3	2	Relevant	Relevant	Very relevant	Relevant	Very relevant	Very relevant	This is the best programme
259	PRIYAM KUMARI	MBA IN HR	HEALTH	BIHAR	ppriyam.singh25@gmail.com	5	5	Helpful in corona activities	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
260	Sneha Rani	Mithla University	MLSM College Darbhanga	Bihar	snehamauryavanshias@gmail.com	3	4	Na	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	NA
261	Ranjana shukla	Master trainer	Disaster management	Uttar Pradesh	ranjana4shukla@gmail.com	5	5	Fire prevention	3	5	4	Very relevant	Relevant	Relevant	Very relevant	Relevant	Very relevant	Very nice
262	Manoj Kumar	MSW Student	Department of Social Work, Central University of Rajasthan	Rajasthan	kumarmanoj19980905@gmail.com	5	5	Fire safety and management	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very helpful.
263	J.JEREMIAH NARKIS	STUDENT	COMMERCE	Tamil Nadu	jesusnarkis424@gmail.com	5	5	So much	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	EXCELLENT
264	ISRAVEL TILTON J	Student	Computer science	Tamil Nadu	jesustilton474@gmail.com	5	5	Idea's	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Super

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265	Man Mohan Sharma	P.T.I / H.Q	M.H.A	Delhi	mohan.s0786@gmail.com	5	5	All	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	All Topic Share PPT mail .
266	Mahesh nirantar more	Quality Assurance specialist	Quality assurance	Maharashtra	moremahesh969@gmail.com	5	5	Be prepared educate others regarding this and work to the grassroots level to avoid this disaster. Much more to say.	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	It was great but how to we get a chance to work with the disaster team when required
267	Vikrant	Admin	NGO	Haryana	kakkarvikrant1983@gmail.com	5	5	Every thing	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Every thing good
268	MONI KUMARI	Student	Department of Hindi SM COLLEGE BHAGALPUR BIHAR	Bihar	kumarimonibgp@gmail.com	5	5	Learn	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very good
269	HARIOM KRISHNA	Student	DEPARTMENT OF MCA, GGSIPU DELHI	Bihar	h.krishna332bpg@gmail.com	5	5	Excellent	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very nice
270	Rajat Saini	Supervisor	District Disaster Management Authority, Una	HIMACHAL PRADESH	rssaini934@gmail.com	4	5	I am working in Disaster Management and it helps us to easily coordinated with People who suffers COVID pandemic	3	3	3	Relevant	Very relevant	Relevant	Very relevant	Very relevant	Relevant	Thanks to all Respected team for organising this training
271	Dr. C.Lalremruatfela	Assistant Professor	Dept of Geology, GZRSC	Mizoram	svenchhakhhuak@gmail.com	5	5	Self assessment and cautious lifestyle	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Organizers are well prepared with fine selection of resource persons

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272	Dr. Ankit Saxena	Dental surgeon and public health specialist	Self employed	U. P.	ankit.saxena26@yahoo.com	4	4	Importance of holistic approach, and mental and social well being is also very important.	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very engaging and knowledgeable event
273	Ankur Yadav	Student	Student	Uttar Pradesh	ankuryadavazm48@gmail.com	5	5	I learned various techniques to mitigate the risk from the disaster.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Learned lots of things specifically mitigation techniques preventing actions and many more and if i get opportunity i will definitely teach others also
274	Kumari Anamika	Student	Social Work	Uttar Pradesh [UP]	anamika.rikku1990@gmail.com	5	4	Understand key elements of a comprehensive disaster preparedness strategy, Undertake stakeholder analyses of communities and their environment.	4	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	NO
275	Parul Yadav	Student	NA	Uttar Pradesh	parulyadav99azm@gmail.com	5	5	Fight in deficult time by patience,manage any problems very easily.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Amazing & wonderful event..... Thank you for giving me such a great knowledge..

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276	Parul Yadav	Student	NA	Uttar Pradesh	parulyadav99azm@gmail.com	5	5	From this event I learn that how to save our lives from in the pandemic situation.	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Amazing event, I'm very happy & satisfied with great knowledge.
277	Dr. K. KULASEKARAN	Assistant Director ic	Department of Information and Publicity, Karaikal	Puducherry	presspuducherry@gmail.com	5	4	Further management	3	3	2	Very relevant	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Very good sir
278	Dr. Jaya Parihar	Assistant professor	Chemistry	Madhya Pradesh	jayaparihar42@gmail.com	5	5	Every movement is knowledgeable	5	4	4	Very relevant	Very relevant	Relevant	Very relevant	Very relevant	Relevant	Nothing in particular
279	Gurpreet Singh	Block primary education officer	Education department Punjab	Punjab	gurpreetsinghgoldy02@gmail.com	5	5	Covid19 instructions	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	So good

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280	Aniket nathuram khaire	Student	TY BA	Maharashtra	aniketkhaireak47@gmail.com	5	5	Good event	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very useful course. With the frequency of disasters ever increasing around the world, this course can help to increase the preparedness of the course participants in facing disasters, IF the participants really put in their full effort especially in the assignment. The course coordinators were quite helpful in assisting with problems faced during the grading of the assignment.
281	S. P Katyal	Member	Hpperc	Himachal Pradesh	spkatyal@rediffmail.com	4	5	Community participation is of prime importance	2	3	3	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Data should be of recent times not always historic perspective. Time for interaction is not given it is one way training. Participants are not involved. List is hidden why?. People should know who all are participating.

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282	Nitika	Guest Faculty	MGSIPA, Chandigarh	Chandigarh	nitikaniks.ns@gmail.com	5	5	Community preparedness is the need of the hour	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent Training
283	Dr. M. Manjukeshwari	Doctor	Paediatrics	Tamil Nadu	manjukeshwari86@gmail.com	4	3	Covid protocols to maintain in diaster	3	3	3	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Good and clear lecture by all the speakers
284	Mrs TULSI RAJPUT	District Co-ordinator sports	Sports	Maharashtra	tulsipanchal1309@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
285	Mrs TULSI RAJPUT	District Co-ordinator	Sports	Maharashtra	tulsipanchal1309@gmail.com	5	5	Excellent	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
286	MRS. TULSI PANKAJ RAJPUT	District Co-ordinator	Sports Department	Maharashtra	tulsipanchal1309@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
287	BHARAT SANJAY HALLOR	Sport Teacher	Sports	Maharashtra	bharathalor1998@gmail.com	5	5	OverAll	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
288	NEEL PANKAJ RAJPUT	Student	Sports	Maharashtra	sandysharma7588@gmail.com	5	5	Overall	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
289	Mahesh panchal	Student	Student	Rajasthan	maheshpanchal7570@gmail.com	5	5	Excellent	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent
290	Anil Kumar	Master trainer	Distract disaster management authority	UP	asahani347@gmail.com	5	5	Admirable work by your team	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Admirable work by your team
291	Satnam Singh	President	Punjab Youth Club Bela (Reg. 125)	Punjab	satti93punjab@gmail.com	5	4	Risk Mgt.	5	4	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very nice.
292	Sanij Mandalekar	Camp site manager	Camping	Maharashtra	sanijmandalekar@gmail.com	5	5	Presense of mind	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very GOOD training, waiting for offlien training

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293	Aesha Singh	District Project Officer (Namami Gange)	Nehru Yuva kendra, Prayagraj	Uttar Pradesh	dpoprayagraj@gmail.com	5	5	The Training program on Covid-19 Pandemic & Psychosocial Care in Disasters was very informative. I got idea about the basic concepts of CBDRM, role of community in pre and post covid, also learn about various schemes for the vulnerable community	4	4	4	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Relevant	It was a nice and Educational training program. The trainers were very good and explained everything in detail. I am happy to be part of this training program and like to attend more in future
294	Dr. Achshah Mabel Joanna	MD	Medicine	Tamil Nadu	dr.achshahjoanna@gmail.com	5	5	Psychological care	3	3	3	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Good
295	Dr KANCHANAP	Assistant Professor	Commerce	TAMILNADU	nithyasirk82@gmail.com	5	5	Pandemic & Psychosocial Care in Disasters	5	5	5	Relevant	Relevant	Relevant	Relevant	Relevant	Relevant	Excellent session
296	T. SIVAKUMAR	Assistant Professor	Commerce	Tamilnadu	stsivaa@gmail.com	5	5	CBDRM during Covid-19 Pandemic & Psychosocial Care in Disasters	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Well organised
297	DHEERAJ SONI	CHIEF MINISTER HEALTH ADVISOR	NATIONAL HEALTH MISSION JHARKHAND	JHARKHAND	dheersoni.soni426@gmail.com	5	5	Disaster management with public support	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	No
298	Adv. Ajinkya Madhavrao Baswante	Advocate	Law	Maharashtra	ajinkyamgb@gmail.com	4	4	All sessions has great information as well as great speakers	4	4	4	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	Relevant	Nice session

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299	Dinesh	Nursing	Aamc	Delhi	dineshrohill0579@gmail.com	4	3	The way we can help in curing psychological and emotional well-being of the patient and their family/carers, including issues of self-esteem, insight into an adaptation to the illness and its consequences	2	3	2	Relevant	Very relevant	Relevant	Very relevant	Very relevant	Very relevant	Nothing it was as good as such
300	Magar Tejas Guman	B.Tech	Agriculture Engineering	Maharashtra	magartejasg25@gmail.com	5	5	Prevention or etc	5	5	5	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Very relevant	Excellent

List of Registered Participants

Sr. No.	Name	Designation	Department	State	Email ID
1	Balram Singh	Supervisor	Guardians of Governance	Punjab	balram13312@gmail.com
2	Amit Kujur				amitkujur484@gmail.com
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5	Syed Khalid Hussain				skhalid01111@gmail.com
6	Madhurya Chetia				chetiamadhurya433@gmail.com
7	ABDUL AZIZ	CDPO	W&cd	Jammu and Kashmir	icdsbalakote@gmail.com
8	Vinod Tukaram				Vinodtk81@gmail.com
9	Jayesh Madhursinh Matani				mataniquiz@rediffmail.com
10	Shruti kumari			Bihar	shrutikumari2812@gmail.com
11	RAJESH SRIVASTAVA	DISTRICT DISASTER EXPERT	REVENUE	UTTAR PRADESH	rajeshcareindia@gmail.com
12	Priyanka Jha	Asst teacher	Project girls high school Patamda jharkhand	Jharkhand	priya07jha@gmail.com
13	Rakesh Kumar	District youth officer	NYKS	Punjab	deswal9812512540@gmail.com
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15	K KARTHIKA Dr				ad.kulasekaran@gmail.com
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23	Thiyagarajan Radhakrishnan	Transmission Executive	All India Radio, Chennai	Tamilnadu	rashmithiyagu@gmail.com
24	Dr Parupally Anjaneyulu	Senior Research Associate	SCSDF Research Unit, CESS	Telangana (India)	dranjaneyulu.ces@gmail.com
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27	Swathi Rg Swathi				Swathishetty283@gmail.com
28	BASWANTE AJINKYA MADHAVRAO			Maharashtra	ajinkyamgb@gmail.com
29	Narinder Singh	Program Coordinator	Municipal Corporation Mohali	Punjab [PJ]	narindersingh226@gmail.com
30	Shanmukh Malineni				shanmukhmali@gmail.com
31	Thupten Palzang Bhutia	Asst professor	Bhutia	Sikkim	palchaktha@gmail.com
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33	Dr.Kathakali Bandopadhyay				titichatterjee5@gmail.com
34	Sandeep Singh	Sector wadarn	Civil defence	Up	sandeepsingh84644@gmail.com
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43	BALBIR KASHYAP	Principal(HES-II)	Education Department	Haryana	balbirkashyap68@gmail.com
44	Gunjan kumari	Student	Department of political science BN college bhagalpur	Bihar	gunja0985@gmail.com
45	Snehal Chopade				snehalchopade13@gmail.com
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47	Dr. Komal Juglan	Master trainer	D D M A. U P C D	Uttar Pradesh [UP]	drkomaljuglan@gmail.com
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50	Munmun Mohapatra				munmohapatra13@gmail.com
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73	Vikrant	Admin	NGO	Haryana	kakkarvikrant1983@gmail.com
74	Sunil Kumar Karunakaran Nair				sunil.b3hse@gmail.com
75	Abhijit Saikia				abhijitsaikia1998@gmail.com
76	Dharmendra Kumar	Center Manager	Skill Development	Bihar	dharmendrakmr287@gmail.com
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84	Balu I				balusociologist@gmail.com
85	jinesh saini				jineshsaini89@gmail.com
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87	Dr.Komal Juglan				drkomaljuglan@gmail.com
88	Simmin Bawa				simmin.bawa@jaihindcollege.edu.in
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93	RIYA AUDDYA				riyaauddya123@gmail.com
94	Jatin Panwar				Panwarsunita082@gmail.com
95	Dr. G. SHARMILA BANU	Assistant Professor and Head	Zoology	Tamilnadu	gsharmilabanu@gmail.com
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98	SARITA KUMARI				kumarisarita064@gmail.com
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100	pradeep kulkarni				ppkguru@rediffmail.com

Sr. No.	Name	Designation	Department	State	Email ID
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104	Mahadappa Gangaram Gonda			Maharashtra	Maha_gonda@yahoo.co.in
105	Samrat Das				samratdas9932@gmail.com
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109	Dr. S. P. Katyal	Member	Hpperc	Himachal Pradesh	spkatyal@rediffmail.com
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Reading Material

Online Training Programme on Community Based Disaster Risk Management (CBDRM) during Covid 19 Pandemic and Psychosocial care in Disasters

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7/28/2021



सत्यमेव जयते

कोरोना वायरस से रोकथाम CORONA VIRUS PREVENTION


 Resilient India - Disaster Free India



सही से मास्क पहनें
WEAR YOUR MASK PROPERLY



अपने हाथों को साबुन और पानी के साथ धोएं
WASH YOUR HANDS WITH SOAP AND WATER



आंखें, नाक और मुंह को छूने से बचें
AVOID TOUCHING (Eyes, Nose and Mouth)



सामाजिक दूरी बनाए रखें
KEEP SOCIAL DISTANCE



सतह को नियमित रूप से स्वच्छ करें
CLEAN SURFACE REGULARLY

राष्ट्रीय आपदा प्रबंधन संस्थान
गृह मंत्रालय, भारत सरकार

National Institute of Disaster Management
Ministry of Home Affairs, Government of India

जब तक दवाई नहीं तब तक ढिलाई नहीं

7/28/2021



Website

www.nidm.gov.in



/nidmmhaIndia



/nidmindia

THE COVID-19 CRISES

PHYSICAL HEALTH OF COMMUNITIES DURING PANDEMIC IMPACT AND MANAGEMENT during Covid 19 Pandemic

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Maintain safe distance

Disaster

Of a different kind.....

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Wash Hands with Soap

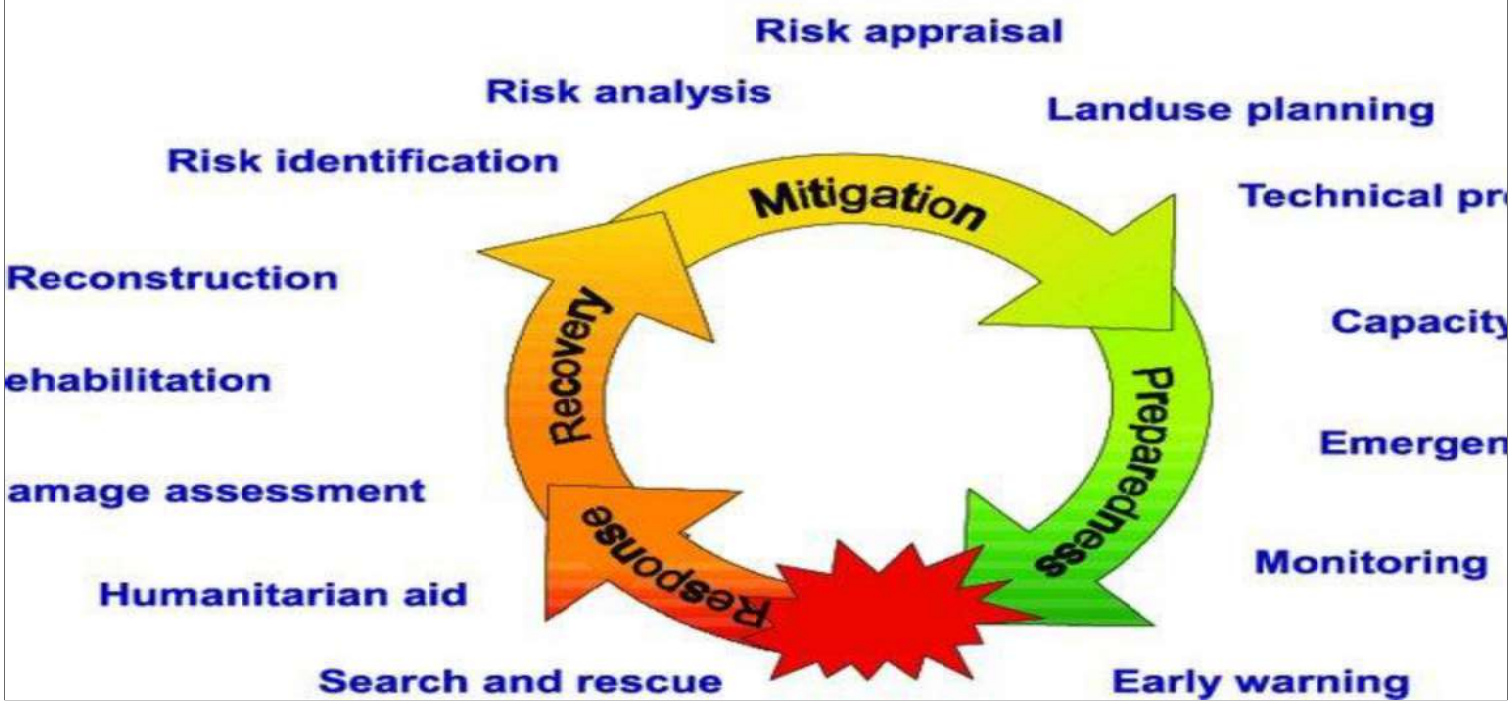


Maintain safe distance



THE MIGRANT LABOUR CRISIS

Approach to disaster



Mitigation

Actions taken before a disaster to reduce impact

Strategy 1 Examine past disasters

Taking a look in past disasters – what went well and what went wrong before and after disaster

Strategy 2 Become familiar with emergency processes and policies

Role of a leader , teaching and training of emergency management

Strategy 3 Hands on practice

Strategy 4 Plan and plan again



Preparedness and planning

- Activities to anticipate what problems are likely to emerge in future disaster situations
- Ways to address ability to respond when a disaster occurs
- Must have a plan to respond
- Trained personal to respond and resources with which to respond



Preparedness and planning

- Community awareness and education
- Disaster plan, training and testing exercises
- Warning system and communications
- Evacuation plans
- Mutual aid agreements



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Disaster drills

- Disaster preparedness must include practical drills to ascertain true magnitude of system problems
- Mass-casualty drills must include three phases:
 - Preparation phase
 - Exercise management phase
 - Patient treatment phase



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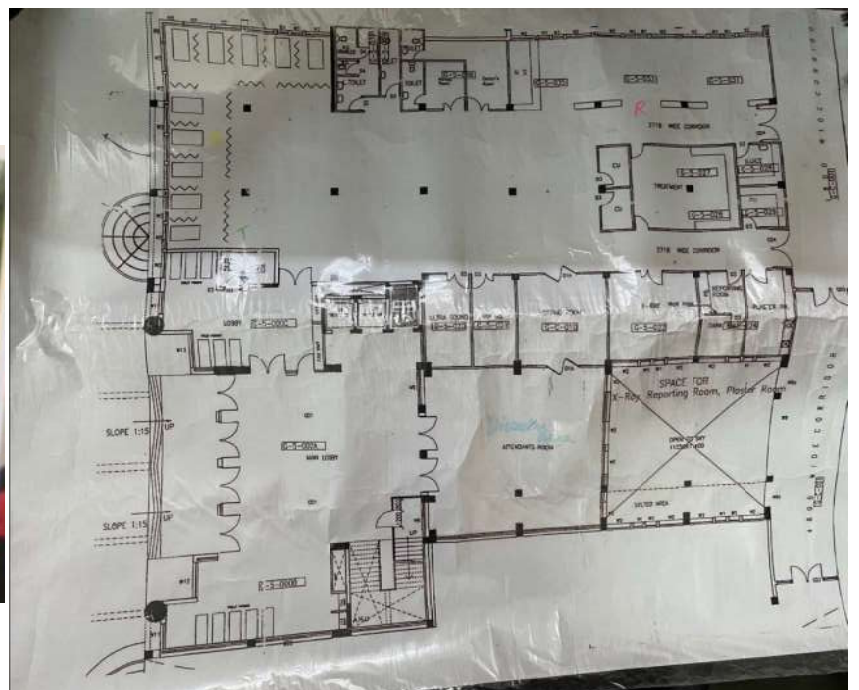
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Maintain safe distance

Table Top Drill



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Wear mask properly



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Maintain safe distance

News | Coronavirus pandemic

India running out of hospital beds amid record coronavirus cases

Officials in New Delhi and Mumbai report alarming shortage of hospital beds as India sees record infections in a day.



A frantic search for scarce hospital beds as pandemic rages in India



THE HOSPITAL BED CRISIS

Hospitals stare at bed crisis as cases pile up in Delhi

Durgesh Nandan | TNN | Updated: Sep 12, 2020, 08:30 IST



Delhi recorded more than 4,000 new cases of Covid-19 for the third consecutive day on Friday, with 4,266 people testing positive in the last 24 hours.

NEW DELHI: It is not just ICU beds; general beds for Covid-19 patients in Delhi are also getting occupied fast, and hospitals say if the rising trend persists, a crisis may be at hand soon.

Delhi recorded more than 4,000 new cases of Covid-19 for the third consecutive day on Friday, with 4,266 people



More Than 50 Patients From KEM Hospital Forced To Live 'Under' Hindmata Flyover



Short of Covid beds, Kolkata 'forcing' infected to sign 'isolation bonds' & quarantine at home

As Kolkata hospitals run out of beds, patients are being made to sign 'isolation bonds' stating they are doing so by choice.

In Mumbai, Covid-19 patients are dying as they wait for ambulances and hospital beds

It took the city municipal corporation two months and over 1,000 deaths to set up a centralised dashboard to receive realtime updates.



THE PPE CRISIS

Shortage of personal protective equipment endangering health workers worldwide

3 March 2020 | News release | Geneva

WHO calls on industry and governments to increase manufacturing by 40 per cent to meet rising global demand



PostEverything - Perspective

Why don't hospitals have enough masks? Because coronavirus broke the market.

Health-care supply chains are made for efficiency, not pandemics.



Healthcare workers face crisis of protective gears

Roma Nagarajan | TNN | Updated: Mar 22, 2020, 11:16 IST



NEW DELHI: Health care personnel in India face a dire situation in dealing with the Covid-19 pandemic with a shortage of quality personal protective equipment (PPE) looming as Indian manufacturers say they don't know what to produce in the absence of health ministry specifications for them.

PPE manufacturers have been



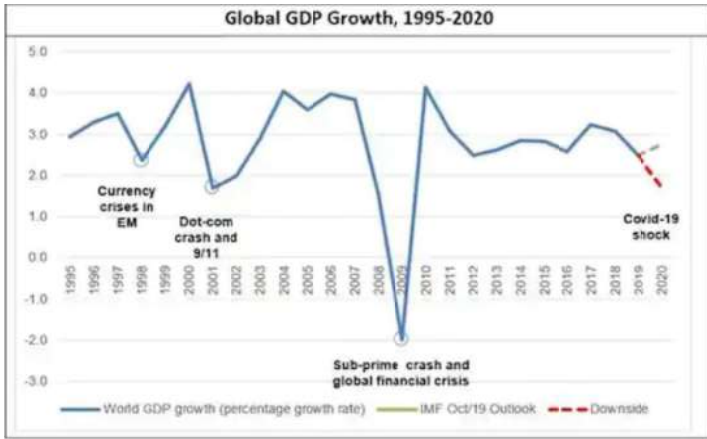
Coronavirus: UK failed to stockpile crucial PPE

28 Apr 2020

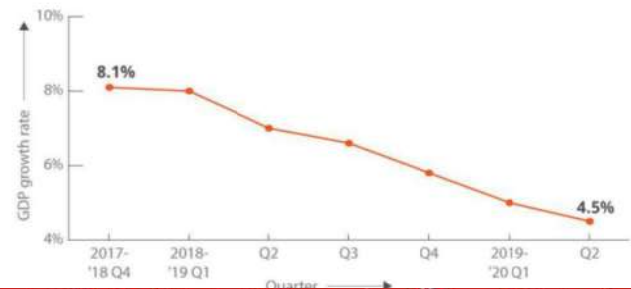
Coronavirus pandemic



THE ECONOMIC CRISIS

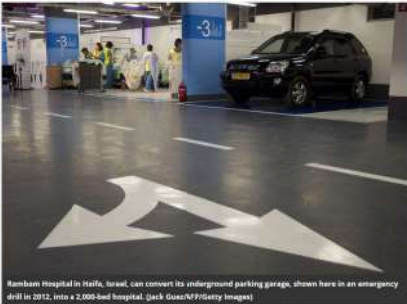


GDP growth rate has contracted for six quarters



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Rambam Hospital in Haifa, Israel, can convert its underground parking garage, shown here in an emergency drill in 2012, into a 2,000-bed hospital. (Jack Guez/NY/Getty Images)



OLD TRAIN COACHES CONVERTED TO HOSPITALS

From stadium to isolation centre to hospital: A jumbo fight against Covid-19 at Mumbai's NSCI dome

The facility has a recovery rate of 76% likely to play crucial role as cases surge

UPDATED | 09:00 AM IST, 2020-07-08

By [Samarjit Prasad](#) | [Hindustan Times](#)

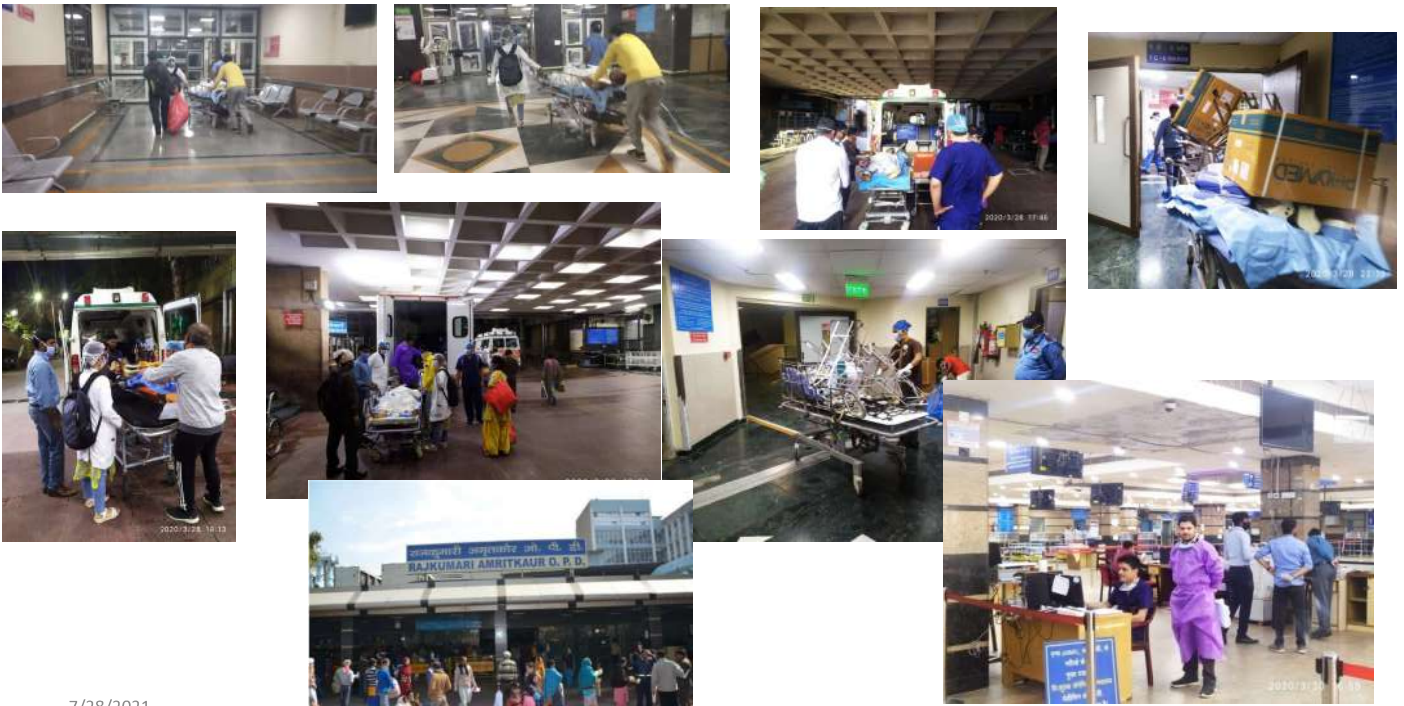


The Covid-19 facility at the National Sports Complex of India (NSCI) dome in Worli has 518 isolation beds and 10 ICU beds.

DESPERATE TIMES CALL FOR DESPERATE MEASURES

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AIIMS JOINED THE FIGHT ON 25/03/2020 WITH SHIFTING OF TRAUMA CENTRE TO MAIN AIIMS CAMPUS FROM JPNATC



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MANAGEMENT



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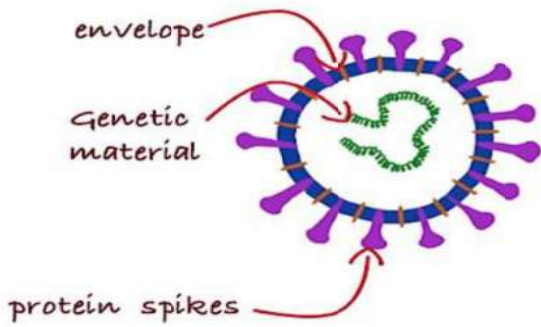
CORONAVIRUSES



different types

Large group of viruses

respiratory gastrointestinal



↓
common cold generally mild disease
pneumonia

some cause severe disease

SARS - CoV China - 2003

MERS - CoV Saudi Arabia - 2012

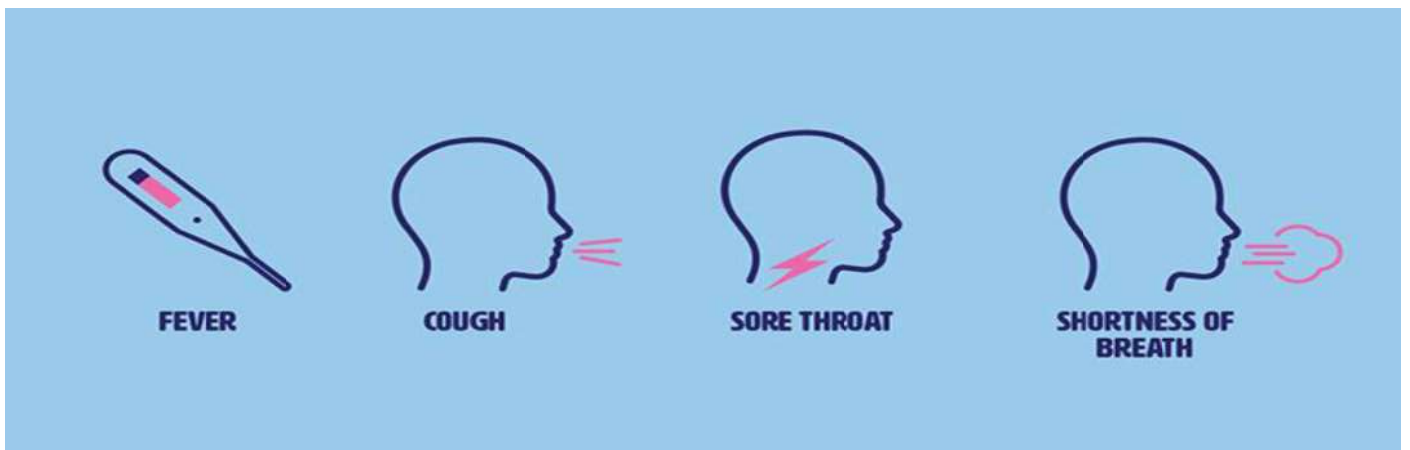
2019 n- CoV China - 2019

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Symptoms

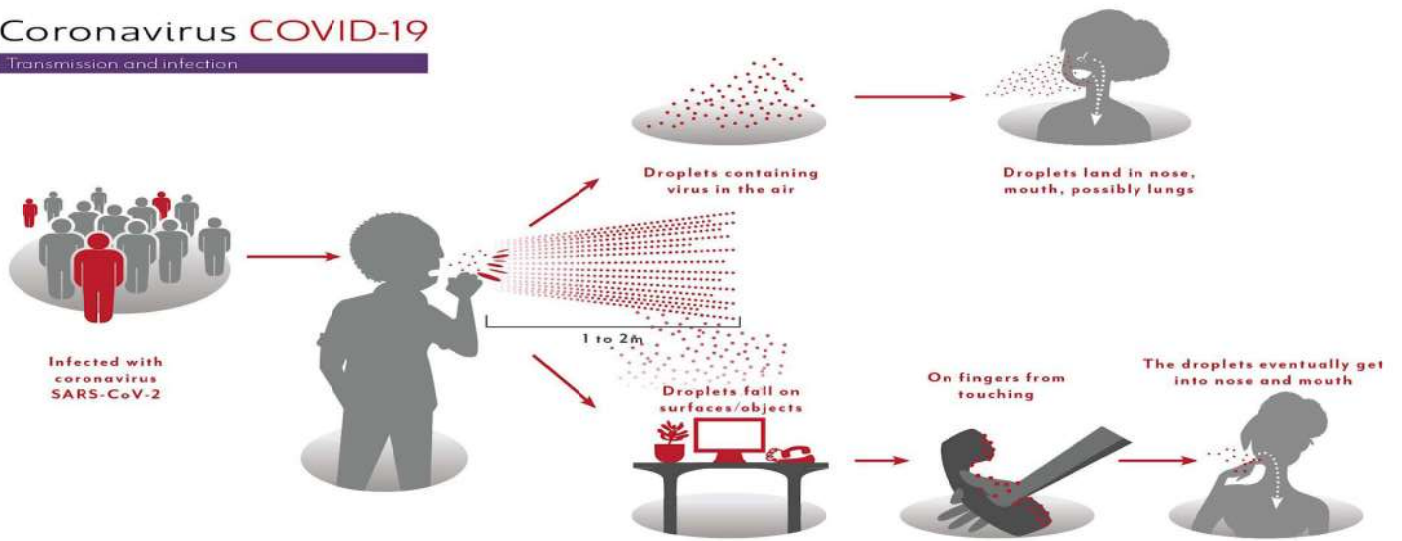


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Coronavirus COVID-19

Transmission and infection



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The average number of people that one person with a virus infects, based on the R0 scale

COVID-19: 2–2.5

Infected person

Average people infected



H1N1: 1.2–1.6

Infected person

Average people infected



Ebola: 1.6–2

Infected person

Average people infected



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Glossary of a pandemic

Key words in conversations about the COVID-19 outbreak

Social distancing



Measures taken to increase the physical space and decrease contact between people

Self-quarantine



Isolating yourself for a period of time in the event of showing symptoms of illness

Containment



The use of any available tools to slow down the spread of infections

Incubation period



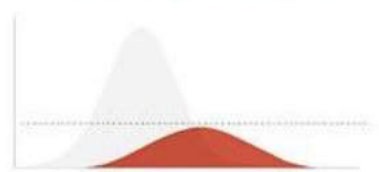
The time taken for symptoms to appear after a person is infected. The WHO estimates a 1-14 day range for COVID-19

Symptomatic



Showing symptoms of illness or disease including fever, cough, shortness of breath

Flattening of the curve



Illustrates the aim of containment to slow down the number infections to a level health systems can handle

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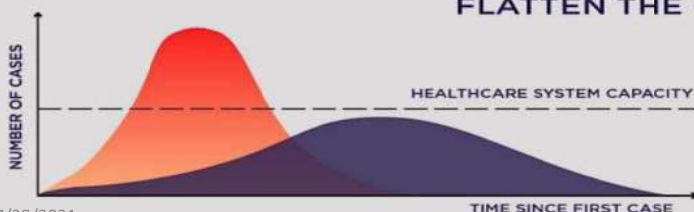
Social Distancing

STOP THE SPREAD OF CORONAVIRUS (COVID-19)

MAINTAIN 6 FEET OF DISTANCE AT ALL TIMES IF IN PUBLIC.



FLATTEN THE CURVE



WITHOUT PROTECTIVE MEASURES
WITH PROTECTIVE MEASURES

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Self-quarantine tips if you're sick with COVID-19

DO



DON'T



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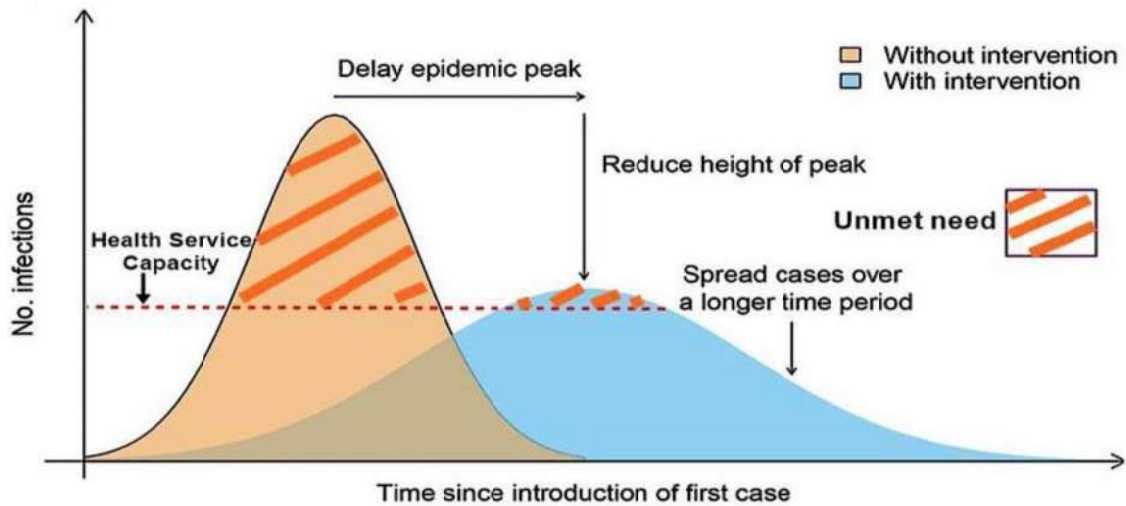


Figure 1: Intended impact of enhanced hygiene and social distancing measures on the COVID-19 pandemic adapted from Fong.⁸

Enhanced hygiene and social distancing measures may reduce both numbers of cases and severity of cases through several mechanisms.

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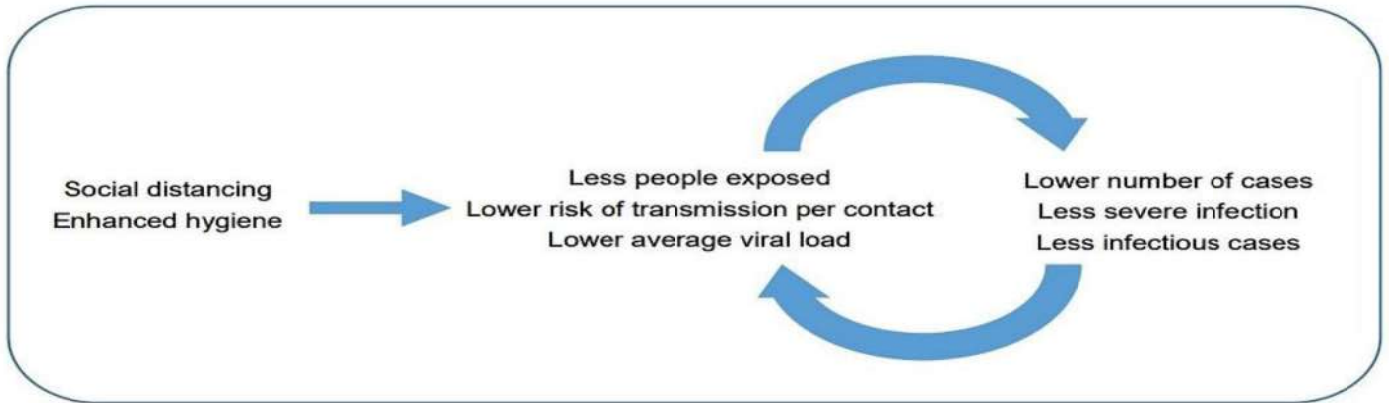


Figure 2: Conceptual model of how pre-emptive interventions with a negative multiplier effect could impact an impending epidemic

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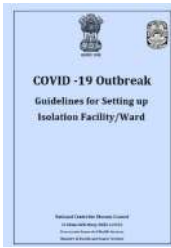
RED ZONES	ORANGE ZONES	GREEN ZONES
<p>WHERE SIZEABLE NUMBER OF CASES WERE DETECTED OR AREAS WHICH WERE DECLARED HOTSPOTS</p> <p>NO ACTIVITY</p>	<p>WHERE ONLY A FEW CASES WERE FOUND IN THE PAST WITH NO INCREASE IN THE NUMBER OF POSITIVE CASES</p> <p>MINIMUM ACTIVITIES LIKE LIMITED PUBLIC TRANSPORT, AGRICULTURAL ACTIVITIES</p>	<p>WHERE THERE IS NO COVID-19 CASE.</p> <p>SOME MSME INDUSTRIES, AGRICULTURAL OPS TO BE OPENED; PUBLIC TRANSPORT WITH 30% OR LESSER PASSENGERS</p>

ZONES OF COVID-19 DANGER

TIMES NOW ACTION BEGINS HERE NEWS.COM

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NCCDC
GUIDELINES

SETTING UP OF AN ISOLATION CENTRE INSIDE HOSPITAL- REQUIREMENTS AND CHECKLISTS

- At State level, a minimum of 50 bed isolation ward should be established.
- At District level, a minimum of 10 bed isolation ward should be established.
 - Post signages on the door indicating that the space is an isolation area.
 - Remove all non-essential furniture and ensure that the remaining furniture is easy to clean, and does not conceal or retain dirt or moisture within or around it.
 - COVID-19 patients should be housed in single rooms.
 - However, if sufficient single rooms are not available, beds could be put with a spatial separation of at least 1 meter (3 feet) from one another.
 - To create a 10 bed facility, a minimum space of 2000 sq. feet area clearly segregated from other patientcare areas is required.
 - Preferably the isolation ward should have a separate entry/exit and should not be co-located with post-surgical wards/dialysis unit/SNCU/labour room etc.
 - It should be in a segregated area which is not frequented by outsiders.
 - The access to isolation ward should be through dedicated lift/guarded stairs.

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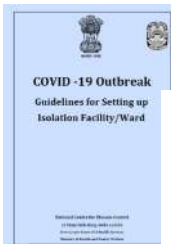
Wear mask properly



Wash Hands with Soap



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NCCDC
GUIDELINES

SETTING UP OF AN ISOLATION CENTRE INSIDE HOSPITAL- REQUIREMENTS AND CHECKLISTS

- Keep the patient's personal belongings to a minimum. Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated for the patient, if possible. Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected before use.
- Place an appropriate container with a lid outside the door for equipment that requires disinfection or sterilization.
- Ensure that appropriate hand washing facilities and hand-hygiene supplies are available. Stock the sink area with suitable supplies for hand washing, and with alcohol-based hand rub, near the point of care and the room door.
- Ensure adequate room ventilation. If room is air-conditioned, ensure 12 air changes/ hour and filtering of exhaust air. A negative pressure in isolation rooms is desirable for patients requiring aerosolization procedures (intubation, suction nebulisation). These rooms may have standalone air-conditioning. These areas should not be a part of the central air-conditioning.
- If air-conditioning is not available negative pressure could also be created through putting up 3-4 exhaust fans driving air out of the room.
- In district hospital, where there is sufficient space, natural ventilation may be followed. Such isolation facility should have large windows on opposite walls of the room allowing a natural unidirectional flow and air changes. The principle of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.
- The isolation ward should have a separate toilet with proper cleaning and supplies.
- Avoid sharing of equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.

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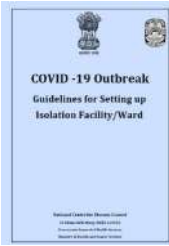
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NCDC GUIDELINES

CHECKLISTS FOR ISOLATION ROOMS

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Gloves
- reusable vinyl or rubber gloves for environmental cleaning
- latex single-use gloves for clinical care
- Hair covers
- Particulate respirators (N95, FFP2, or equivalent)
- Medical (surgical or procedure) masks
- Gowns and aprons
- single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns
- plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available)
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Sharps containers
- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Appropriate clinical waste bags
- Linen bags
- Collection container for used equipment
- Standard IEC
- Standard protocols for hand hygiene, sample collection and BMW displayed clearly
- Standard Clinical management protocols

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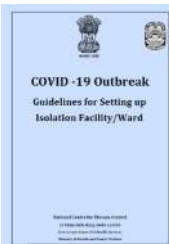
Wear mask properly



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NCDC GUIDELINES

GUIDELINES FOR PROPER USE OF PERSONAL PROTECTION EQUIPMENT

Before entering the isolation room or area:

- Collect all equipment needed;
- Perform hand hygiene with an alcohol-based hand rub (preferably when hands are not visibly soiled) or soap and water;
- Put on PPE in the order that ensures adequate placement of PPE items and prevent self-contamination and self-inoculation while using and taking off PPE; an example of the order in which to don PPE when all PPE items are needed is hand hygiene, gown, mask or respirator, eye protection and gloves

Leaving the isolation room or area

- Either remove PPE in the anteroom or, if there is no anteroom, make sure that the PPE will not contaminate either the environment outside the isolation room or area, or other people.
- Remove PPE in a manner that prevents self-contamination or self-inoculation with contaminated PPE or hands. General principles are:
 - remove the most contaminated PPE items first;
 - perform hand hygiene immediately after removing gloves;
 - remove the mask or particulate respirator last (by grasping the ties and discarding in a rubbish bin);
 - discard disposable items in a closed rubbish bin;
 - put reusable items in a dry (e.g. without any disinfectant solution) closed container; an example of the order in which to take off PPE when all PPE items are needed is gloves (if the gown is disposable, gloves can be peeled off together with gown upon removal), hand hygiene, gown, eye protection, mask or respirator, and hand hygiene
 - Perform hand hygiene with an alcohol-based hand rub (preferably) or soap and water whenever un-gloved hands touch contaminated PPE items.

7/28/2021



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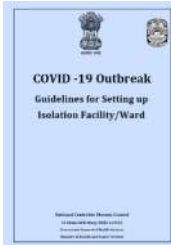
Wear mask properly



Wash Hands with Soap



Maintain safe distance



NCDC GUIDELINES

GUIDELINES FOR TRANSPORT OF INFECTIOUS PATIENTS

It is recommended that transport of infectious patients is limited to movement considered medically essential by the clinicians, e.g. for diagnostic or treatment purposes. Where infectious patients are required to be transported to other units within the hospital or outside the following precautions may be implemented:

- **Infected or colonised areas of the patient's body are covered:** - For contact isolation this may include a **gown, sheets or dressings to surface wounds**; these patients are transferred to a Standard Pressure or Protective Environment Isolation room - **For respiratory isolation the patient is dressed in a mask, gown and covered in sheets**; these patients are accommodated in a **Negative Pressure Isolation Room** - For quarantine isolation the patient may be transported in a fully enclosed transport cell or isolator with a filtered air supply and exhaust; these patients are accommodated in a high level quarantine isolation suite.
- The transport personnel **remove existing PPE, cleanse hands and transport the patient on a wheelchair, bed or trolley, applying clean PPE to transport the patients and when handling the patient at the destination.** Gown-up and gown-down rooms located at the entry to a Unit will assist the staff to enter and exit the facility according to the strict infection control protocols required, thereby reducing the risk of contamination
- The **destination unit should be contacted and notified prior to the transfer to ensure suitable accommodation on arrival.**
- It is preferred that the **patient is transported through staff and service corridors, not public access corridors.** During planning stages, design can assist transfer of infectious patients by providing service corridors and **strategically placed lifts**, capable of separation from other lifts. The nominated lift may be isolated from public and staff transit through access control measures and cleaned following transit of the infectious patient.
- Design may also incorporate a **designated floor for horizontal bed transfers** of infectious patients away from busy clinical areas. **The designated floor may be located at mid-level in the hospital**
- A combination of **nominated lifts, corridors and a bed transfer floor would assist in the movement of infectious patients through the hospital and minimise the risk of**

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MANAGEMENT OF SURGICAL PATIENTS-IN COVID ERA

Indian Journal of Surgery
<https://doi.org/10.1007/s12262-020-02173-3>

ORIGINAL ARTICLE



Recommendations for Surgery During the Novel Coronavirus (COVID-19) Epidemic

Zheng Liu¹, *Xuei Zhang^{2,3}, Nihan Wang¹, Deming Zhang^{2,4}, Gechang Qiao⁵, K. Chandromohan⁶, Christopher M. Booth⁷

Received: 29 March 2020 / Accepted: 27 March 2020
© Association of Surgeons of India 2020

Abstract
The whole world is going through an unprecedented period during the pandemic of COVID-19. This pandemic has affected all aspects of daily life with far-reaching implications, especially in most aspects of healthcare. Practices of surgery across the globe is in a standstill as of now. When we restart surgical practices across world, we have to bring new protocols and practices in place to combat the transmission. This article discusses the major changes in surgical practice, which need to be brought in. This article is based on scientific information about transmission of virus and experiences of some of the authors from China, a country which successfully dealt with and contained the virus outbreak.

Surgical patients may be **classified into three risk categories** for COVID-19

1. **Low-risk patients:** no history of close contact with confirmed / suspected COVID-19 patients ,no fever/ respiratory symptoms and without CT signs of COVID-19 within 14 days.
 2. **High-risk patients:** H/o travel to high-risk areas/ contact with confirmed / suspected COVID-19 (developed fever and/or symptoms of acute respiratory illness within 14 days)
 3. **Confirmed :** (RT)-PCR diagnostic panels or serological (IgM and IgG) test results positive.
- Suspected patients**

i) those who have contact history and meet any two of the clinical manifestations (fever and respiratory symptoms) with the typical findings of COVID-19 in the chest CT.

ii) a clear epidemiological history and shows three of the clinical manifestations (fever and/or respiratory symptoms, with the typical findings in the chest CT.

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PREVENTION MEASURES FOR HEALTH CAREWORKERS

When entering the ward of low-risk or high-risk patients for daily activities and rounds

Primary protection

disposable surgical cap, surgical mask, work uniform and disposable latex gloves or/and disposable isolation clothing if necessary

When carrying out routine activities/rounds with confirmed and suspected patient

Secondary Protection

disposable surgical cap, N95 mask, work uniform, disposable medical protective uniform, disposable latex gloves and goggles

For special procedures such as collecting airway samples, tracheal intubation, airway care, and sputum suction,

Tertiary protection

disposable surgical cap, N95 mask, work uniform, disposable medical protective uniform, disposable latex gloves, full-face respiratory protective devices or powered air-purifying respirator should be implemented as aerosol or spray may occur in airborne infection isolation rooms.

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SANTIZING THE OT/CT ROOM AFTER USE FOR POSITIVE PATIENT

- Air supply should be closed after operation
- Peroxyacetic acid air is used for fumigation
- The operating theater/CT should be cleaned and disinfected
- Cleansing should be done using detergent and water followed by use of with 1000 ppm bleach solution for all hard surfaces in the operating theater.
- The disinfection time should be longer than 30 min. The operating theater should be closed for at least 2 h.
- Next operation should be performed after laminar flow and ventilation being turned on

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REVIEW

Open Access

Preparing your intensive care unit for the COVID-19 pandemic: practical considerations and strategies



Ken Junyang Goh^{1*†}, Jolin Wong^{2†}, Jong-Chie Claudia Tien², Shin Yi Ng², Sewa Duu Wen¹, Ghee Chee Phua¹ and Carrie Kah-Lai Leong¹



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SUMMARY-PREPARING THE ICU

GENERAL MEASURES

SPACE MANAGEMENT

- A) Designate an isolation ICU, with negative pressure AIR
- B) Rapid identification and isolation of suspected/known COVID-19 cases
- C) Ensure access to rapid diagnostic testing (e.g. laboratory facilities)
- D) Initiate planning for surge ICU bed capacity

- A) Utilise normal pressure ICU beds or existing monitored beds
- B) Ensure timely step-down of stable patients with deisolation protocol
- C) Mass critical care: triaging protocol for patients with consideration for available resources, ethical principles, and public engagement

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SUMMARY-PREPARING THE ICU

STAFF MANAGEMENT

1. Staff segregation into 'frontline' teams
Implement strict infection prevention and control measures
2. Education of HCWs on infection control measures with just-in-time N95 fit testing
In situ, just-in-time simulation training with before-and-after multidisciplinary peer-review processes
3. Periodic re-training of HCW on infection control measures
4. Staff surveillance (e.g. temperature monitoring) and access to designated staff clinics
5. Ensure dissemination of timely and factual information and establish two-way communication
6. Provide helplines and psychological support, temporary staff quarters, gratitude messages from hospitals and public



Initiate ICU hands-on training for non-critical care nurses and ICU refresher courses for HCW using online materials and instructional Videos

1. Minimise unnecessary procedures and transport
Increase manpower capacity by changing work structure (e.g. extra shifts or work hours) and restricting leave
2. Suspend elective procedures and non-essential services
3. Redeployment of HCW with critical care experience from other departments into ICUs
Consider reducing nurse- and doctor-to-patient ratios
4. Mass critical care: reassign non-intensive care HCW from other departments to support essential services, with ICU nurses providing a supervisory role

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SUMMARY-IN ICU MANAGEMENT

GENERAL MEASURES

- Develop robust risk stratification criteria
1. Actively identify and isolate patients suspected
 2. Effective contact tracing
 3. Rapid laboratory diagnostic testing
 4. Care for suspected or confirmed cases in negative pressure AIIR—patients to wear face masks until transfer to AIIRs
 5. Strict hand hygiene and standard precautions
 6. For all patients: droplet and standard precautions, with additional airborne precautions when performing aerosol-generating procedures

1. Staff segregation and physical distancing
2. Centrally tracked staff surveillance
3. Reduce face-to-face encounters with patients (e.g. video monitoring, telemedicine, wearables for vital sign monitoring)
4. Minimise patient movement or transport
5. Exclude visitors to patients with suspected or known COVID-19
6. Restrict unnecessary attendance at hospitals (e.g. medical students, members of public, research coordinators)
7. Minimize or postpone elective admissions /OT

1. Single-use items for patients
2. Disinfect shared equipment after use
3. Provision of (disposable) staff scrub suits in isolation wards
4. Appropriate handling of biomedical waste
5. Hospital issued guidelines for infection prevention, including handling of patient specimens and care of the deceased patient

7/28/2021



60-year-old Covid-19 patient dies without treatment in Delhi

Pankhuri Yadav | TNN | Updated: Jun 5, 2020, 11:30 IST



Photo used for representational purpose only

on Twitter to break the news, saying, "The govt failed us."

NEW DELHI: With Covid-19 cases spiralling in Delhi, it is becoming difficult to secure a bed at a hospital within a reasonable time. The death of a 60-year-old man, Lakhjeet Singh, after he failed to get a bed in any hospital has brought out this stark reality.

His daughter, Amarpreet, went

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Coronavirus outbreak

Favouring young over old in Covid-19 treatment justifiable, says ethicist

Prof Arthur Caplan: age a "valid criterion" to use when making the "terrible choice"

- Coronavirus - latest updates
- See all our coronavirus coverage

Amelia Hill
#globeandmail
Wed, 22 Jun 2020, 11:57:01 AM
65



COVID-19 Triage Decisions Should 'Ignore Life-Years Saved,' Writes Bioethicist in Medical Care

11-Jun-2020 10:00 AM EDT, by Wolters Kluwer Health: Lippincott.

Newswise — June 11, 2020 – How do we decide which patients with COVID-19 should get priority for lifesaving ventilators and ICU beds? Writing in the July issue of *Medical Care*, a prominent bioethicist argues that COVID-19 triage strategies should focus on saving lives, rather than prioritizing life-years saved. *Medical Care* is published in the Lippincott portfolio by Wolters Kluwer.

7/28/2021

AEROSPACE AND DEFENSE MARCH 20, 2020 / 8:48 PM / UPDATED 6 MONTHS AGO

Who gets the ventilator? British doctors contemplate harrowing coronavirus care choices

By Stephen Grey, Andrew MacAskill



REUTERS

READ



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SUMMARY-IN ICU MANAGEMENT

Aerosol generating procedures

1. Perform aerosol-generating procedures only in presence of a clear clinical indication
2. Consider alternative therapy (e.g. inhaled medications by metered dose inhaler and spacer rather than nebulised therapy)
3. Consider conventional oxygen therapy (instead of NIV and HFNC) and early intubation for COVID-19 pneumonia

Airborne precautions

- A) Issue hospital guidelines on aerosol-generating procedures
- B) Consider the use of PAPR if available and staff are trained in its use
- C) Procedure to be done in AIIR or single room
- D) Limit staff involved in aerosol-generating procedures
- E) Limit duration and exposure during aerosol-generating procedures (e.g. stop ventilation before circuit disconnection)

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SUMMARY-IN ICU MANAGEMENT

ICU-specific measures

Consider high-efficiency particulate air (HEPA) filters at

- Expiratory port of breathing circuit
- Bag-valve-mask interface
- NIV mask interface

Use heat and moisture exchanger (HME) instead of a heated humidifier

Use closed, in-line suction of tracheal tubes

Measures to reduce dispersion of aerosols during intubation

Use of single-use equipment (e.g. bronchoscopes)

Segregate ICU equipment (e.g. ultrasound machines)

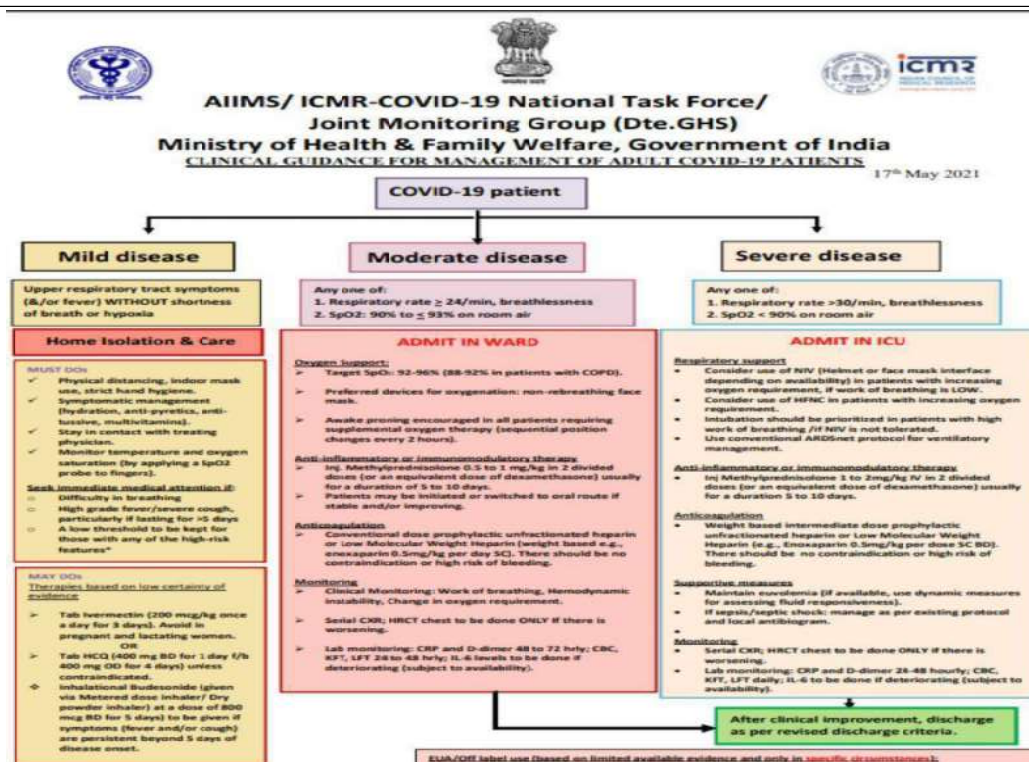
Incorporation of infection control measures into ICU workflows

(e.g. cardiac arrest and rapid response teams, transport, emergency operations and procedures)



Black arrows- HEPA FILTERS

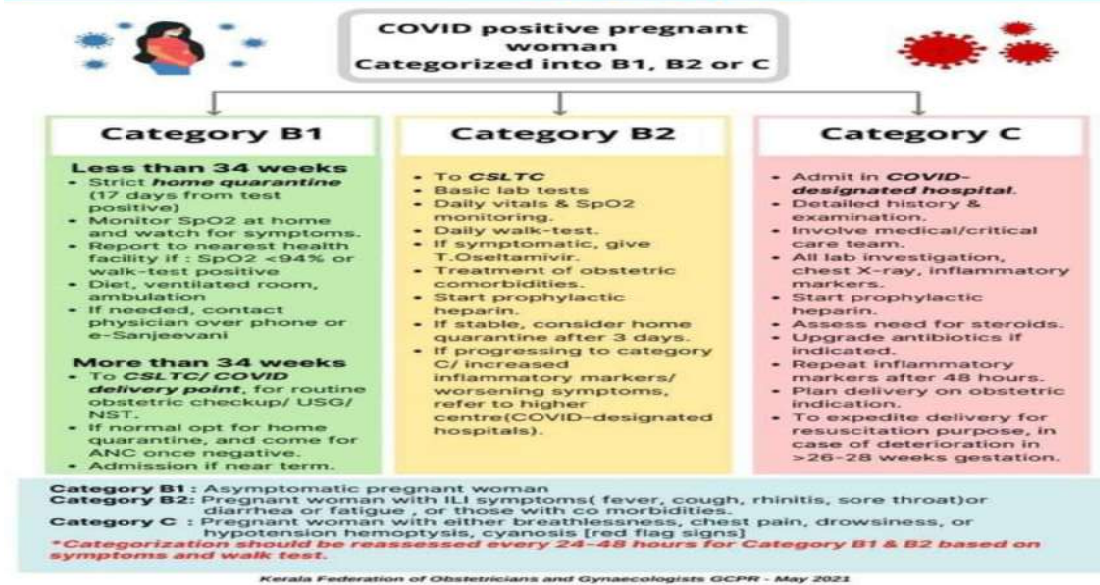
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COVID-19 Care in Pregnancy - An Overview

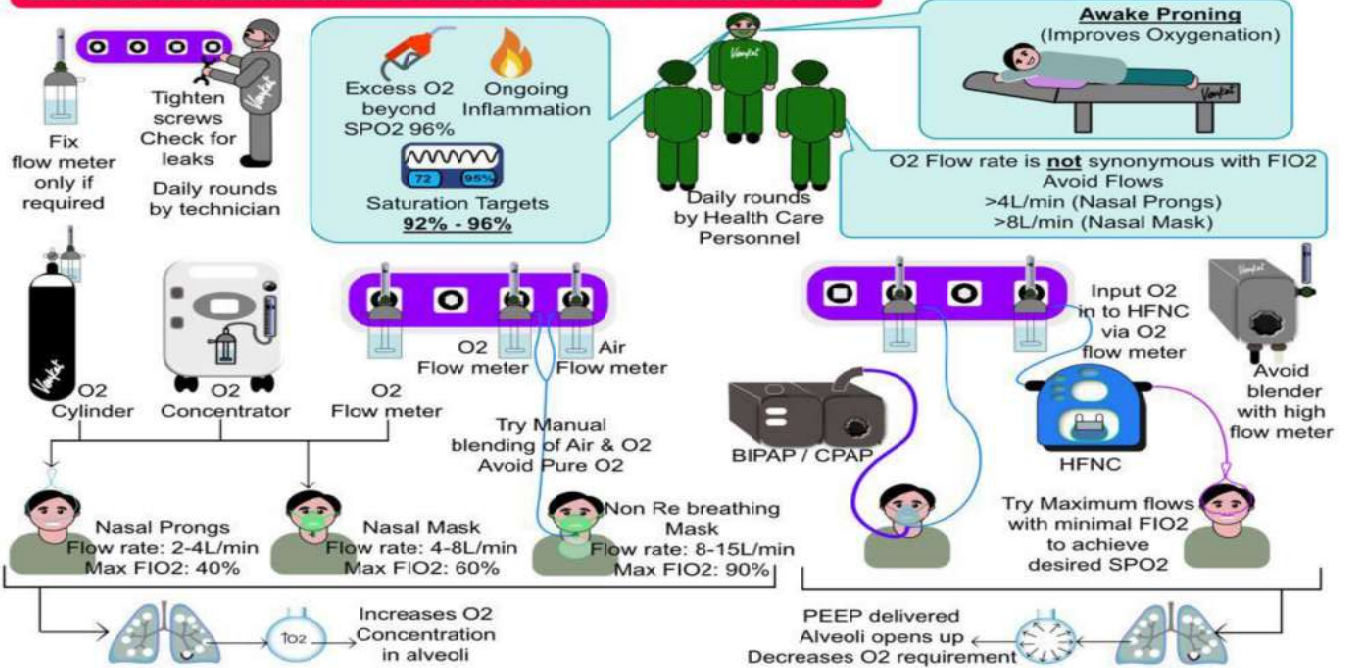
KFOG-GCPR



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OXYGEN THERAPY IN COVID CARE HOSPITALS IN INDIA



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DIET CHART FOR COVID ICU & COVID RICU

Diet chart for ICU patient of approximate body weight 60 kgs
 If BMI > 30 kg/ sq mtr use IBW
 If BMI < 30 kg/ sq mtr use actual body weight

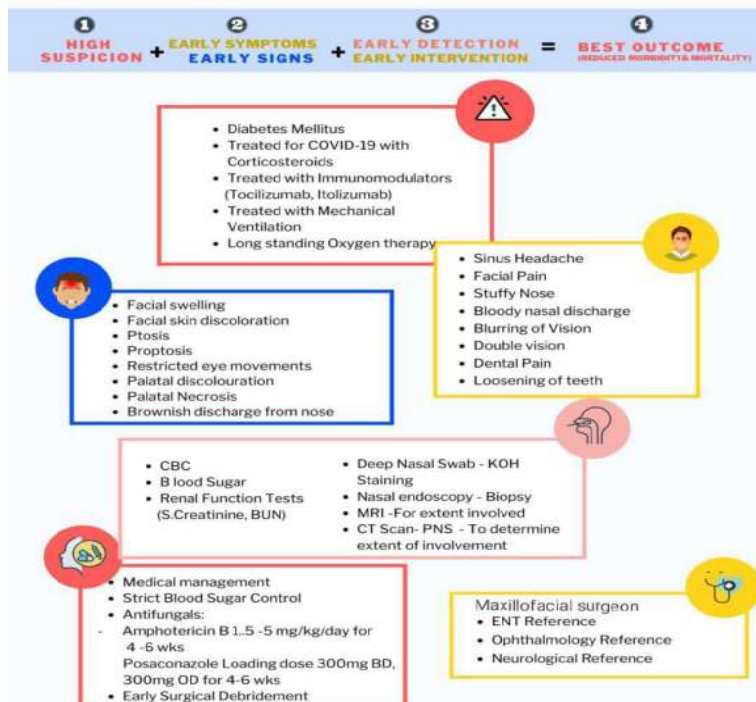
Daily calorie requirements ~ 25 – 30 Kcal/kg
 Protein requirements ~ 1.3 g/kg

Time	Feed	Kcal	Protein
0700 hrs	Bread 2 pieces , butter 30 grms, Fresh/Cut fruits 1 bowl Eggs 2 pieces, tea/milk/curd	Breads 60 x 2= 120 Kcal Butter 30 grms = 210 Kcal Fruits = 50 Kcal EGGS 75 x 2 = 150 Kcal Milk/curd 100 gms = 60 Kcal Total = 590 Kcal	Milk = 3.5 g Eggs 5x 2= 10 g Total. = 13.5 g
1000 hrs	Milk 100 ml Protinex 3 scoops (25 g)	Milk = 60 Kcal Protinex = 75 Kcal Total = 135 Kcal	Milk = 3.5 g Protinex = 7.5 g Total. = 11 g
1200 hrs	Roti 2 pieces , Rice (1 portion) Dal (1 cup) 150 g , Chicken / fish 1 bowl , fresh fruit	Roti 60 x 2 = 120 Kcal Rice 1 portions(120g =135 Kcal Dal 1 cup (150 g) = 120Kcal Fruits = 50 Kcal Total = 425 Kcal	Dal = 10 g Chicken/ fish =20 g Total. = 30 g
1600 hrs	Milk 100 ml	Milk = 60 Kcal Total. = 60 Kcal	Milk = 3.5 g Total. = 3.5g
1900 hrs	Roti 2 pieces , Rice (1 portion) , vegetable cooked 1 Portion Dal (1 cup) 150 g , Chicken / fish 1 bowl , Milk / Curd	Roti 60 x 2 = 120 Kcal Rice 1 portions(120g =135 Kcal Dal 1 cup (150 g) = 120Kcal Vegetable 1 portions (cooked)= 60 Kcal Milk/ curd (100g) = 60 Kcal Total. = 495 Kcal	Dal = 10 g Chicken/ fish =20 g Milk = 3.5 g Total. = 33.5 g
		TOTAL. = 1705 Kcal	TOTAL = 91.5 g

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Watch out for Mucormycosis in COVID-19 Patient



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Rhino-orbital-cerebral Mucormycosis

TREAT (Target Recognizing Early & Aggressively Treat) MUCOR


<ul style="list-style-type: none"> Uncontrolled diabetes mellitus Treated for COVID-19 with corticosteroids Treated for COVID-19 with immunomodulators Treated with mechanical ventilation Long standing Oxygen therapy 	<ul style="list-style-type: none"> Facial pain Sinus headache Stuffy nose Decreased vision Bloody nasal discharge Dental pain
--	---

Examination

<ul style="list-style-type: none"> Facial swelling Facial discoloration Ptosis Proptosis Restricted EOM CRAO Ophthalmoplegia Panophthalmitis Palatal eschar Nasal eschar 	<ul style="list-style-type: none"> CBC FBS, PPBS and HbA1C RFT Deep nasal swab for Grams, KOH and CFW + plate blood agar and fungal media (SDA or PDA) Diagnostic nasal endoscopy MRI orbit, PNS and brain with contrast CT PNS
--	--

Broad management guidelines

Medical management		
Induction with liposomal Amphotericin B (L-AMB) 5 to 10 mg/kg/day for 2 weeks (all patients)	Dual therapy: L-AMB + Oral Posaconazole dose 300 mg BD for day 1 and then 300 mg OD for 2 weeks (all patients)	Oral Posaconazole 300 mg BD for a further 2-4 weeks till clinical resolution and radiological stabilization (all patients)
Surgical management		
Early surgical debridement of sinuses (all patients)	Transcutaneous retrobulbar Amphotericin B (TRAMB) 1 ml of 3.5 mg/ml (select cases only)	Orbital Exenteration (patients with extensive orbital involvement)

tarjani@lvpei.org  L V Prasad Eye Institute

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Establish Support Areas

- Family Information Centre
- Volunteer Co-ordination Centre
- Media Centre



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Mental Health*

- Depression
- Anxiety
- Exacerbation of psychiatric disorder

- Target population
 - ✓ Victims
 - ✓ Visitors
 - ✓ staffs



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Morgue facilities

- Need to be expanded to other areas of the hospital

- Viewing of deceased patients should take place here, **not in treatment areas.**



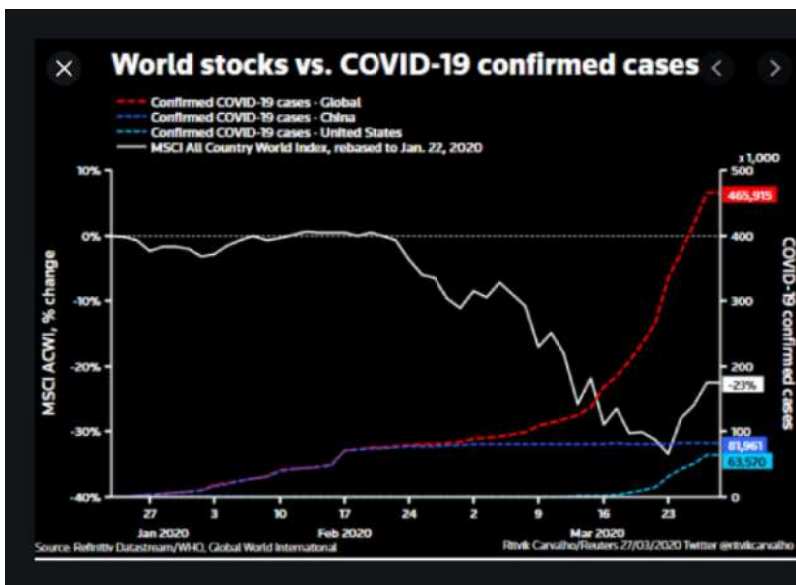
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COVID -19 SOCIAL IMPACT



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1. Crash of global economies, unemployment
2. Life vs livelihood
3. Labour migration
4. Rise in poverty 9.18% globally
5. Industries shut- airlines, tourism, hospitality, oil, automobiles, luxury goods

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COVID-19 - ITS EFFECTS ON MENTAL HEALTH OF MASSES

CAUSE

1. Fear of the unknown
2. Prolonged isolation due to social distancing
3. Rumor mongering
4. Unemployment
5. Uncertainty of the future
6. Lack of knowledge about the disease
7. Death /demise of a known person/relative

EFFECTS

1. Substance abuse
2. Stress/Anxiety/ depression
3. Interpersonal violence
4. Suicidal Ideation/ self harm
5. Eating disorders
6. Sleep disorders
7. Burnout
8. Poor physical health and self care



Letter to the Editor

Preserving the "human touch" in times of COVID-19

As the corona virus disease has spread across the globe, various measures are being taken at different places worldwide to reduce contact with the patients, by involving robots to take the sample, or provide food to patients, consultation on phones or video-

junction between admitted patients and their families, like setting up tablets on patient's bedside, have been recommended by certain authors (Wakim et al., 2020). It is not just the visual stimulus that helps in letter, non-verbal communication, but other senses too. So, probably, it

Mental Health and the Covid-19 Pandemic

Betty Pfefferbaum, M.D., J.D., and Carol S. North, M.D., M.P.E.

Uncertain prognoses, looming severe shortages of resources for testing and treatment and for protecting responders and health care providers from infection, imposition of unfamiliar public health measures

fringe on personal freedoms, large and growing financial losses, and conflicting messages from authorities are among the major stressors that undoubtedly will contribute to widespread emo-

for psychiatric illness associated with Covid-19. Health care providers have an important role in addressing these emotional outcomes as part of the pandemic response. Agencies may

510



The NEW ENGLAND
JOURNAL of MEDICINE



COVID-19 AND ITS EFFECTS ON MENTAL HEALTH OF FRONTLINE WORKERS

CAUSES

1. Fear of contracting the disease
2. Fear of death
3. Fear of transmitting disease to family members
4. Prolonged duty hours
5. Absence of support from family members due to long quarantine requirements/inability to go home
6. Lack of adequate PPE
7. Working long hours in PPE
8. Affected family members
9. Affected / death of colleagues
10. Stigma from neighbors/society
11. Lack of appreciation
12. Immense pressure of rationing medical treatment
13. Inadequate remuneration
14. Absence of social security in case they die while working
15. Physical abuse/ verbal abuse

Shaukat et al. International Journal of Emergency Medicine (2020) 13:4
<https://doi.org/10.1186/s12245-020-00299-5>

International Journal of
Emergency Medicine

REVIEW

Open Access

Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review



Natasha Shaukat^{1,2*}, Daniyal Mansoor Ali³ and Junaid Razza^{2,3}



TAKE HOME MESSAGE

WHAT HAS COVID -19 PANDEMIC TAUGHT US

1. Urbanization and globalization has its downsides
2. Exploiting nature can cost us heavily
3. Physical not social distancing
4. Expenditure on health care and not wars
5. Technology can help immensely
6. Glaring disparity between economical class needs to be narrowed with adequate social security for the vulnerable
7. Mental health crisis and emerging invisible pandemic
8. Worse than death is the fear of death

WHAT HAS THIS PANDEMIC NOT CHANGED

1. The art of practicing medical science-the sacred doctor patient relation still exists
2. We never had all answers in medicine but what we have is serving to the best of abilities
3. Selflessness of the medical professionals and service before self attitude even if it requires the supreme sacrifice
4. Warmth of a human hand , voice of a soothing calm, empathy, compassion stills works
5. The human spirit cannot be defeated



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Food Distribution



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Coronavirus in India: In 13 states, NGOs fed more people than govt did during lockdown

84.26 lakh people have been provided meals across the country during the lockdown, of which nearly 37% people were fed by NGOs. In Gujarat, NGOs fed 93% of the people who were provided meals, while in Andhra the figure was 92%.



INDIA TODAY

Girl brings injured father on bicycle from Delhi to Bihar

Binay Kumar Jha | TNN | Updated: May 19, 2020, 09:30 IST



DARBHANGA: For a 15-year-old girl, cycling for a week to cover nearly 1,200km from Delhi to Darbhanga with her injured father riding pillion, it was a feat no less than completing the grueling Tour de France - the world's longest bicycle race.

Even among the scores of

Muslim charities aid needy in India amid COVID-19

Charity groups have been trying to ensure that poor do not go to bed hungry amid nationwide lockdown

Muslim News | 16/04/2020



COVID-19 entry in October
Brazil's 1 Central in COVID
Kashmir: please do not

Delhi's 'Langar on Wheels' to feed over 15,000 daily

Published: Jun 01, 2020 | 06:49 PM by ANS

Share Tweet Comments (0)

Carrying forward the tradition of serving food through community kitchens beyond the walls of gurdwaras, Delhi Sikh Gurdwara Management Committee on Monday started 'Langar on Wheels' to provide food and water to the destitute.



New Delhi: Even though the lockdown restrictions have been relaxed, lack of income and dwindling finances have pushed people into a state of deep despair and distress. To ensure that no one sleeps empty stomach, estimated fifteen thousand people living in Jhuggi-Jhopri clusters, railways stations, bus stands, rain shelters and pavements will be served food daily.

Committee President Manjinder Singh Sirsa said that 15 vans will leave Gurdwara Bangla Sahib, situated in the heart of the national capital, in the wee hours of the day and serve food to people at various places across the city.

"They will be left in a lurch if proper food etc is not provided to them," Manjinder Singh Sirsa added. He said that the vow was taken after several NGOs and institutions, which were

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Coronavirus: A teacher in an Indian village conducts online classes on a tree, to beat network glitches, amid the COVID-19 lockdown

COVID-19: Educational institutions across India are closed due to the coronavirus pandemic



Delhi Farmer Buys Flight Tickets To Send 10 Of His Workers Home Amid Lockdown

Their flight to Patna in Bihar will leave tomorrow at 6 am and from there they will go to their village in Samastipur.



Farmer with his workers and family members. Photo Credit: Manoj, Sanyal, better feed

Ambulance from Chennai covers 3,000 km to bring Mizoram man's body home

SPECIAL CORRESPONDENT

GUWAHATI, APRIL 29, 2020 12:32 IST
UPDATED: APRIL 29, 2020 17:15 IST

SHARE ARTICLE f t w p e 2 PRINT | A | A | A

Corona crisis: OYO offers free stay to doctors & nurses in US; Ivanka Trump, Paytm boss bowled over by gesture

7/28/2021

In Mumbai, the Taj is providing 20,000 meals for free every day

Taj Hotels is now providing meals to healthcare and migrant workers in Mumbai, Bengaluru and New Delhi

Published: APR 02, 2020 | 16:10:52 IST



Staff at the Taj Public Service Welfare Trust pack nutrition kits for doctors and migrant workers in Mumbai, Bengaluru and New Delhi. Photo: Taj Hotels

Pizza Hut and Deliveroo to serve 300,000 free meals to hospital staff

By Stefan Chomka | 20 Mar 2020 - Last updated on 18 Jul 2022 at 13:07 GMT



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What do I doEmergency strikes

- Move to safe place
- Loosen tight clothing/belt/shoes/tie
- Do not offer water
- Lay straight
- Side turn if vomiting/ear,nose,mouth bleeding

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All conditions : address

- A
- B
- C
- D

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Maintain safe distance

Scoop & Run vs Stay and Play



Airway with Cervical Spine Immobilization

- Provide Oxygen
- Apply Cervical Collar



Breathing

- Continue Giving Oxygen



Circulation and Bleeding Control

- Control obvious external Hemorrhage
 - Direct Pressure and Bandage
 - Splint the fracture/ deformity



Disability (Neurological)

7/28/2021



Stay Protected from Corona



Wear mask properly

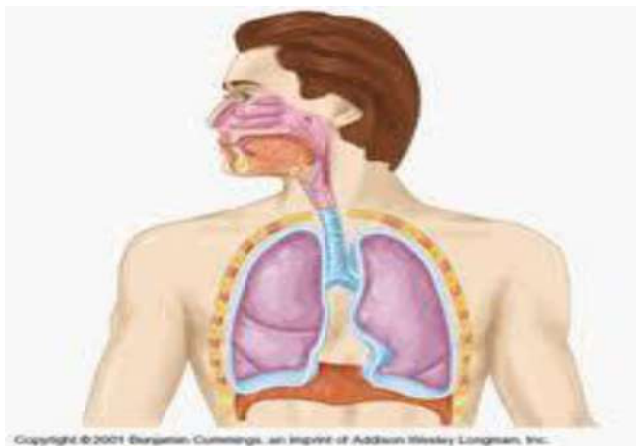


Wash Hands with Soap



Maintain safe distance

Airway



7/28/2021



Stay Protected from Corona



Wear mask properly



Wash Hands with Soap



Maintain safe distance

airway



7/26/2021
Stay Protected from Corona Wear mask properly Wash Hands with Soap Maintain safe distance

CPR CARDIO-PULMONARY RESUSCITATION



7/28/2021
Stay Protected from Corona Wear mask properly Wash Hands with Soap Maintain safe distance



© AFP

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Spine board is a safe transport



7/28/2021

Stay Protected from Corona Wear mask properly Wash Hands with Soap Maintain safe distance

Burns

Cool with Tap water
Cover with clean sheet/cloth

7/28/2021



Stay Protected from Corona



Wear mask properly



Wash Hands with Soap



Maintain safe distance

Splintage

- How
- When
- What to use
- Why to use

7/28/2021



Stay Protected from Corona



Wear mask properly

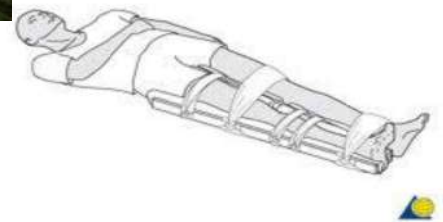
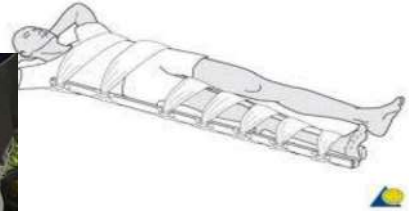


Wash Hands with Soap



Maintain safe distance

Basic Bandages and Splints



7/28/2021

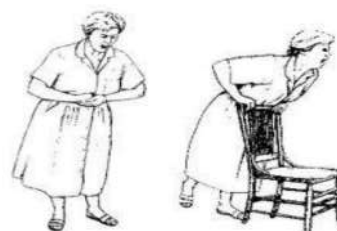
Stay Protected from Corona Wear mask properly Wash Hands with Soap Maintain safe distance

Heimlich's maneuver



Do not thrust hard enough to lift the child off his feet.

ADAM



7/28/2021

Stay Protected from Corona Wear mask properly Wash Hands with Soap Maintain safe distance

Wounds/Bites

- Clean with soap water
- Dress with cotton bandage/clean cloth
- Analgesic but with caution

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Stay Protected from Corona



Wear mask properly



Wash Hands with Soap



Maintain safe distance

What to do

- Regular teaching program
- Mock drills
- Movies/plays
- Visit to hospitals
- Media/newspaper advertisement

7/28/2021



Stay Protected from Corona



Wear mask properly



Wash Hands with Soap



Maintain safe distance

Drug delivery

Medications to be made available with consideration of

Anaemia/Malnutrition

UTI (urinary tract infection)

PID(pelvic inflammatory disease)

STD(sexually transmitted disease)

Contraception(emergency kit/diagnostic kit)

Barrier methods(safe practice)

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Wear mask properly



Wash Hands with Soap



Maintain safe distance

Immediate Responses During Disaster (*Gender demands*)

- **Emergency Relief Supplies** Include Women's Specific Requirements
- Ensure Women's Access to Sufficient and Adequate Food
- **Food distribution equitable, transparent** and respect human dignity
- Aid distribution for women should be handled by women
- Ensure that Women's **Menstrual/Pregnancy Needs** Are Met
- Women's Access to Adequate **Toilet and Bathing Facilities**
- Ensure Women's Access to Free Health Care Services
- Ensure **Security and Safety** of Women and Children
- Protect Women from Violence and Abuse
- Ensure Women's Access to **Psycho-Social Counselling**

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Wear mask properly



Wash Hands with Soap



Maintain safe distance

NEWS

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Asia China India

Coronavirus: How India will play a major role in a Covid-19 vaccine

 **Soutik Biswas**
India correspondent

27 April 2020

f     Share

Coronavirus pandemic



7/28/2021

Top Stories

Coronavirus cases pass 3 million around the world

In less than four months the new virus is known to have killed more than 200,000 people globally.

27 April 2020

This is the moment of maximum risk, Johnson says

1 hour ago

Virus 'Australia's chance to grasp green energy'

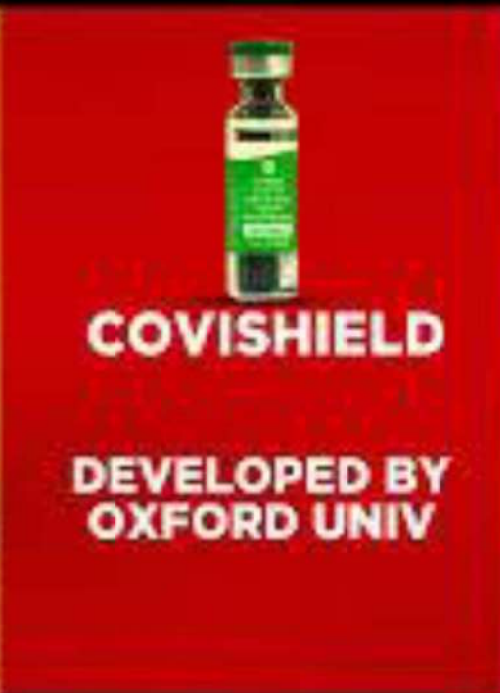
3 hours ago

Features



The 'social bubble' approach to lockdown easing

 Stay Protected from Corona  Wear mask properly  Wash Hands with Soap  Maintain safe distance



7/28/2021



People wait outside a vaccination centre to receive a dose of Covid-19 vaccine, in Thane, May 12, 2021. (PTI Photo)



Increase the gap between two doses of Serum Institute of India's Oxford Covid-19 vaccine 'Covishield' to 12-16 weeks, a government panel has recommended. Currently, the interval between two doses of Covishield is four to eight weeks.

No change in dosage interval for Covaxin was suggested by the panel.

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Wear mask properly



Wash Hands with Soap



Maintain safe distance

MyLab
Discovery solutions

CoviSelf™

India's First
Self Test Kit
for Covid-19

The test kit will be available in the market in about a week's time and will be priced at ₹250 per kit.

7/28/2021



Stay Protected from Corona



Wear mask properly



Wash Hands with Soap



Maintain safe distance



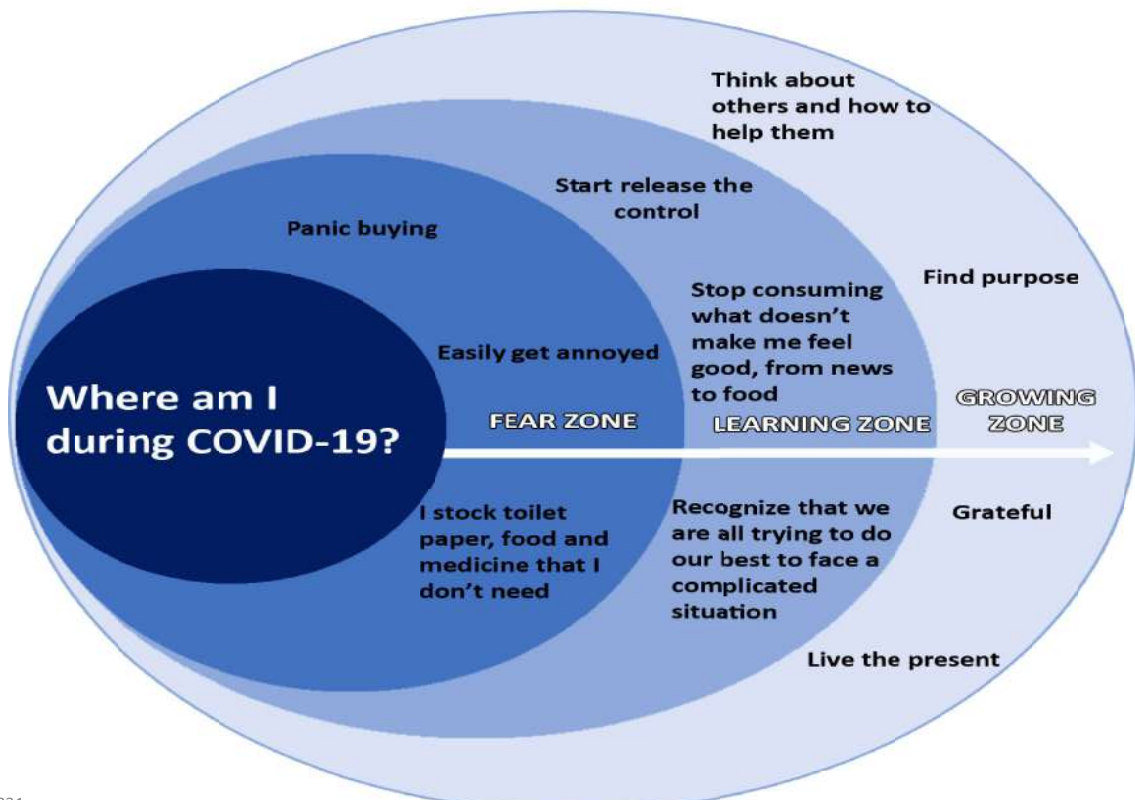
Amazing_study.in

कोरोना के मरीजों से किसी को मिलने नहीं दिया जाता जिस वजह से वो बहुत अकेलापन महसूस करते हैं इसीलिए **brazil** की नर्सों ने मरीज़ के हाथ पर **hand of god** नाम के गुब्बारे लगाना सुरु किया हैं जिससे मरीज को ऐसा लगता हैं की वो किसी का हाथ हो और मरीज़ की दिमाग की स्थिति अच्छी बनी रहे।

[f /amezingstudy.in](https://www.facebook.com/amezingstudy.in) [ig /amazing_study.in](https://www.instagram.com/amazing_study.in)

7/28/2021

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7/28/2021



Stay Protected from Corona



Wear mask properly



Wash Hands with Soap




Maintain safe distance

Earthquake Risk Mitigation

Hari Kumar

28/05/2021




About GeoHazards

- GeoHazards International, GeoHazards Society
- Not for profit organisations working closely with National and State Governments in projects relating to Hospital safety, School safety, engineers training, and urban risk reduction, projects in India, Nepal, Bhutan, Myanmar etc.

Should we be worried?

live*mint*

Delhi: Low intensity tremors indicate major earthquake could hit national capital, warn geologists

3 mins read · Updated: 31 May 2020, 10:45 AM IST

IANIS

• There were ten 3 in the span of on

• Delhi falls under witness to grow

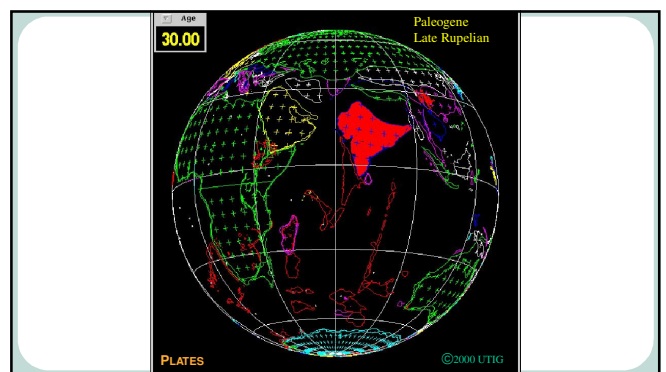
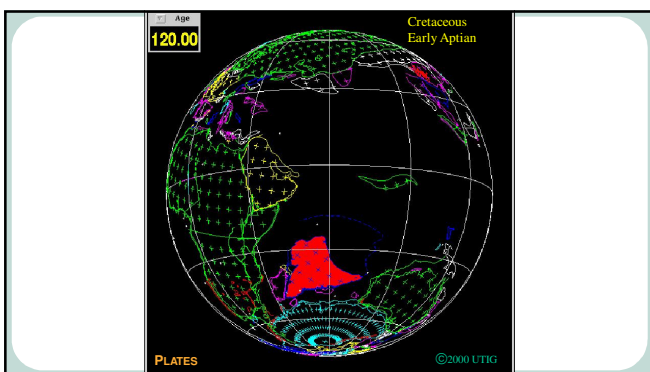
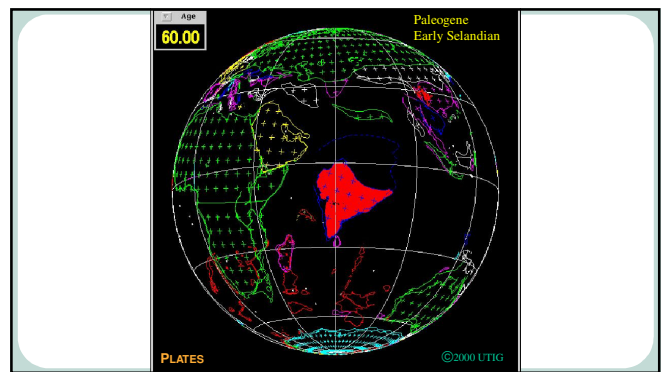
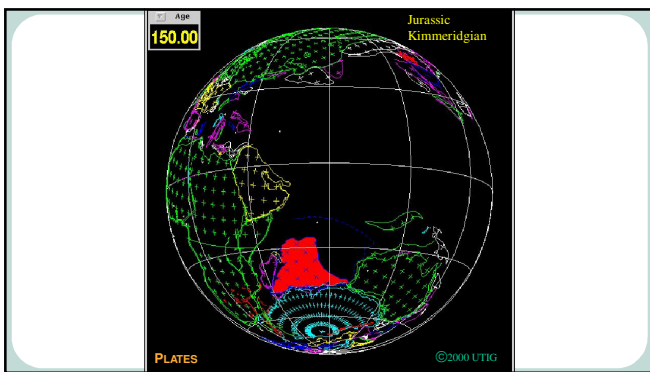
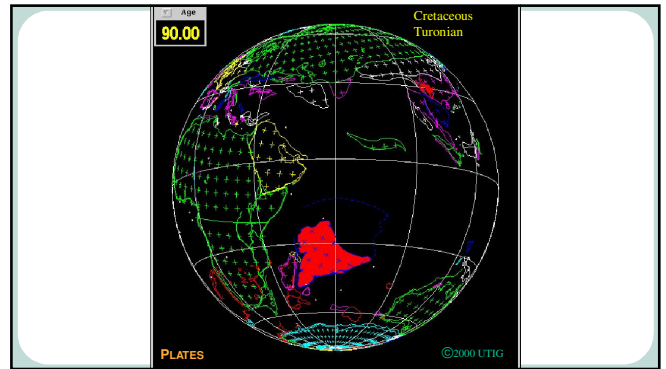
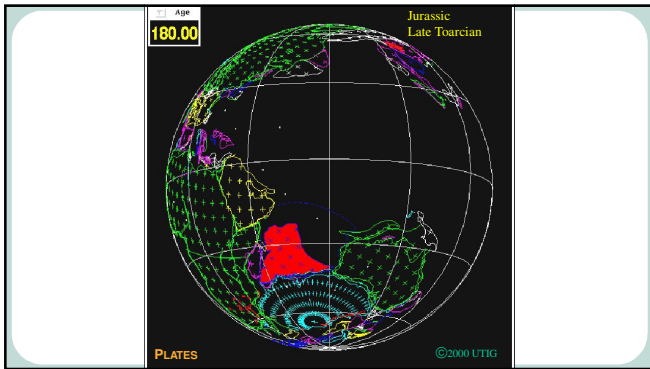
A big earthquake might be waiting to hit Delhi-NCR

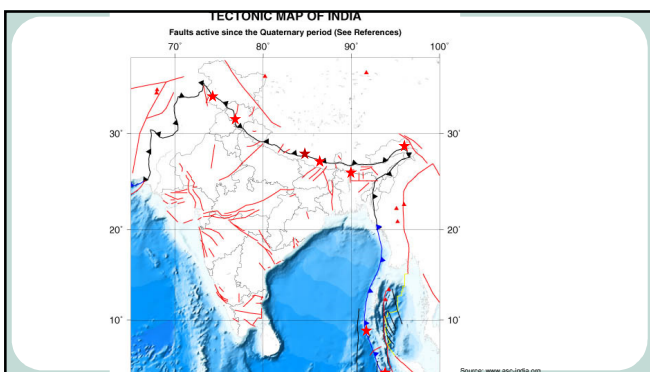
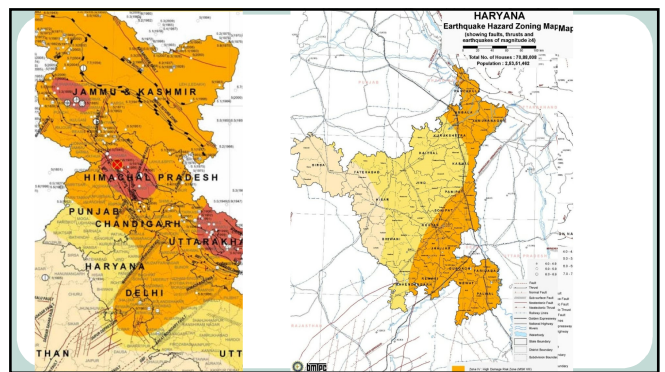
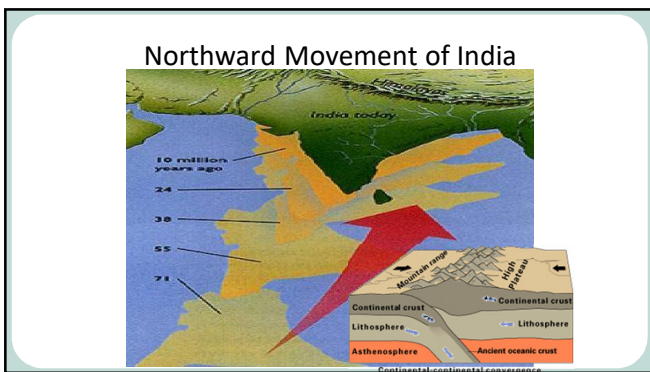
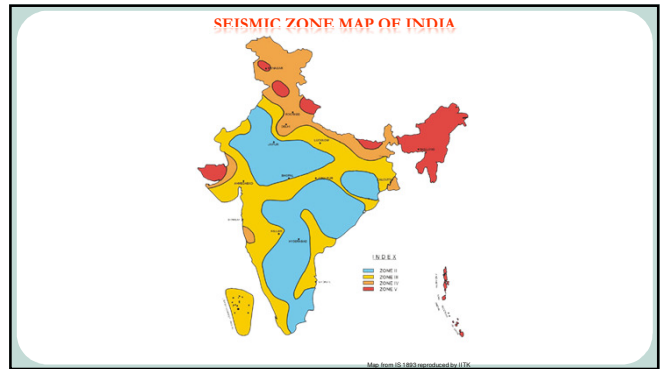
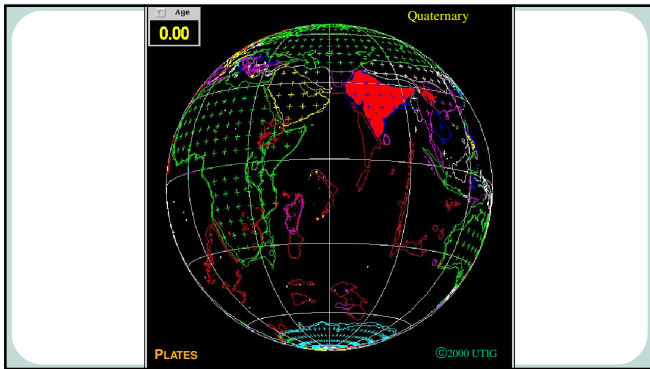
If a large magnitude earthquake occurs in the near future in the northeast (NE) Himalayas region as predicted by a recent study, the National Capital Region (NCR) of Delhi would suffer very heavy damage.

IIT professor: Major earthquake may rock Delhi-NCR soon

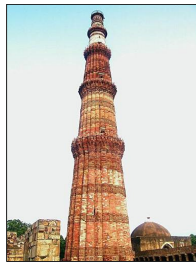
Amir Anisipov | 7 min · Updated: Jun 6, 2020, 15:54 IST







Earthquakes Have Affected North India



Earthquakes that caused damage

- 1505 Lo Mustang (Nepal border) earthquake
- 1720 Gharwal Himalayas earthquake
- 1803 Mathura earthquake
- 1905 Kangra
- 2005 Kashmir

Many other earthquakes felt in Delhi that luckily caused little or no damage

The further you are from the last earthquake

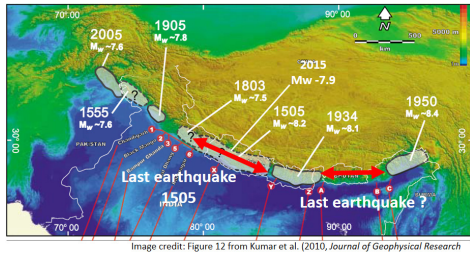


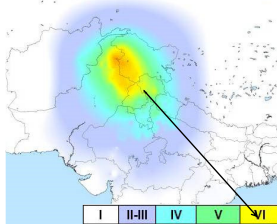
Image credit: Figure 12 from Kumar et al. (2010), Journal of Geophysical Research

Country/ Place	Date	Intensity of Quake	Human Lives Lost
USA			
Southern California	28.6.1991	6.2 M	2
Landers California	28.6.1992	7.3 M	3
Oregon	21.9.1993	6.4 M	2
Northridge, California	17-1-1994	6.9 M	60
Wyoming	3-2-1995	6.7 M	1
Central California	22-12-2003	6.8 M	2
JAPAN			
Hokkaido	25-9-2003	8.3 M	0
Kobe	16.1.1995	6.9 M	5530
Kamchatka	12-5-2005	7.3 M	0
Fukuoka	20-3-2005	6.5 M	0
Honshu	16-8-2005	7.2 M	0
INDIA			
Uttarkashii	20.10.1991	6.6 M	2000
Latur	30.9.1993	6.3 M	9475
Jabalpur	22.5.1997	6.0 M	39
Chamoli	29.3.1999	6.8 M	100
Bhuj	26.1.2001	6.9 M	13805

Source: UNDP (BCP4)

How strong will can the shaking feel?

Estimated intensity for 2005 Kashmir Eq.



- This is called *intensity*
- Reported on a scale of I to XII
- Based on
 - Human perception of shaking
 - Damage to buildings
 - Effects on nature

I	II-III	IV	V	VI	VII	VIII	IX	X-
Not felt	Weak	Light	Moderate	Strong	Very strong	Severe	Violent	Extreme
None	None	None	Very light	Light	Moderate	Moderate/Heavy	Heavy	Very Heavy

www.asc-india.org
Image credit: Amateur Seismic Centre

Two Cities

- Same Intensity of hazard, say an earthquake
- Same time of the day
- Same Population
- Same results?
- What is different?
- Why are two cities having different risks?
- What constitutes risk at a place?

Should we have been prepared?

Hazard

- Hazard is a physical event that can potentially **trigger a disaster**. Such a physical event in itself need not necessarily result in a disaster

H

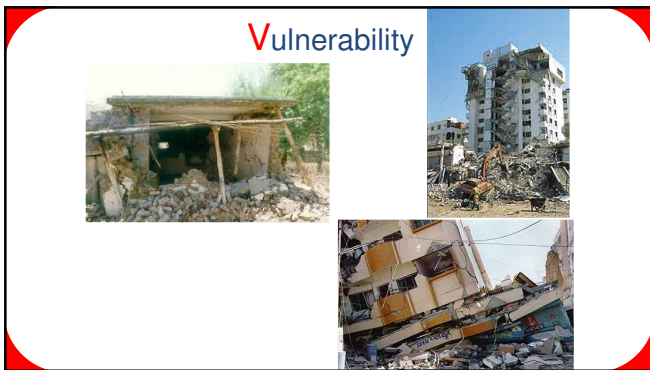
Vulnerability

- Vulnerability is the degree to which the built environment is susceptible to losses (**largely depends on nature of buildings, types, ages etc**)

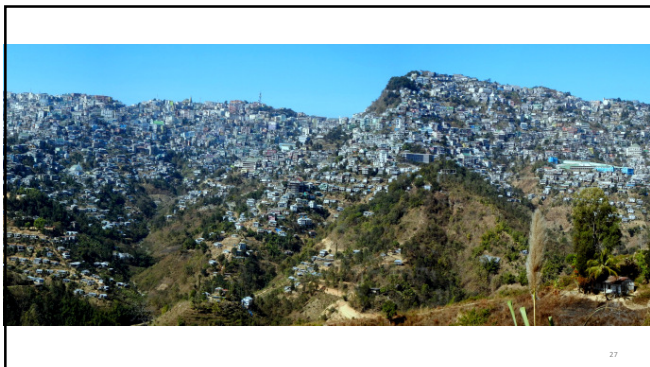
V



28



29



27





Ingredients of Risk

H V C R

Hazard Vulnerability Capacity Risk

Capacity

- Capacity is the resources of communities to cope with a threat or resist the impact of a hazard.

C

Lack of planning kills students

25 Oct 2015
Afghanistan earthquake live: Twelve schoolgirls killed in stampede as death toll rises to 129
Deaths in the earthquake in southern Afghanistan and India, and at least 200 have been injured.

32

Ingredients of Risk

$$H \times \frac{V}{C} = R$$

Hazard x Vulnerability / Capacity = Risk

Hazard, Risk, Capacity & Vulnerability

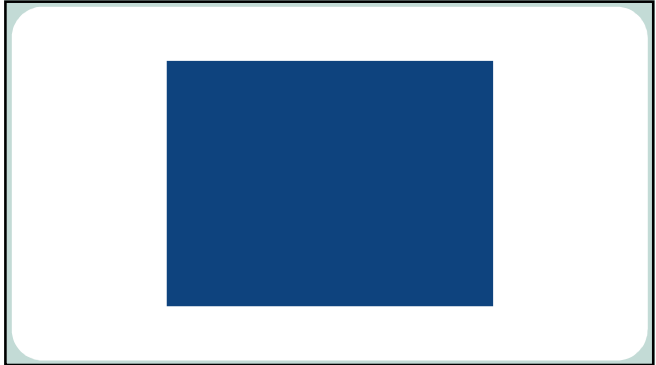
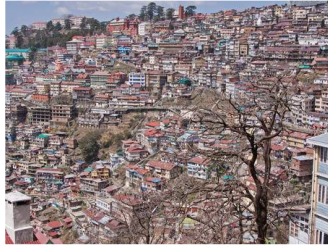
- Hazard is a physical event that can potentially **trigger a disaster**. Such a physical event in itself need not necessarily result in a disaster
- Vulnerability is the degree to which the built environment is susceptible to losses (**largely depends on nature of buildings, types, ages etc**)
- Capacity is the resources of communities to cope with a threat or resist the impact of a hazard.
- Risk is the probability/likelihood of a disaster happening.

Earthquake Risk Mitigation

- Increase Capacity**
 - Awareness generation
 - Training of Architects, Builders, Contractors, Designers, Engineers, Financiers, Government, Homeowners, Industries...Media, NGOs.. Schools...everyone!!
- Decrease Vulnerability**
 - Future Buildings
 - Enforce Building byelaws
 - Lifeline Structures remain functional
 - Existing Buildings
 - Structural Mitigation –Retrofitting
 - Falling Hazards Mitigation

Hill towns

- Most of these are
 - Earthquake prone
 - Landslide prone
 - Rapidly expanding
 - Limited road access
 - Limited response capabilities
 - Increasing populations
 - Increasing risk
 - Still response focussed

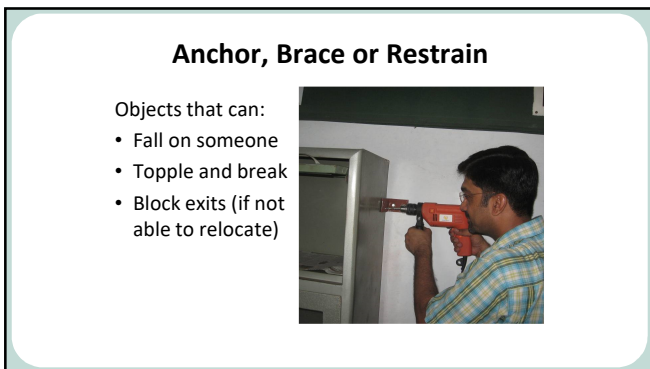
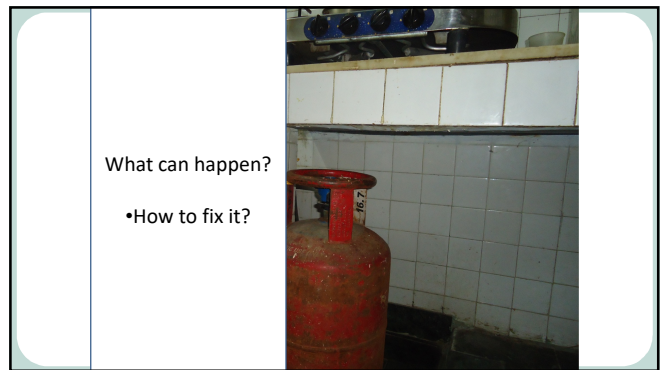


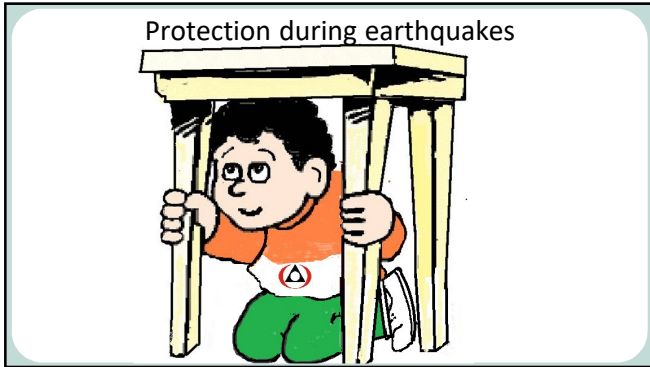
Not all buildings collapse in earthquakes
Not all earthquakes collapse buildings



Spot the hazards







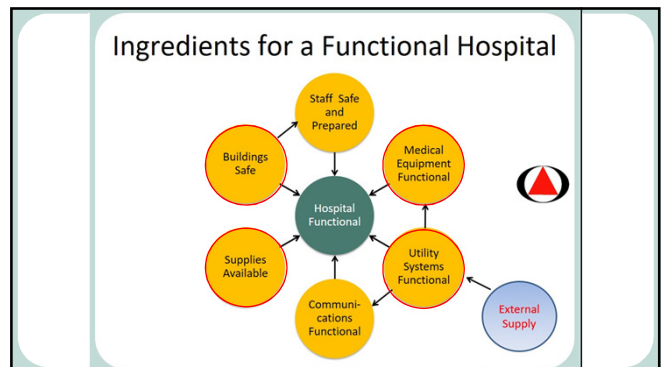
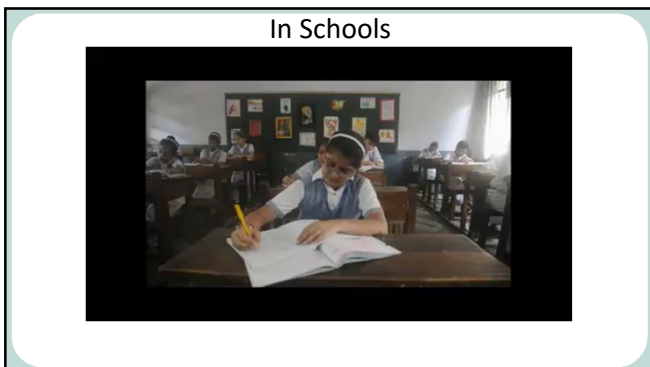
In Hospitals

- Important to understand the post earthquake scenario
- What is happening in the city?
- What is happening in the Hospital?
- What kind of patients are expected to be coming in?
- What plans are/should be in place?



What all can happen

- Emergency in the city
 - Hospital unaffected, has to respond to save external lives. City Emergency services available
- Emergency in Hospital
 - Hospital affected, has to respond to save lives. City Emergency services available
- Emergency in city & Hospital
 - Hospital affected. City emergency services limited





The Indian EXPRESS

Chennai floods: 48 hours at the MIOT hospital where 18 died

Written by Johnson T A | Chennai | Updated: December 5, 2015 10:21 am

Power, oxygen was hit at Chennai's MIOT hospital. (Source: PTI)

One-year-old Jude Irmananal Bijoy was among five children shifted from the cardiothoracic intensive care unit (ICU) of MIOT Hospital in Chennai Thursday when the hospital realised it could not manage critically ill patients as flood water had knocked out power and oxygen supply for 48 hours.

By the time Bijoy was taken to the ICU of the neighbouring Ramachandra Medical Institute, he was already dead, said doctors who coordinated the evacuation of patients marooned at MIOT Hospital in Manappakkam. "Around 18 patients from the critical care unit died due to the lack of an oxygen supply system following power failure," said Dr Umesh Kumar, a physician who has been at MIOT

- ### Family Preparedness
- Prepare for hazards that can affect your home
 - Earthquakes often cause secondary hazards
 - Short circuits
 - Fires
 - Falling hazards etc
 - Daytime earthquakes vs Night time ones?
 - Night time/ during Covid19, most family members are together
 - In a day time event, the family is likely to be separated and hence more vulnerable.



- ### Three Steps
- Home Hazard hunt
 - Looking for fire hazards
 - Falling hazards
 - Preparedness plan
 - All hazards
 - All scenarios including Covid19
 - Caring for infants/ elderly
 - Pre-identify safe locations in your home
 - Family emergency kits

Sample Family Emergency kit contents

- Non-perishable food to last 72 hours
- Water (10 lit/ day/person)
- First aid kit + prescription medicine+ sanitary items
- **Masks** and sanitary items (soap paper
- Torch +spare batteries
- Radio / wired headphone for phone + battery packs
- Emergency cash
- List of emergency telephones
- Copies of valuable documents
- Spare eye glasses etc. for elderly care
- Dust Mask



....Could any of this be you, or your family?



....Could any of this be you, or your family?

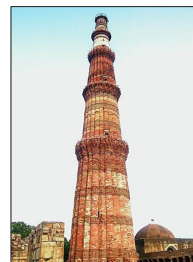


Not my job!



....Could any of this be you, or your family?

Earthquakes will affect us



- But we will surely be prepared
- Preparedness at home
 - Emergency kits
 - Discuss School preparedness at PTAs
- Community Plans
- Preparedness in offices
 - Emergency kits
 - Preparedness Drills
- Business continuity plans
- It can be done

- Orissa
- Year 1999
- 10,000+ deaths
- Thousands missing



Prepare and prevent-
than
Repair and repent!



Thanks!
hari@geohaz.org

Home / Cities / How Odisha's model of disaster preparedness came into being

CITIES

How Odisha's model of disaster preparedness came into being

Home to over 4.6 crore people, Odisha, along the Bay of Bengal, often acts as a magnet for all kinds of natural disasters.

By Debarata Mohanty, Shubaneswar
UPDATED ON MAY 26, 2021 11:27 AM IST



PSYCHOSOCIAL CARE FOR COMMUNITIES DURING PANDEMIC IMPACT AND MANAGEMENT



Dr. E. Aravind Raj
Additional Professor
Department of Psychiatric Social Work
NIMHANS, Bangalore – 560029

email: aravind.nimhans@gmail.com; Mob: +91 9901652974

WELLBEING & MENTAL HEALTH



- Wellbeing is the experience of health, happiness and prosperity. Emotional, Physical and Social Wellbeing form the major components of Wellbeing.
- Mental health is a state of well-being in which the individual realizes his or her **own abilities**, can **cope with the normal stresses** of life, can work **productively** and fruitfully, and is able to make a **contribution** to his or her community' (World Health Organisation, 2005)

PSYCHOSOCIAL CARE DURING PANDEMIC

- Complex issues – monsoon rains, floods and COVID -19
- Events followed by disaster causes more psychosocial issues
- Psychosocial care is an integral part of all interventions during disasters
- Disaster to be looked from Development perspective

PSYCHOSOCIAL CARE AND MENTAL HEALTH SERVICES

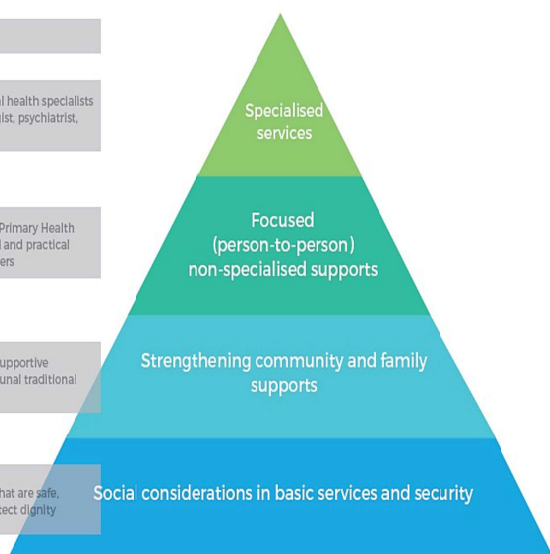
Examples:

Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist, etc).

Basic mental health care by Primary Health Care doctor, Basic emotional and practical support by community workers

Activating social networks, Supportive child-friendly spaces, Communal traditional supports

Advocacy for basic services that are safe, socially appropriate and protect dignity



- *Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition*

Core Principles:

- Do no harm,
- Promote human rights and equality,
- Use participatory approaches,
- Build on existing resources and capacities
- Adopt multi-layered interventions and
- Work with integrated support systems

IMPACT – HOW DIFFERENT IT IS IN COVID -19

Other Natural Disasters:

- Majority of the population witness personally in a specific location
- One time event
- Possibilities of physical impact for majority of time
- Social issues pertaining to specific population
- Post disaster – less stigma
- Person to person/Group intervention is very much possible

COVID -19 (1st Wave):

- Majority of the population across the globe
- Keeps happening every day
- Physical impact are less yet Psychological impact is more
- Social issues are different from other disasters and almost for all.
- Stigma - Post recovery too, it includes first responders
- Restrictions in face to face interventions

COVID -19 (2nd Wave):

- Deaths
- Impact equally on children and young adults
- Misconceptions about vaccines

SOURCES OF MENTAL HEALTH ISSUES RELATED TO COVID -19

- Lack of awareness on the disease and vaccination
- Quarantine
- Self isolation
- Lack of medical facilities for treatment of COVID -19 patients
- Increase in number of deaths
- Lockdowns-Movement Restriction
- Migration - Migrant camps, transportation, Reverse migration
- Vulnerable groups – Children, Women, Elderly and Persons with disability
- Funerals and Marriages
- Stigma
- Economic breakdowns for individuals & Communities
- Lack of medicines and treatment facilities for chronic illness
- Lack of Mental disorders and Substance use related treatment
- Infodemic , Increased screen time

PSYCHOLOGICAL IMPACT OF COVID 19



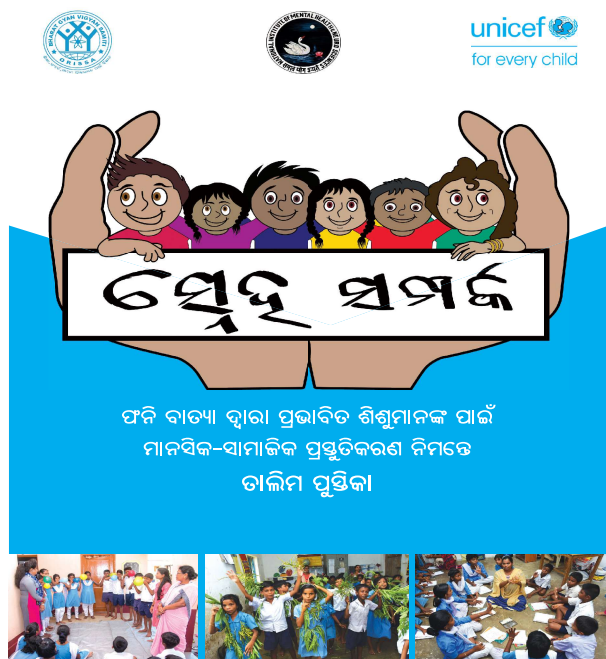
- **Fear** of infection, falling ill and dying, losing livelihood, loss of work , social Exclusion, separated from loved ones
- **Avoiding** approaching health facilities due to fear of becoming infected while in care
- Feeling **powerless** in protecting loved ones and fear of losing loved ones because of the virus
- Feelings of **helplessness, boredom, loneliness, Hopelessness,** and depression due to being isolated
- **Suicides** because of uncertainty, fear, hopelessness
- **Reliving the experience** of a previous epidemic

LONG TERM PSYCHOSOCIAL IMPACT



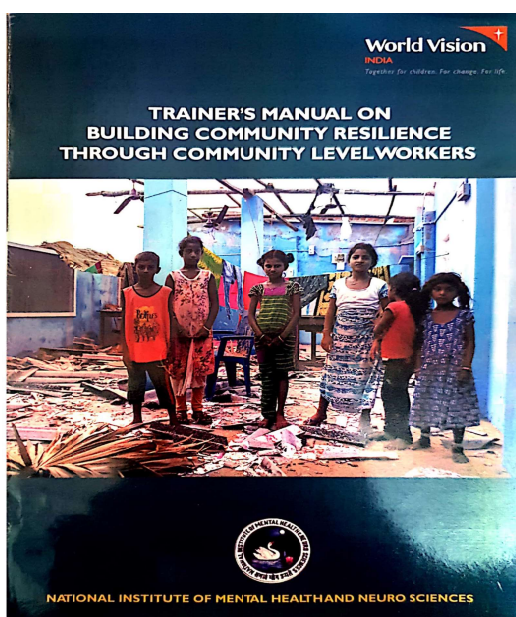
- Tackling the impact of COVID 19 Outcome – Rush, Weight Gain, laziness to get back to work, keeping up the schedule
- Deterioration of **social networks**, local dynamics and economies
- **Stigma** towards surviving patients resulting in rejection by communities
- Possible higher emotional state, **anger and aggression** against government and frontline workers
- Possible anger and **aggression against children**, spouses, partners and family members (increase of family and **intimate partner violence**)
- Possible **mistrust of information** provided by government and other authorities
- People with developing or **existing mental health and substance use disorders** experiencing relapses and other negative outcomes because they are avoiding health facilities or unable to access their care providers

COMMUNITY RESOURCES



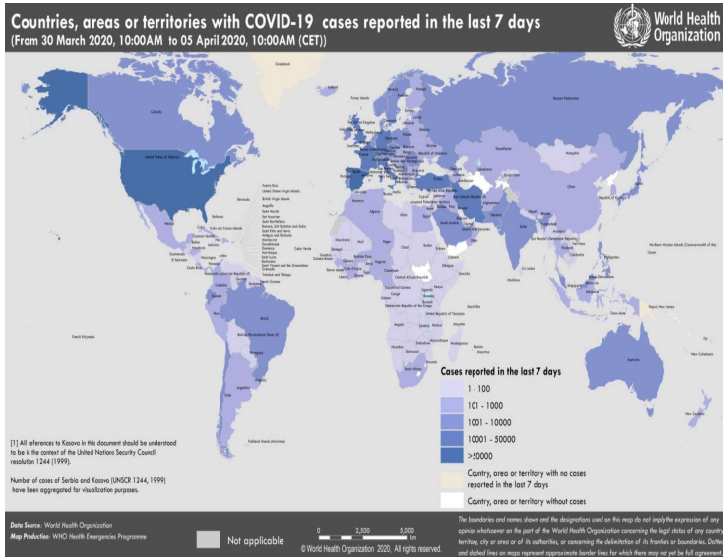
- **Government**– Teachers, Health Workers, Asha Workers Anganwadi Workers, **COVID War Rooms, Universities**
- **Non-Governmental** – International NGOs, Local NGOs, Rotary clubs etc.
- **Community level** - Community Based Organizations, SHGs, Youth Organizations run by the community members, Elected Local Body members
- Intersectoral approach of these agencies

CAPACITY BUILDING ON PSYCHOSOCIAL CARE



- Online training programs for large group
Eg: youth volunteers from different community, College students, State level sensitization programs on importance of building community resilience etc.
- Face to Face training programs with limited members and precautions
Eg: Teachers, Angawadi workers, Local community volunteers

KNOWLEDGE ABOUT COVID -19



- Current status of the extent of COVID -19. Not just incidence rate but the recovery and death rate
- Basics knowledge about the cause, symptoms, incubation period, means of spread of COVID -19
- Precautions – hand washing, physical distancing, respiratory hygiene, staying home, Ventilation in closed places
- Use of mask
- Myths and facts

PSYCHOLOGICAL FIRST AID



- Providing practical care and support, which does not intrude.
- Assessing needs and concerns.
- Helping people to address basic needs (for example: information, treatment facilities, financial support).
- Listening, but not pressuring them to talk.
- Comforting and helping them to feel calm.
- Helping connect to information, services and social supports.

PSYCHOSOCIAL CARE TECHNIQUES

ACCEPTANCE & EMPATHY –

- *Be aware of one's own background*
- *Explain information in an accessible way and simple language*
- *Privacy and confidentiality*
- *Be conscious of personal biases*
- *Try to work with them rather than work for them*

ACTIVE LISTENING



- Non Judgmental
- Allowing to express their emotions and views
- Non verbal Cues
- Reflections and summarizing
- Don't keep writing, talking, interrupting, looking at mobile.

REASSURANCE



- No False Promises
- Providing them the right information
- Providing them enough opportunities
- Ensure adequate safety and keeping them informed about it
- Not to share your own emotions with the affected population

STRATEGIES FOR INDIVIDUAL AND FAMILY



- Physical exercise (e.g. yoga, stretching)
- Cognitive exercises
- Relaxation exercises (e.g. breathing, Meditation etc)
- Reading books and magazines
- Keeping in touch with family members, neighbours etc. through mobile phones
- Reduce the time spent looking at fearful images on TV, **listening to rumours**
- **Reduce time looking for information** (1-2 times per day, rather than every hour)
- Search information from reliable sources (national radio or national news bulletins)
- Being aware of positive changes
- Getting the support through Helplines

MENTAL HEALTH INTERVENTIONS FOR VULNERABLE POPULATION

- **Elderly** - Provide emotional support through informal networks , share simple facts, medical needs, safety measures, Online medical services, physical exercises
- **Persons with Disability** – Accessibility to health, economic and education related measures; non discriminatory attitude; Community support
- **Children** – Understanding the expression of emotions, regular routine, opportunities, provide right information, children in Govt homes
- **Women** – Sharing of responsibilities at home, Protection against GBV, IPV, Helplines, services and information for pregnant and lactating mothers

GATEKEEPER TRAINING PROGRAM ON SUICIDE PREVENTION



- A Gatekeeper is someone who believes that suicide can be prevented at the community level and is willing to give time and energy for this cause.
- Gatekeepers may be teachers, doctors, nurses, social workers, community leaders or anyone who shares this interest.
- Gatekeepers keep a watchful eye and able to “sound the alarm” when an at-risk individual is identified.
- Refer clients of concern to the appropriate mental health professional for further evaluation and treatment.



NATIONAL INSTITUTE OF MENTAL HEALTH
& NEURO SCIENCES
BENGALURU

During this crisis of COVID-19 Pandemic, it is quite natural to experience a wide variety of mental health concerns.

In order get help for these concerns, you may call NIMHANS toll free number 080 4611 0007.



मानसिक स्वास्थ्य और तंत्रिका विज्ञान के राष्ट्रीय संस्थान, बेंगलुरु

कोविड-19 के महामारी के इस संकट के समय, विभिन्न प्रकार के मानसिक चिंताओं का अनुभव करना काफी स्वाभाविक है।

इन चिंताओं से सम्बंधित मदद या जानकारी पाने के लिए, आप निमहांस के टोल फ्री (निःशुल्क) नंबर 080 4611 0007 पर संपर्क कर सकते हैं।

<http://vkn.nimhansdigitalacademy.in/E-consult>
cam.nimhans@gmail.com

RESOURCES

When you feel like talking to someone...
When you want to discuss your concerns...

Stressed or stigmatised over COVID?

Want to know how to protect yourself?

Struggling to deal with home quarantine & lock downs?

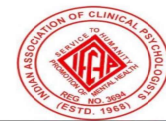
Challenged to find medical and other services?

Help is at hand

You can have a shared journey finding answers to your concerns

Reach us at:
apswp.india@gmail.com
<http://apswo.org/news/>

APSWP
SOLIDITY STANDARDS ETHICS



Indian Association of Clinical Psychologists (IACP)

In view of the CORONA-VIRUS outbreak, Indian Association of Clinical Psychologists extends the support in the form of providing Psychological counselling and Psychological First Aid to those who need it throughout the country. To facilitate the same, this list of volunteers is provided in public domain to utilise psychological services- i.e tele-counselling. The list is functional during the COVID-19 epidemic, IACP does not take any legal responsibility for the service provided by volunteers, it is merely collating this list in public interest. Volunteers listed below are solely responsible for ethics of counselling and providing psychological support. The list is generated from the list of IACP members and through appeal to the psychology professionals.

List of Volunteers for Online Psychological Support During COVID-19

REFERENCES:

- <https://www.mohfw.gov.in/index.html>
- https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200405-sitrep-76-covid-19.pdf?sfvrsn=6ecf0977_2
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
- IASC (2020). Interim brief note on addressing mental health and psychosocial aspects of COVID 19 outbreak
- WHO (2011). Psychological First Aid. Guide for Field Workers

THANK YOU

FIRE SAFETY AND MANAGEMENT DURING COVID 19 PANDEMIC



A.K SHARMA

Former Director

Delhi Fire Service

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9810264747

INITIALLY THE FIRE IS SMALL



A LITTLE LATER IT BECOMES BIG !



A FURTHER IT TURNS DEVASTATING..





FIRE IS A GOOD "SERVANT"

**But it is a
BAD
"MASTER"**

CHALLENGES (FIRE SAFETY)

OFFICE BUILDING FIRE



SHOPPING MALL FIRE



HOSPITAL FIRE



INDUSTRIAL FIRE



CINEMA FIRE



HIGH RISE BUILDING FIRE



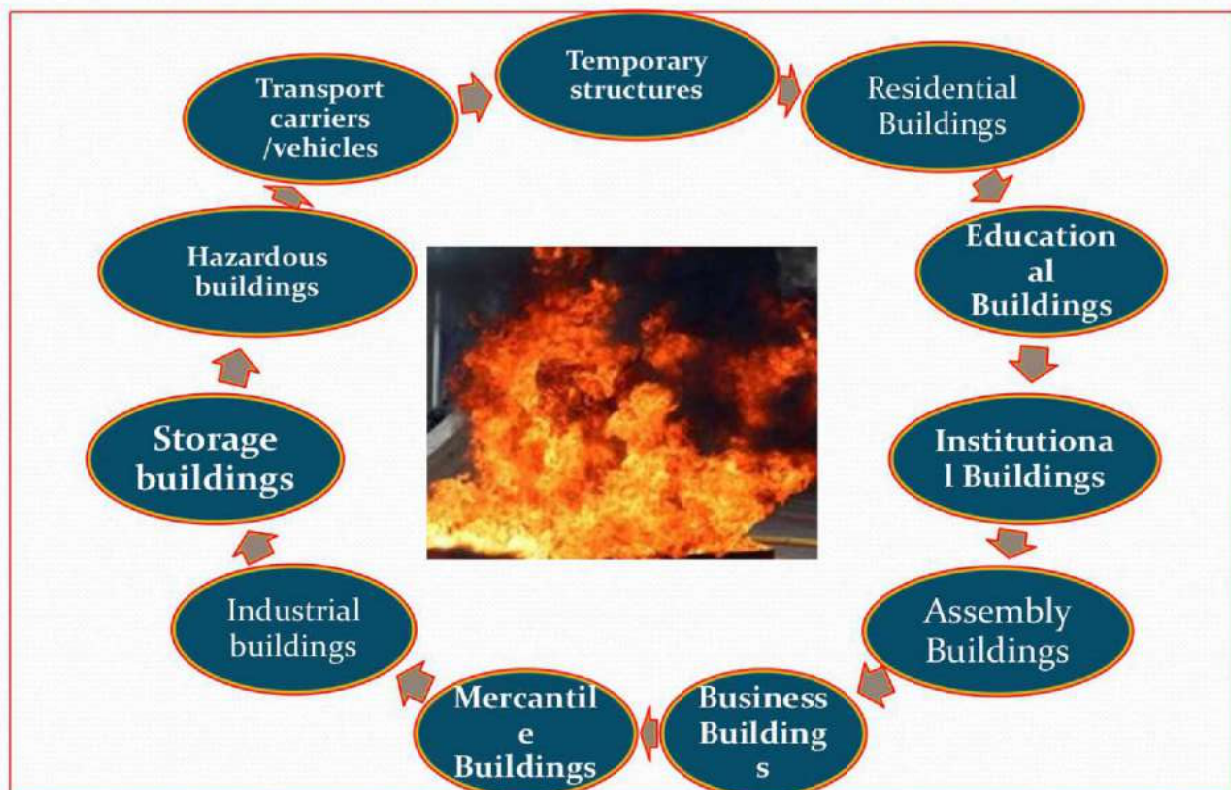
BUILDING COLLAPSE



PANDAL FIRE

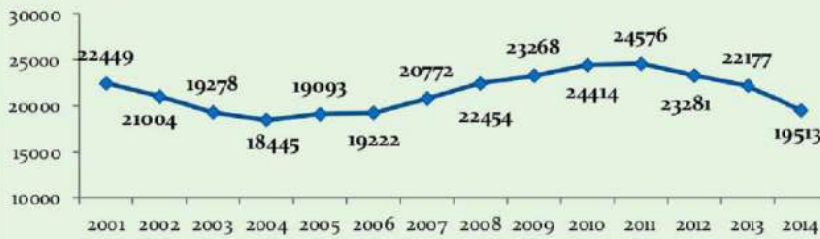


PRONE TO DAMAGE



Fire Statistics

Number of death due to accidental fire



Factor leading to fire	Percentage
Improper alterations	30.4
Improper initial installation	16.6
Deterioration due to aging	13.8
Improper use	12.7
Inadequate capacity	12.2
Faulty product	9.4
Unknown	5

About 22,500 fires per year

On an average 59 deaths per day

All these can be prevented

Huge property losses

About 70% fires are caused by electricity

Source: 1 National Crime Records Bureau
2 Research on Electrical Fires (Fire Science and Technology Inc. USA)

10 Major Fire accidents in India

April 16, 1990: **70** killed as shuttle train is gutted by fire in **Patna** district.

April 10, 2006: **64** killed and 80 injured after a fire engulfed the tent at a crowded consumer trade fair in **Meerut**.

December 23, 1995: **442** persons, mostly children, killed in a fire at the annual function of a school in **Dabwali (Haryana)**. The pandal had caught fire due to short circuit.

December 9, 2011: At least **73** dead in fire at **AMRI Hospital in Kolkata**.

August 6, 2001: **28** people were killed at a private mental asylum in **Erwadi in Tamil Nadu**.

Feb 8, 2012: **11** workers were killed after fire broke out in an electronic factory in **Haridwar**.

July 16, 2004: **91** school children were killed in a fire accident at **Kumbakonam in Tamil Nadu**.

July 30, 2012: **32** killed in fire in **Tamil Nadu Express bound for Chennai**

Aug 27, 2012: **19** killed in north **Kerala's Kannur** after an **LPG tanker** overturned and exploded



Fire Incidents



UPHAAR CINEMA-1997 (59 DEAD)



Fire Incidents



AMRI 9 December 2011

Dhakuria, Calcutta,

89 victims



www.wildfilmsindia.com

IOC JAIPUR FIRE 2009

Fire Incidents



Kamala Mill Fire (29th Dec'17)

14 died & 19 injured

Fire Incidents



Takshila Institute
Surat (24th May'19)

22 death

Fire Incidents



ARPIT HOTEL

12th Feb. 2019

04.15 hrs

**B+G+4 floors +Temp. Structure at
terrace**

45 Rooms

Residential occupancy

Karol Bagh-Delhi

**17 PEOPLE KILLED & MANY
INJURED**

Fire Accident – The Cost

- Loss of Life
- Damage to Property
- Loss of Business
- Loss of Goodwill
- Environment Pollution



LOSSES DUE TO FIRE

Loss of Property

- Direct – 40% (Damage due to fire)
- Indirect- 60% (Damage due to heat, smoke, water and breakage)

Loss of Life

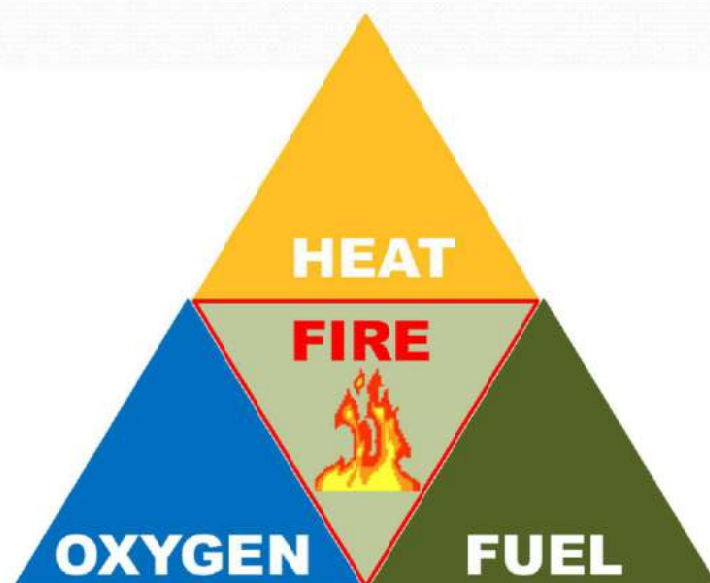
- Due to inhalation of toxic gases
- Burning of body tissues
- Nervous shock

- **80%: Death Due to inhalation of poisonous gases/smoke.**
- **5-8%: Death due to jumping from upper floors.**
- **< 5% Death on Account of Burn**

- **Rescue/Evacuation should be organized at a short notice**

ELEMENTS OF FIRE

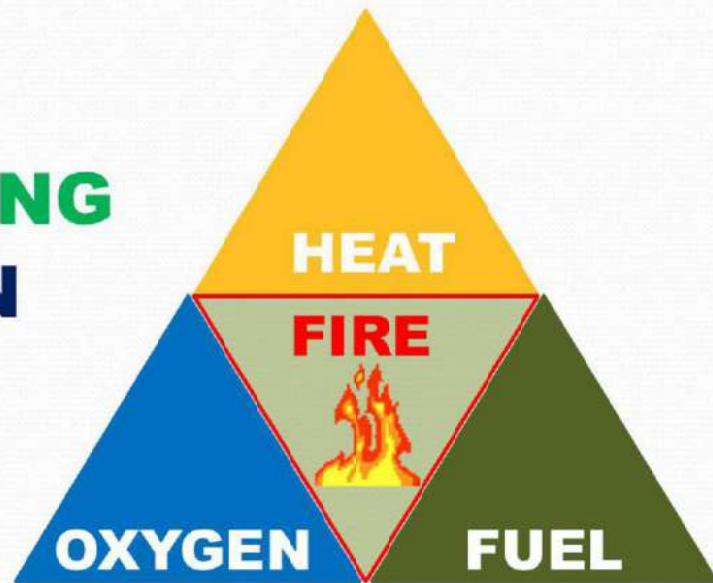
- **FUEL**
- **HEAT**
- **OXYGEN**



TRIANGLE OF FIRE

METHOD OF EXTINGUISHMENT

- **COOLING**
- **SMOOTHERING**
- **STARVATION**



HOW TO BREAK THE TRIANGLE OF FIRE

**LIFE SAFETY IS OF PRIME
IMPORTANCE**

HOLISTIC APPROACH

- Fire stations
- Fire appliances/equipments
- Trained manpower
- Effective communication
- **Legislative support**
- Fire Audit
- Community awareness

LEGISLATIVE SUPPORT

- MASTER PLAN
- LOCAL BYE LAWS
- NATIONAL CODES
- ACT/RULES/REGULATIONS
- CODE OF PRACTICES

FIRE AND LIFE SAFETY

- **Fire Prevention**
- **Life Safety**
- **Fire Protection**

FIRE PREVENTION

- **Pertaining to design and construction of building including types of material and their fire rating.**
- **This presentation does not intend to cover all aspects of general fire prevention which involves separating potential heat sources, fuel, and personnel.**

BUILDING OCCUPANCY CLASSIFICATION

Group A Residential	Lodging or rooming houses (A-1) One or two family dwelling (A-2) Dormitories (A-3) Apartment houses (flats) (A-4) Hotels (A-5) & Starred hotels (A-6)
Group B Educational	Schools up to senior secondary level (B-1) Others/training institutions (B-2)
Group C Institutional	Hospitals and Sanatoria (C-1) Custodial institutions (C-2) Penal & mental institutions (C-3)
Group D Assembly	D-1 to D-6 D-7 Underground and elevated MRTS
Group E Business	E-1 to E-5 (offices, banks, labs, computer, telephone exchanges, broadcasting stations)
Group F Mercantile	F-1 to F-3 (shops, departmental stores, markets & underground shopping centres)
Group G Industrial	Low hazard (G-1) Moderate hazard (G-2) High hazard (G-3)
Group H Storage	
Group J Hazardous	

FIRE PREVENTION

- Building classification
- Fire zones - Zone no. 1, 2 & 3
- Types of construction - Type 1, 2, 3 & 4
(based on fire resistance rating of building elements)

Fire Zones	Occupancy Group	Type of Construction
No. 1	A, B, C, D, E-1 (small offices), F	1, 2, 3, or 4
No. 2	E-2 to E-5, G-1, G-2	1, 2 or 3
No. 3	G-3, Group H, J	1 or 2

- Surface interior finishes - Classes 1, 2, 3 & 4
(based on flame spread)

Types of Construction

Table 1 Fire Resistance Ratings of Structural and Non-Structural Elements (minutes)
(Clauses 3.3.1 and 3.3.2)

SI No.	Structural Element	Fire Resistance Ratings (min) for Type of Construction			
		Type 1 (3)	Type 2 (4)	Type 3 (5)	Type 4 (6)
(1)	(2)				
i)	Exterior walls:				
	a) Fire separation less than 3.7 m:				
	1) Bearing	240	120	120	60
	2) Non-bearing	120	90	60	60
	b) Fire separation of 3.7 m or more but less than 9 m:				
	1) Bearing	240	120	120	60
	2) Non-bearing	90	60	60	60
	c) Fire separation of 9 m or more:				
	1) Bearing	240	120	120	60
	2) Non-bearing	60	60	60	60
ii)	Fire separation assemblies (like fire check doors)	120	120	120	120
iii)	Fire enclosures of exits	120	120	120	120
iv)	Shafts for services, lift hoistway and refuse chutes	120	120	120	120
v)	Vertical separation between adjacent tenant spaces	60	60	60	60
vi)	Dwelling unit separation:				
	a) Load bearing	120	120	60	60
	b) Non-load bearing	60	60	30	30
vii)	Interior bearing walls, bearing partitions, columns, beams, girders, trusses (other than roof trusses) and framing:				
	a) Supporting more than one floor	240	120	120	120
	b) Supporting one floor only	180	90	60	60
	c) Supporting a roof only	180	90	60	60
viii)	Walls supporting structural members	180	90	60	60
ix)	Floor construction	120	90	60	60
x)	Roof construction:				
	a) 5 m or less in height to lowest member	120	90	60	60
	b) More than 5 m but less than 6.7 m in height to lowest member	60	60	60	60
	c) 6.7 m or more in height to lowest member	0	0	0	0

NOTES

1 The above fire resistance rating shall be required to achieve the respective type of construction unless otherwise specified in the respective clauses for different applications/use.

2 In case of lift bank, the partition wall, if any, need not be of fire rating specified in this table.

Surface Interior Finishes

- a) Class 1 Surfaces of very low flame spread.
- b) Class 2 Surfaces of low flame spread.
- c) Class 3 Surfaces of medium flame spread.
- d) Class 4 Surfaces of rapid flame spread.

The uses for which surface materials falling into various classes shall be adopted in building construction are given below:

<i>Class 1</i> (1)	<i>Class 2</i> (2)	<i>Class 3</i> (3)
May be used in any situation	May be used in any situation, except on walls, facade of the building, staircase and corridors	May be used only in living rooms and bed rooms (but not in rooms on the roof) and only as a lining to solid walls and partitions; not on staircases or corridors or facade of the building.

- Materials of Class 4 may be used with due fire retardant treatment as ceiling lining, provided the ceiling is at least, 2.4 m from the top surface of the floor below, and the wall surfaces conform to requirements.

Class 4 materials shall **not be used in kitchens, corridors and staircases**. Some materials contain bitumen and, in addition to risk from spread of fire, emit dense smoke on burning; such materials shall be excluded from use under these conditions and shall also not be used for construction of ceiling where the plenum is used for return air in air conditioned buildings.

LIFE SAFETY

- ✓ Deals with features necessary to minimize danger to life from fire / smoke / fumes or panic.

LIFE SAFETY

- Exit requirements (EXIT ACCESS, EXIT, EXIT DISCHARGE)
- Occupant load
- Egress components
- Exit capacities and arrangement
- No. of exits
- Max. travel distance
- Doorways, corridors & passageways
- Staircases - pressurization
- Ramps
- Compartmentation
- Smoke control
- Illumination/escape lighting
- Fire detection & alarm system
- Fire fighting shaft

4.5.2 All floors shall be compartmented/zoned with area of each compartment being not more than 750 m². The maximum size of the compartment shall be as follows, in case of sprinklered basement/building:

<i>Sl No.</i>	<i>Use</i>	<i>Compartment- ation Area m²</i>
(1)	(2)	(3)
i)	Basement car parking	3 000
ii)	Basements (other than car parking)	2 000
iii)	Institutional buildings: Subdivision C-1	1 800
iv)	Institutional buildings: Subdivision C-2 and C-3	1 125
v)	Mercantile and assembly buildings	2 000
vi)	Business buildings	3 000
vii)	All other buildings (Excluding low hazard and moderate hazard industrial buildings and storage buildings) ¹⁾	750

¹⁾ Compartmentation for low hazard and moderate hazard industrial buildings and storage buildings shall be done in consultation with local fire department.

In addition, there shall be requirement of a minimum of two compartments if the floor plate size is equal or less than the areas mentioned above. However, such requirement of minimum two compartments shall not be required, if the floor plate is less than 750 m².

Compartmentation shall be achieved by means of fire barrier having fire resistance rating of 120 min.

Smoke Control

- Smoke exhaust system shall have a minimum of 12 air changes per hour.
- Pressurization system where provided shall have minimum pressure differential of 25-30 Pa in relationship to other areas.
- The smoke exhaust fans in the mechanical ventilation system shall be fire rated, that is, 250°C for 120 min

FIRE PROTECTION

- Deals with equipments / installations depending on classification / area and type of building.



FIRE PROTECTION

■ Fire Fighting Installation

- Fire extinguisher
 - First aid hose reel
 - Wet riser
 - Down comers
 - Yard hydrant
 - Automatic sprinkler system
 - Manually operated electric fire alarm system
 - Automatic detection and alarm system
 - Underground static water storage tank
 - Terrace tank over respective tower terrace
 - Pump near underground tank
 - Pump at terrace tank level
 - Dry riser (for hilly areas or industrial areas)
-
- Fire protection requirements for high rise buildings
 - Fire drill & evacuation procedures

APPROACH



WATER STORAGE TANK (50,000-2LAKH LITERS CAP.)

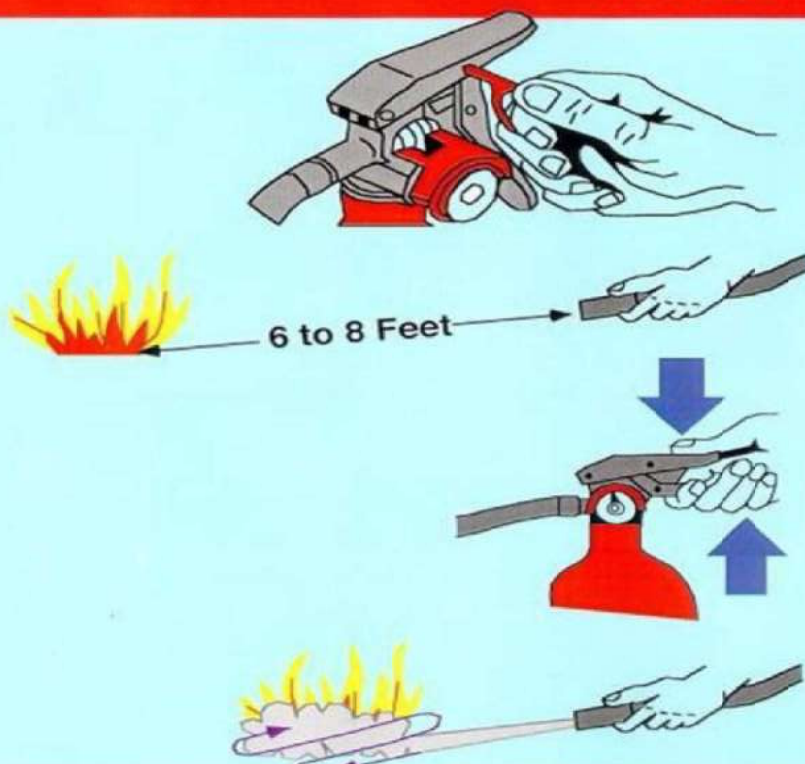


FIRE EXTINGUISHERS



HOW TO PASS THE EXAM

PASS



Pull

Aim

Squeeze

Sweep

HOSE REEL AND HOSE CABINET



MANUAL CALL POINT



SMOKE DETECTOR



AUTOMATIC FIRE DETECTION & ALARM SYSTEM



PUBLIC ADDRESS SYSTEM



AUTOMATIC SPRINKLER SYSTEM



FIRE PUMPS



EXIT SIGNAGE

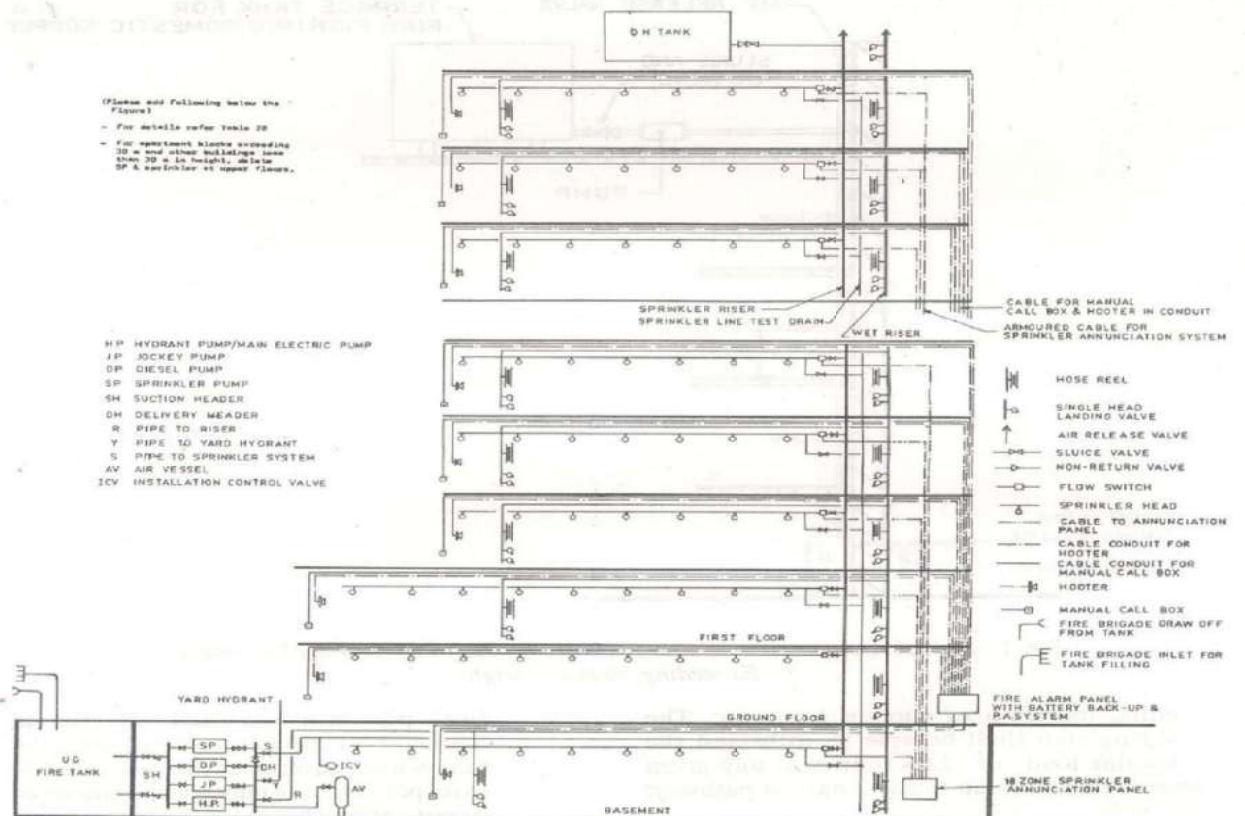


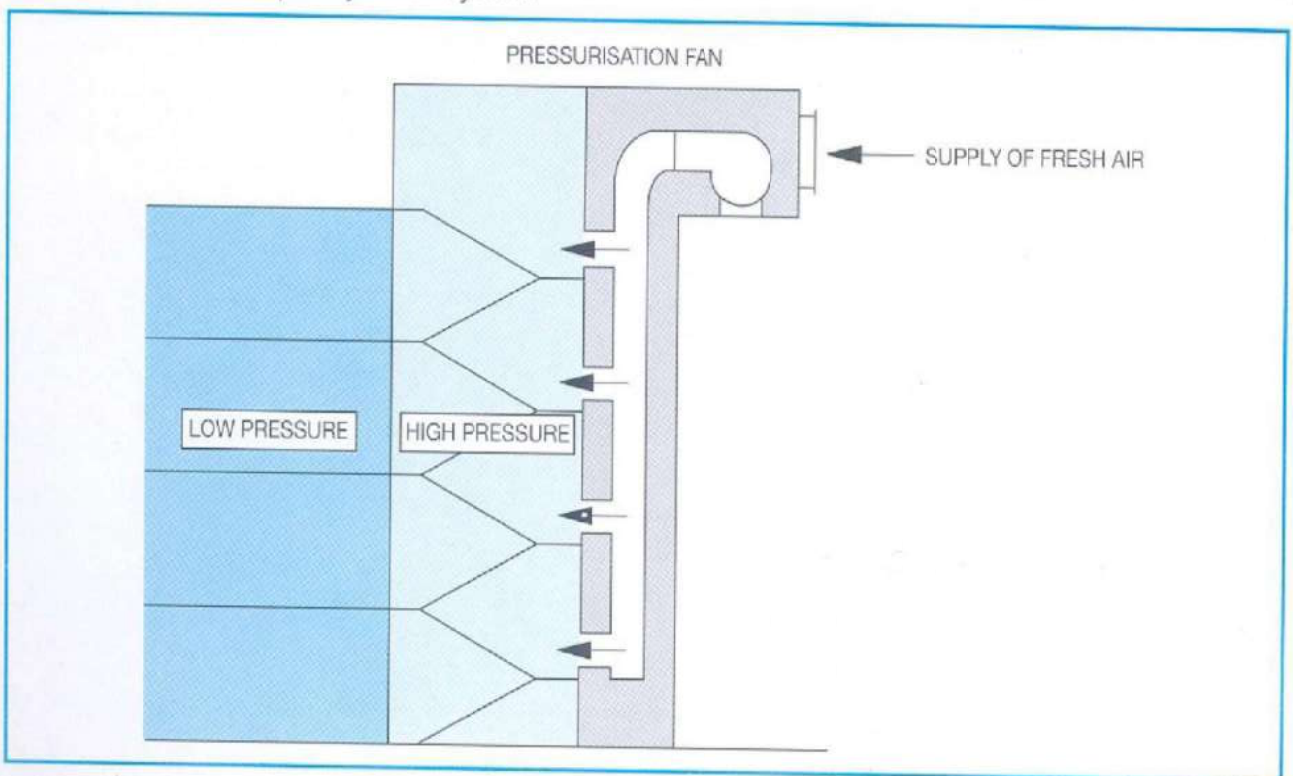
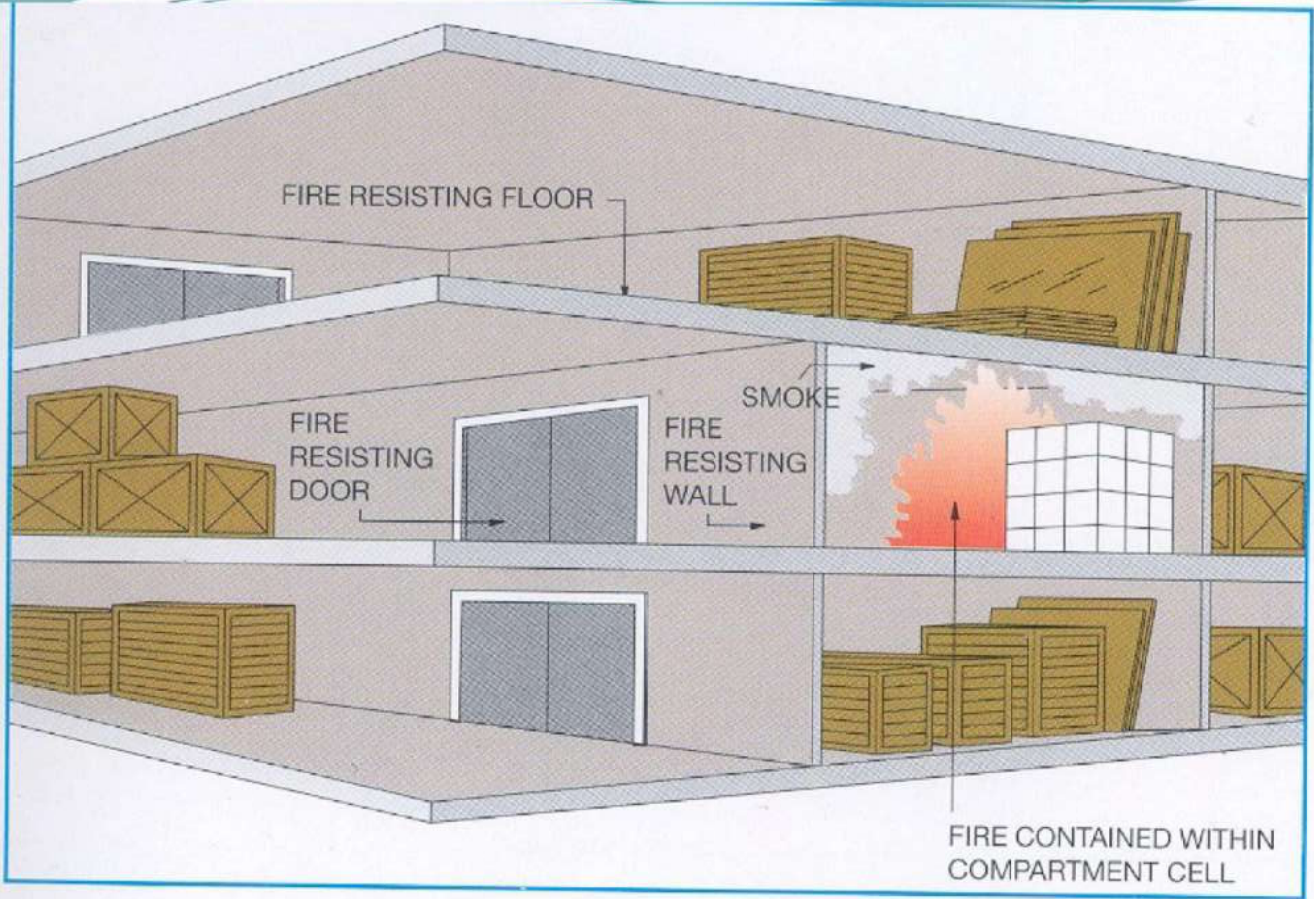
EMERGENCY LIGHT



PLEASE ADD FOLLOWING BELOW THE FIGURE

(Please add following below the figure)
 - For details refer Table 20
 - For apartment blocks exceeding 30 m and other buildings less than 30 m in height, delete SP & sprinkler at upper floors.





COMMUNITY AWARENESS

Through

- SMS's
- FM Radio
- TV Shows
- News Papers
- Lecture and demonstrations
- Pinning of flags
- School education program



FIRE AUDIT

- ❖ Fire audit is an examination of a premises and relevant documents to ascertain, how the premises is managed with regard to Fire in relation to the rules applicable thereof.

SHORTCOMINGS



Blocked Access for fire tenders



BLOCKED/OBSTRUCTED STAIRCASES



OBSTRUCTED/ BLOCKED CORRIDORS



OBSTRUCTED/ BLOCKED EXITS



NON FUNCTIONAL HOSE REELS



NON FUNCTIONAL FIRE DETECTION/ ALARM SYSTEM



NON FUNCTIONAL MOEFA



PUMPING ARRANGEMENTS NOT PROVIDED/NOT FUNCTIONAL



3 FACTORS TO HELP YOU MAKE SAFER CHOICES

WHEN YOU'RE IN AN AREA OF WIDESPREAD COVID-19 TRANSMISSION

COVID-19 is spreading in our community, stay safe by taking some simple precautions, such as **physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning hands, coughing into a bent elbow or tissue and vaccination.**

Check advice from local authority. Do it all!



REMEMBER, IT'S ALWAYS SAFER TO:



KNOW YOUR RISK.
LOWER YOUR RISK.

World Health Organization

WORK FROM HOME IN COVID 19

- Increase in number of persons at home at all times.
- Continuous use of Electrical equipment's – Refrigerators, AC's, Computers & Laptops etc.)
- Use of Alcohol based sanitizers (Flammable material)
- Increase in quality of stored material i.e Fire Load



Hospitals and Covid 19

- Overstretched and Overburdened
- Abnormal increase of occupant Load
- Conversion of Schools, places of worship, Playground, Open spaces into Healthcare facilities
- Erection of Temporary structure for healthcare facilities
- Increase Of Electrical Load (Continuous)
- Increase in quality of material storage. (PPE, Sanitizers, O2 etc.)
- Oxygen rich atmosphere
- Poor Electrical wiring etc.



EMERGENCY PERSONNEL – FIRE SERVICE

- Emergency services
- Fire Fighting & Rescue Services
- Inspections (NOC) –Limited Movement
- Awareness



FIRE-SAFETY NOC'S STUCK AMID RISING COVID-19 CASES IN DELHI

- Officials said since the nationwide lockdown, they had received applications for NOCs from various establishments, including industries, restaurants, guest houses, hotels and schools.
- Activities like the **issuance of NOCs, training sessions, public awareness campaigns and fire-safety inspections** are likely to **remain suspended** for a while amid the rising novel coronavirus cases, the officials said.

FIRE RULES ORDER MAY COST DELHI 6000 COVID BEDS.

- There are 1,478 registered hospitals, nursing homes, maternity homes and health sub-centres in Delhi, data shows. Only 103 of these had a clearance certificate from the fire department.
- Several small nursing homes in Delhi have started doing away with Covid-19 beds in their facilities on the second floor and above, with the health department enforcing a fire safety norm that is likely to end up costing the city around 6,000 Covid-19 beds, a union of health care providers said.

COMMUNITY

- **Lockdown and Restrictions**
- **Work from Home**
- **Vacant Buildings and Office spaces**



FIRE AND LIFE SAFETY CHECKLIST FOR REOPENING BUILDING'S

General:

All inspection, testing, and maintenance is up to date on the following systems or building elements:

- Water-based fire protection system**
 - Fire pumps
 - Fire alarm system
 - Commercial cooking equipment ventilation and fire protection
 - Portable fire extinguishers
 - Fire/smoke dampers
 - All fire doors
 - Emergency lighting equipment
- Exit signs**
- Fire department access is unobstructed.**
- Hand sanitizers or alcohol-based hand rubs are stored and managed safely**
- Required personnel are familiar and trained in accordance with the emergency action plan**
- Check with the local authority having jurisdiction, to find out if they require any special provisions prior to reoccupying the building.**

Water-Based Systems

- All control valves are open.
- Gauges are operable and not physically damaged.
- Sprinklers are not physically damaged.
- There are no leaks from the piping or sprinklers.
- Fire department connections are accessible and not physically damaged.
- Hose connections (if provided) are accessible and not physically damaged.

Fire Alarm Systems

- There are no trouble, supervisory, or alarm signals.
- Notification appliances are not blocked or physically damaged.
- Initiating devices (smoke detectors, heat detectors, etc) are not physically damaged.
- Manual pull stations are accessible and not physically damaged.

Fire Extinguishers

- Fire extinguishers are accessible and not physically damaged.
- Pressure gauge reading or indicator is in the operable range or position on all fire extinguishers.

Means of Egress

- All means of egress paths are unobstructed.
- All doors in the means of egress are working properly and not physically damaged.
- All doors are operable from egress side.
- All doors are not physically blocked.
- All fire doors are working properly and not physically damaged.
- All required lighting in the means of egress is functioning properly.
- Means of egress is illuminated when occupied.
- Emergency lighting is not blocked or physically damaged.
- Exit signs are not blocked or physically damaged.
- Exit signs are properly illuminated.

- The Fire code prescribed minimum requirements to achieve reasonable level of safety.
- Global pandemic is not a condition, these codes were written to address
- As society respond, react and adapt - many unique, response, inspection and code implementation challenges have arisen.
- Access to buildings for conducting routine inspection, testing and maintenance may not be available.
- The Risk is increased due to blocked/ locked/ obstructed egress arrangements.
- Storage and use of alcohol based hand rub, PPE, mask and other like material.
- **25 Fire accidents in the Hospitals since the start of this pandemic killed almost 100 people and injured many more.**

***“LET’S WORK TOGETHER
FOR FIRE SAFE INDIA”***



THANK YOU



Mahatma Gandhi State Institute of Public Administration, Punjab
Institutional Area, Sector 26, Chandigarh 160 019
www.mgsipa.punjab.gov.in