Interview Record

Interview with: Dr. Diya Katharotiya
Date: 19/09/2025
Interviewer: Dhruvil Katharotiya

Context / Background

(Brief description of the professional's role, prior disaster experience, and current responsibilities.)

Questions and Responses

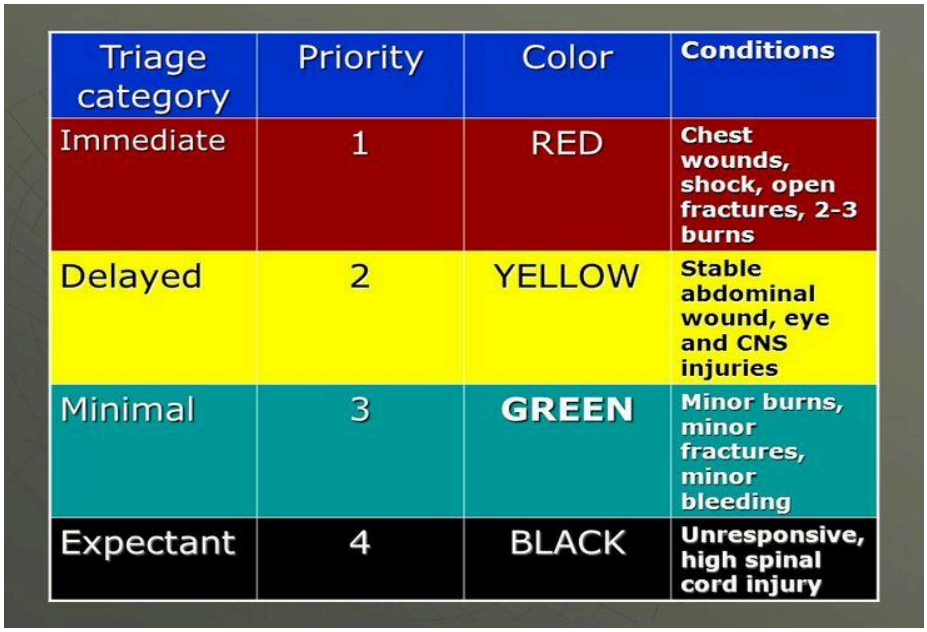
Q1. Can you describe your current process for receiving, triaging, and treating victims during a do you need immediately when alerted (location, scale, type of disaster, expected number of victims)?
Answer: As per guidelines victims brought to casualty center of hospital by ambulance are segregated on the basis of severity of injuries which is clinically decided by treating doctor

Red - head injuries, pneumothorax where patient need to be treated within 6hrs in order to save their life

Yellow - injuries which is not life-threatening and can be treated within 24hrs

Green- simple injuries like abrasion, fracture etc victims are given discharge after giving first aid treatment like dressing

Black - they are not treated as they are so severely injured that there is no scope for their revival



Triage category	Priority	Color	Conditions
Immediate	1	RED	Chest wounds, shock, open fractures, 2-3 burns
Delayed	2	YELLOW	Stable abdominal wound, eye and CNS injuries
Minimal	3	GREEN	Minor burns, minor fractures, minor bleeding
Expectant	4	BLACK	Unresponsive, high spinal cord injury

Q2. What kinds of information do you need immediately when alerted (location, scale, type of disaster, expected number of victims)?

Answer: The first things we need are the exact location of the disaster and whether the area is accessible by road. Next is the scale — is it a small incident or a mass-casualty event. The type of disaster is critical, because medical needs differ. Finally, an estimate of the number of victims with some idea of how many are likely critical vs minor helps us decide how many ambulances, trauma teams, blood units, and ICU beds to prepare in advance.

Q3. would you want a live map showing e.g. where ambulances are, patient clusters, resource centers

Answer: Yes, a live map would be very useful. Knowing where ambulances are in real time helps us send the nearest vehicle instead of wasting time. Seeing patient clusters shows where the largest medical needs are, so we can deploy more staff and supplies there. Without such visibility, a lot of time is lost in coordination and patients may be sent to already overloaded hospitals.

Q4. What kinds of data (medical, demographic, environmental) are most critical to have in real time during disasters?

Answer: In real time, the most critical data are medical status of victims (number of critical, moderate, and minor cases), demographic details like age and special needs (children, elderly, pregnant women), and environmental conditions such as weather, flood levels, or ongoing hazards. Together, this helps prioritize treatment, send the right supplies.

Q5. How useful would a system be that gives early warnings / predictions (weather, seismic, flood) to help you pre-position resources and send help or do the preparation on the predicted area

Answer: in time of emergency we can create a protocol and arrange the required staff , pre alert the ambulances.Also we can arrange the medicines and vacant wards for people. In the community aspect we can go for clear water availability and chlorination for purification. It would be great help for hospital to tackle the overwhelming admission during need

Q6. How would you define success for a disaster management system from a medical professional's perspective?

Answer: ability of the system to predict the disaster and providing alert and guideline to the resident of the affected/predicted areas. Also its ability to help responders coordinate during the disaster efficiently. This are the main function to define success for the system.