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A.G. M.C & G.B.P HOSPITAL CONTINGENCY PLAN FOR DISASTER MANAGEMENT

Mass casualties may be due to natural or man made calamities calling for emergency services. During such a time, health establishments, particularly hospitals should be able to respond timely and in an efficient manner. AGMC & GBP Hospital is the ultimate referral hospital for disaster victims. Hence, this hospital should have an emergency contingency plan that takes account the full range of possible emergencies.

Risk factors :

1. Earth quake.
2. Thunder storm / cyclone.
3. Road Traffic accidents.
4. Bomb blasts etc.

The Hospital contingency plan :

A. Mass Casualty Management Committee (MCMC).

The responsibilities of MCMC are to prepare Hospital contingency plan, dissemination, follow up, mock- drill and plan updating. It would also co-ordinate with other hospitals and institutions in health and related sectors, eg. Police, Fire Services etc. The committee comprises of representatives of -

- i) Medical Administration.
- ii) Hospital Administration.
- iii) Maintenance and Logistics.
- iv) Emergency/ Casualty department.
- v) Surgical department.
- vi) Nursing Services.
- vii) Finance department.

In the event of a Disaster the Command and Control Centre will be established at around the Dept. of Emergency. The Principal, the Medical Superintendent, all the Deputy Medical Superintendents, the Resident Medical Officer and the Nodal Officer for Disaster Management of A.G.M.C and G.B.P Hospital will be present in the Command & Control Centre. All the Important decisions will be taken there and passed to respective Departments.

There will be a few important issues like communication and alternative, Security, Traffic & Mob. Management, Media Management, Liason with the other

departments, supply of safe drinking water and food to a large number of Casualties, supply of Medicines and the materials to the Victims free of cost and so on. The four Deputy Medical Superintendents will take all the above mentioned issues. The Resident Medical Officer will be the coordinator of all ground activities in the hospital during the disaster period. The Nodal Officer for Disaster Management will be the main person for Medical Operations and will coordinate with all departments for all kind of medical and surgical interventions and related issues. The Principal and the Medical Superintendent of A.G.M.C & G.B.P Hospital are the overall In-charges of the whole exercise of Disaster Management. Chief of the operation will be the Medical Superintendent responsible for activating the plan when an emergency occurs.

A few very important issues which can come up during the disaster are :

- Disruption of normal communication system and hence requirement of wireless communications.
- Disruption of power and water supply and hence requirement of alternative generator connection, water browser etc.
- Disruption of food and civil supply and hence prompt communication to higher authority.
- Law and order issue and Police Supervision.

B. Control Room : MCMC members will meet here to plan and monitor hospital activities and to assign resources in accordance with the magnitude of emergency. The room for MOIC casualty block will be made the control room for Disaster Management.

There will be two medical teams for Triage and Prompt Management of the disaster victims.

C. Sign Post : Sign posts are needed depending upon the categorization of an emergency and these should be made well in advance. Clear sign- posts will indicate the strategic locations of the hospital. It will also indicate the entry and the evacuation root in case of an emergency. Traffic markers for vehicles and ambulances will also be visible.

D. Incoming Patient Area : An incoming patient area has to be identified and this is usually the casualty of the hospital. The lobby of the newly made NTH-1 may be alternatively used as the incoming patient area. It has to be born in mind that depending on the extent of the disaster and the size of the casualty, this area might have to be extended.

Existing vehicle stand area in front of the casualty may be used for incoming patients when needed. The lobby of the College building may also be used when extension is required. This above mentioned incoming patient area will be used for the following purposes :

- i) Triage area.
- ii) Resuscitation area for unstable patients.
- iii) Area for the beyond salvage patients.
- iv) Area for brought in dead.
- v) Area for walking wounded.
- vi) Alternate area or ward where sick patients can be shifted when the casualty is overcrowded. Surgical wards/orthopedic wards will be used for this purpose.
- vii) Area where the post operative patients will be received.

E. Information and Media Management Desk : This area will be separated from the incoming patient area. The list of patients with their details being treated in the hospital as well as the real time health status of the disaster patients will be maintained. The MS/ one of the Deputy MS's will be the In-charge of this desk.

F. Drug reserves and emergency medical supplies : AGMC & GBP Hospital will have a reserve of essential drugs including whole blood. Medical supplies and materials will be kept for large scale emergency. These drugs and essential supplies should be marked appropriately and stored separately in an easily accessible place.

Action :

- MOIC Store
- Store keeper IC (General & Medical Store).

G. Internal and External communication: In disaster the existing communication system can be affected. So an alternative communication system in the form of wireless communication system has to be installed. In case of total disruption of telephone and mobile system this wireless communication and communication through messengers have to be utilized. Up dated list of names of doctors and other support staffs of different departments with their contact numbers should be prepared and readily available to MS Office and EPBX.

H. Alternate sources of water and electricity : The casualty department and visitors' waiting area would be provided with sufficient number of safe water drinking points. Normal water requirement of hospital is about 500

lit per bed per day. Extra and sufficient number of over head water tanks are needed to meet the increased water requirement during mass casualties. Alternate source of water may be the water browsers provided by the State Govt./Agartala Municipal Corporation.

In the event of disaster the electrical connections may be disrupted. So, generator /inverter which are capable enough to give power backup have to be installed immediately.

I. Sanitation : Sufficient number of colour coded bags are available in AGMC & GBP Hospital to collect bio-medical wastes. A large number of drums with lids and colour coded bags are to be kept separately keeping in mind the possibility of a disaster. Toilet facilities in the casualty area are to be readily available to the disaster victims and their parties.

J. Transportation : Disaster victims have to be shifted to wards. Dead bodies are to be transported to mortuary. Sufficient number of trolleys and wheel chairs are available in the casualty but a certain number of trolleys and wheel chairs have to be earmarked and kept separately in the disaster store. The list of available ambulances and general service vehicles with name of the drivers (with their phone numbers) should be available to the control room. Ambulances have to be equipped with basic and essential facilities like portable oxygen cylinder, drinking water, suction apparatus, Ambu bags with face masks, oropharyngeal airway, laryngoscope, endotracheal tubes, dressing materials, resuscitation drugs, I.V fluids, BP apparatus and stethoscopes, bed sheets and towels.

Hospital Control Room will have liaison with private ambulances.

K. Manuals and operational guidelines : SOPs are getting made for the disaster management by the AGMC & GBP Hospital and its various departments. According to SOPs mock drills will be practiced in regular intervals.

L. Hospital network with different departments and agencies : Hospital authority has to have a very close liaison with the followings :

- Civil Defense
- Police
- Fire Service Dept.
- Dept. of food and civil supplies.
- Other Hospitals –Public /Private
- Voluntary agencies – Red Cross etc.

- Security forces like Army, Air force, BSF, CRPF, Assam Rifles, Border Roads Organizations etc.

M. Patient Referral System : Hospital will have a plan for alternative arrangements with other hospitals and health institutions for referring patients and provision of necessary transport. In case of referral outside the state the helicopters of security forces can be utilized.

ACTIVATION OF THE PLAN

1. Alert , confirmation and notification:

When M/S gets alert about a possible emergency he will confirm the incident and will make preparation for immediate action to receive casualties. The operator on duty will contact the CMO and then enquire about the nature and magnitude of the emergency. The location, time, possible number of victims and approximate time of arrival of casualties have to be noted. The overall Co-ordinating Officer of the Disaster Management will be the M/S.

2. Categorization of emergency :

Category 1 : Up to 30(thirty) patients coming to hospital casualty department at one time.

Category 2 : 30-50 patients coming to a hospital casualty department at one time.

Category 3 : More than 50 patients coming to a hospital casualty department at one time.

Based on the category and hospital treatment capacity, it is advisable to further classify the contingency plan into 3 classes.

Class A : The plan that can be put into practice without any disruption to the normal and routine works of the institution.

Class B : The plan that can be put into practice with minor disruption of the day to day functioning of the hospital with some ~~re~~-adjustments.

Class C : There would be definite disruption of routine work.

Once the plan is activated the M/S should -

- Inform the Head of the admitting units of specialties involved in the management of emergency.
- Direct the head of the concerned treating units to discharge or appropriate re-locate the ~~of~~ existing patients to accommodate disaster victims.

- Alert different support teams.
- Inform pharmacy and stores to supply necessary drugs and equipments to treat the mass casualties.
- Inform hospital kitchen and pantry for arrangement of hospital food.
- Arrange for contingency expenditure.

3. Identification and registration : The Medical Record department (MRD) is responsible for initiating, maintaining and retrieving medical records. Details of **Brought Dead** cases should be recorded in a separate book.

4. Structure of teams :

M.S is the administrative team leader. Either Chief Surgeon or the Chief Physician or the senior most Anaesthesiologist will be the leader of the treatment group depending on the type of emergency. Whenever any decision is to be made the word of the M.S will be the final.

A) **Medical Team No. 1** will move to the disaster site as ordered by the District Disaster Management Cell. This team consists of the following Manpower.

1. Anesthesiologist/Medical Officer trained in anesthesia - 1.
2. General Duty Medical Officer - 2
3. Nursing Staff, Male & Female - 4
4. O.T Assistants - 2
5. Group -D Staffs - 4
6. Ambulance with Drivers, General Service Vehicle with Drivers - 4
7. Sweeping and Cleaning Staffs - 2

B) **Medical Team No. 2** will remain at the Emergency Dept. of the Hospital, do the necessary triage and direct the Casualties to different departments after giving First Aid. This team consists of following Manpower :

1. Anesthesiologist - 1
2. Medical Specialist - 1
3. Surgical Specialist - 1
4. Orthopedic Specialist - 1
5. Radiologist - 1
6. General Duty Medical Officers - 2
7. Nursing Staff - 4
8. Group D Staff - 4
9. Sweeping & Cleaning Staffs - 2

Both the Medical Teams will have one Stretcher bearer squad of four men of their own.

The Medical Team No. 1 for the Disaster site should have boxes of medicines, appliances, equipments, dressing materials etc with one list pasted on the inner side of the lid of the box. All boxes are to be numbered and master register with number of boxes and materials inside the boxes is to be prepared. This arrangement will give the team scope of moving out faster and at the earliest possible time. The Medical Team No. 2 will also keep required medicines and other materials already issued to them in specified site of Medical Store/General Store in boxes. Both the Medical Teams will open the boxes periodically, check the medicines and other materials, remove the medicines near expiry and replenish with fresh medicines.

Support Group :

- a) Nursing services – Matron will be the overall supervising authority.
- b) The Blood Bank.
- c) Department of clinical pathology and micro biology.
- d) Department of radio diagnosis.
- e) Pharmacy department.
- f) Medical Record Department (MRD).
- g) Ward Master's Office and Housekeeping department.
- h) Hospital Store.
- i) Maintenance department involving PWD.
- j) Laundry.
- k) CSSD.
- l) Dietary department.
- m) Other medical services.

5. Public relation and communication :

Public Relation Officer and his team will release information to the public and Press.

6. **Security Services** : To maintain the hospital rules and regulations, to negotiate with the Public and Press, to transfer the Disaster Victims smoothly and to prevent any kind of chaos.

7. **Few relevant points** :

In case of disaster extra space will be required by any hospital to accommodate large number of casualties. One male and one female ~~A~~ward will be specified by the Hospital Authority to accommodate disaster casualties. In case of very large number of Victims College and Hostel lobbies have to be identified to open extra wards.

The Emergency department of the hospital along with Operation Theatres, Plaster rooms, Laboratories, Radiology department, Kitchen, General and Medical Stores, Mortuary and others will be sensitized the moment news of disaster arrives. The activation of Sweeping & Cleaning Staffs and Security Guards is also very important.

To facilitate the movement of a large no of Casualties in the hospital, sufficient number of patient carrying trolleys and wheel chairs will be required. G.B.P Hospital has a good number of trolleys and wheel chairs. The Hospital Authority is thinking of buying more.

A.G.M.C & G.B.P Hospital Authority has purchased almost Five Hundred bulk and type B Oxygen cylinders recently. The process of colouring and marking of the cylinders are in progress. Authority is thinking of buying more cylinders as the whole state is dependent on this hospital for Oxygen. Suction Machines are also very important in the management of Trauma and critical patients where airway patency has to be maintained. Security staffs of A.G.M.C & G.B.P Hospital are getting trained in crowd and traffic control inside the hospital campus for smooth flowing of patients to different departments during the disaster. The Sweeping and Cleaning assistants are also part of a very important segment of working structure of the Hospital. Their active participation and

involvement is very much required to maintain a clean environment during the disaster.

Involvement of the other departments of the Government, N.G.Os Local Clubs etc. are also important for disaster management.

8. Termination of the Plan, re-establishment of routine activities and post emergency evaluation : The M.S should notify the control room and other departments when the plan is terminated. Subsequently an emergency debriefing would be conducted to evaluate the plan and it's execution critically.

9. Training of the Staff : No hospital Disaster plan can be effective without complete and regular training of the hospital staffs. Periodic drills should be carried out on regular basis to test and improve efficacy of the plan.