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DEPARTMENTAL DISASTER MANAGEMENT PLAN

HEALTH & FAMILY WELFARE DEPARTMENT

(2016-17)

1. INTRODUCTION

A disaster is defined as a catastrophic event causing destruction and disruption of functional capacity of the affected community on a scale sufficient to warrant an extraordinary response from outside. Tripura is situated in the **seismic zone-V**, which is most vulnerable zone for major earthquake. The other such zones of India had already experienced major earthquake in the recent past. As a whole the North-East India is under seismic zone-V, so any major earthquake will affect the whole North- East India and there will be acute shortage of man and material of disaster management in this region.

Immediately after a disaster, rescue and relief are the major emergency response activities to be carried out followed by first aid and life saving support. Health and Family Welfare Department is providing emergency medical services daily through all the health institutions all over the Tripura. But for efficient and immediate management of mass casualty, a departmental disaster management plan is essential. As per the section 40(1) of Disaster Management (DM) Act, 2005 every department of the State Government should prepare DM plan in conformity with the guidelines laid down by the State Government.

This planning exercise, is an effort made to mainstream all issues concerns with emergency preparedness, response, mitigation and risk reduction activities. The DM plan will include the following components:

- Planning for emergency response at all levels.
- Planning on providing relief and recovery support (post disaster).
- Planning on prevention and mitigation issues (including mainstreaming mitigation into the developmental programs supported by schemes financed by the Federal/State Govt., multilateral/bilateral and donor institutions).
- Planning of resources such as financial and human resource to fulfill the above three components.

2. GOAL

- 1) Prompt and efficient medical response (for first aid, support and treatment at all levels of health institutions).
- 2) To reduce morbidity.
- 3) To save lives.

OBJECTIVE:

- 1) To save lives of affected population by effective medical responses.
- 2) Prompt mobilization of medical quick response team (QRT) with treatment materials.
- 3) Formation of QRT at all levels.
- 4) Adoption of structural and non structural measures for all disaster related hazards. (prevention and mitigation plan)
- 5) Preparation for typical SOPs for all probable epidemics, disease surveillance system.
- 6) Prevention of health related outbreaks and epidemics during post disaster situation.
- 7) Training and capacity building of all staffs.
- 8) Procurement and maintenance of stock for sufficient medicine and materials for mass casualty management.
- 9) Preparation of hospital contingency plan for all health institutions.
- 10) Resource planning (Man & Materials) (what? who? when? For all objectives).

4. ORGANIZATIONAL FRAME WORK:

- 1) Flow chart
- 2) Responsibility and action
- 3) Area of operation
- 4) Communication plan

LEVEL OF ORGANIZATIONAL FRAME WORK:

- a) State level
- b) District level
- c) Sub-divisional level

State level:

- State level disaster management committee formation- action DHS.
- Disaster management committee for all the referral hospital namely: AGMC & GBP Hospital, TMC & Dr. B.R.A.M.T Hospital, I.G.M Hospital - action MS of the respective hospitals.
- Departmental DM plan - action Nodal Officer (DM), H & FW Department.
- Hospital contingency plan for mass casualty management for all the referral hospital - action Nodal Officer (DM) of the respective hospital.

State level DM committee:

- Commissioner H & FW Dept.
- DHS-Team Leader
- Members:
 - a) DFWPM
 - b) Branch Officer / Special Officer of DM
 - c) NO
 - d) MS (referral hospitals)
 - e) I/C IDSP
 - f) I/C-Budget/Fund planning
 - g) I/C store & purchase
 - h) M.O I/C-CMS etc.

Responsibilities

DHS-

- He is the leader of the H & FW Department regarding all activities of DM. He will direct, guide all the officers for all the DM activities in pre-disaster and disaster situation.
- Co- ordination with other agency.
- Rapid visual screening of hospital building (vulnerability assessment) to be carried out by PWD/ RD/ NIT/ TIT.

DFW & PM- He will be a member of the control room during disaster and co-ordinate with other agency/department.

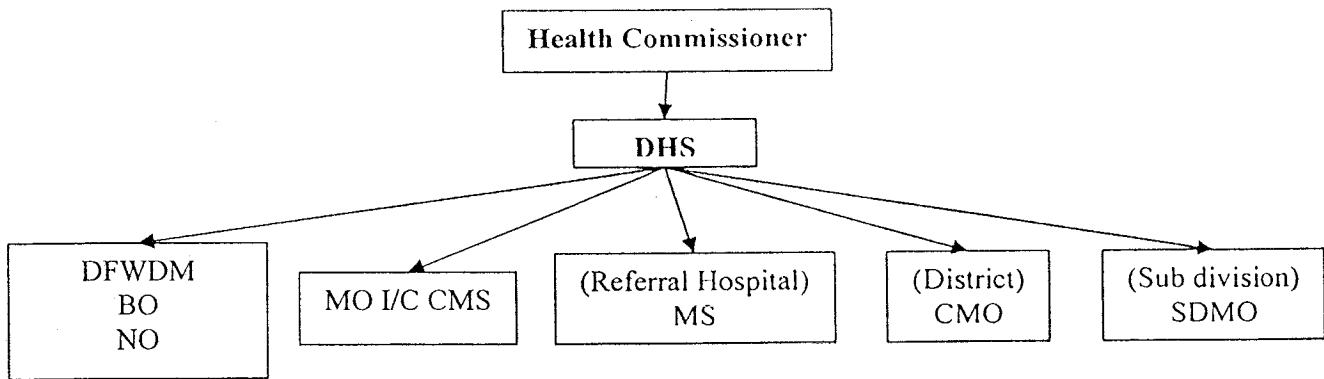
BO (Branch Officer)- organised all DM related activities during pre-disaster and disaster situation- Planning, Training, Procurement, Publication etc.

NO (Nodal Officer)- He will initiate all DM related activities during pre-disaster situation and will be a member of EOC (Emergency Operation Centre) during disaster.

MS-

- To prepare and update the hospital's contingency plan for mass casualty management.
- To procure necessary materials for the DM of the respective hospital.
- Mobilisation of QRT.
- Resource planning.
- Vulnerability assessment.
- Non-structural mitigation.

Other Members- will perform the related activities as and when asked by the DHS.



CMO-

- To prepare and update district disaster management plan.
- He is the N.O of disaster management for the district.
- Mobilisation of QRTs at the disaster site as early as possible.
- Ready stock (earmarked) of medicine and materials for mass casualty management.
- Resource planning.
- Procurement of first aid materials for QRTs.
- To discuss about the activities of disaster management in the monthly meeting.
- Training of the paramedical staff's on Disaster Management.
- To conduct half-yearly Mock-drill.

S.D.M.O-

- He is the N.O of disaster management for the sub-divisions.
- To prepare and update the sub-divisional disaster management plan.
- Mobilisation of QRTs
- Resource planning.
- Procurement of first aid material for QRT.
- Ready stock (earmarked) of medicine and materials for mass casualty management at sub-divisional hospital.
- To prepare and update the hospital contingency plan of the Sub-division hospital for mass casualty management.
- To co-ordinate with local NGO's and trained volunteers for pre-hospital management of disaster victims and necessary training may be conducted.
- To discuss the issue related to DM in the monthly meeting
- To conduct half-yearly mock-drill.

CHC / PHC In-charge-

- To prepare hospital contingency plan for disaster management.
- Ready stock of medicine and materials for mass casualty management.
- Mobilisation of QRTs with first aid materials.
- To co-ordinate with local NGO's and trained volunteers for pre-hospital management of disaster victims and necessary training may be conducted.
- To organise half-yearly mock-drill in co-ordination with local authorities.
- To discuss the issue related to DM in the monthly meeting.

5. IDENTIFICATION OF HAZARDS AND VULNERABILITIES:

For the state of Tripura the quick onset hazards are earthquake, land slide, flash floods, lightening, forest fire, road traffic accident which needs rapid medical response.

Biological disaster, epidemics etc are not uncommon in the state. In this regards, specific epidemic will need specific action plan for prevention and mitigation. Disease surveillance project of the department is taking care for all these activities.

- Rapid visual screening of all the important building of the health department is needed for structural mitigation.
- Awareness and necessary action to be taken for non structural mitigation of important instruments and sites.
- Alternative communication facility-which can be operational during disaster, e.g. wireless communication.
- Proper and adequate arrangement for transportation.

6. ROLES OF THE DEPARTMENT AND ROLES OF THEIR STAKEHOLDERS

The main role of the health and family welfare department during disaster is to provide rapid, adequate and proper medical support/treatment to the disaster victims and to prevent other health hazards in post disaster situations. Medico legal services are also very important in disaster situation for the department.

All the health personals will play the specific role during disaster situation as mentioned earlier in addition to their normal duties. They will also provide first aid services to all the victims as and when needed.

a) Prevention

- 1) As we all knew in case of natural disaster the department has no role to play for prevention.
- 2) In case of biological disaster, e.g. different epidemics the department can play important role. e.g.
 - i. Awareness generation
 - ii. Immunisation
 - iii. Health education
 - iv. Isolation
 - v. Specific treatment
 - vi. Sending health team etc.- Action-IDSP

b) Mitigation :

- 1) Source of fund –
 1. Departmental budget
 2. 10% of all centrally sponsored schemes. e.g. NRHM.
 3. From Revenue department as schedule allotment and on demand basis.
- 2) Rapid visual screening of important buildings (RVS).
- 3) Retrofitting of most important building/block. e.g. casualty, OT, Blood Bank.
- 4) Non- Structural mitigation of important instruments and sites.
- 5) Capacity building for Specialist- by Conducting work shops and orientation training.
- 6) To update the DM plan.
- 7) Procurement of medicine, materials and instrument.
- 8) Preparation and updatation of SOP (Standard Operating Procedure).

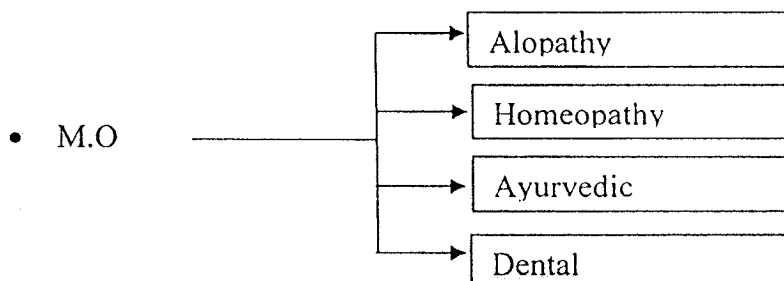
c) Preparedness :

- 1) Awareness generation among the health personals regarding disaster and disaster management.
- 2) Training and orientation training of all health staffs on DM.
- 3) Mock drill- at regular interval at least half yearly interval.
- 4) Updatation of hospital contingency plan for mass casualty management for all health institution.

MAPPING OF RESOURCES

- Preparation of map of Tripura indicating the location and type of Health institutions.
- Details of Health institutions: - Total bed capacity and facilities

1. **Manpower:** List of health personals-



- Specialized Doctor -

- Medicine
- Orthopaedic
- Surgery
- G&O
- Eye
- ENT
- Paediatrics
- Forensic Medicine and Toxicology
- Psychiatry

- Nurse

- Paramedical staffs- details

2. **Services:-**

All health institution e.g. CHC, PHC, Sub- divisional hospitals, dist. Hospitals are providing 24 hour emergency services along with routine O.P.D and I.P.D services. Disaster management is a common agenda for discussions in the monthly meetings of all these health institutions.

- No. of Blood Bank and places. (list enclosed)
- No. of blood storage centre and places. (list enclosed)
- No. of ICU bed and places. AGMC (10+6) = 16
IGM proposed 10 beds.

- Clinical Lab facility- Routine tests available up to CHC level.
- X-Ray facility- up to CHC
- USG facility- up to sub-divisional hosp
- MRI= AGMC & GBP Hospital
- CT Scan= AGMC & GBP Hospital, IGM Hospital , Tripura Medical College and Dr. BRAM Teaching Hospital

8. PRE – CONTRACTS

During a large scale disaster, the situation may demand large scale mobilisation of resources. In order to meet this requirement, it is suggested that the Department may enter into pre-contracts with the local vendors/suppliers for immediate supply of medicine and materials as per guideline.

9. PREVENTION AND MITIGATION PLANNING

The health department has no role in preventing disaster like earth quake, flood etc. But department may take initiative in following things:

- a) Vulnerability assessment of health infrastructures and necessary efforts to be taken for repairs, strengthening and retrofitting the physical infrastructure.
- b) Newly constructed health infrastructure should be earth quake resilient.
- c) New recruitment of health-personnel- as the health department is running shortage of men power of all categories of stuffs.
- d) Capacity building of stuff through disaster management training.
- e) Creation of fund within the department for crisis situation. Earlier it was suggested by Revenue Department to keep aside the 10% of all development plan and non-plan budget for disaster management issues.

10. EMERGENCY RESPONSE PLANNING

- i. Constitution and deployment of QRT is vital for early relief efforts. QRT should be available (formed) at all level of health institutions. The composition of QRT will depend on available manpower and demand of the situation. Generally QRT will be formed with the following manpower e.g. MO, Dresser, GDA, Nurse, Plaster Technician etc. They will carry at least first aid materials and medicine for life support.

Department should prepare a standard operation procedure (SOP) for the QRT deployment and their course of action. In charges of all health institution may be empowered to mobilize QRT with the available resources as early as possible without waiting for instruction from higher authority.

QRT will co-ordinate with other field level officers and report to the higher authority regarding the crisis situation and necessary demand.

- ii. Standing directive from the appropriate authority is needed for mobilization of resources within the department and procurement of material and medicine from outside during emergency situation. Pre contractual agreement may be made with private agencies.

- .. Immediately after the disaster all the departments should do rapid loss and damage assessment by earmark men and machinery. The damaged assessment report can be sent to the Emergency operation centre (EOC) at the district and state level. This will help the state Govt. to consolidate the report and send to Govt. of India for necessary assistance.
- iv. **Relief operations** :- Health department is not directly related to relief operation but may participate with the available resources if possible.
- v. There should be departmental emergency operation centre (control room) with dedicated Telephone and other communication lines and manpower to co-ordinate, collect, compile and share information with field level agencies and nodal agencies after receipt of warnings. The department should link with the district level database and inventory of resources namely Indian Disaster Resource Network (IDRN) and resources should be incorporated into the database.

Activation Matrix for Fast onset Hazards (Earthquake)

Time	Possible Situation	Activity	Responsibility
T+ 15 minute	Wide spread earthquake and Casualty at different places.	<ul style="list-style-type: none"> • Mobilisation or QRT • Contact with Higher authority • Activation of hospital contingency plan. 	<ul style="list-style-type: none"> • CMO,SDMO,MOI/C • MS
T+ 30minute	do	Review of the situation.	do
T+ 1 hour	do	Co-ordinate with other dept. and central control room.	DHS, Sp. Officer, NO
T+ 2 hour	do	<ul style="list-style-type: none"> • Review the situation and assessment of requirement • Efficacy of hospital contingency plan 	MS, I/C of the Health Institution

11. RELIEF AND RECOVERY PLAN:

Adequate stock of medicines and materials particularly the first aid material should be maintain in all level of medical store.

- Normal function of all hospital should be restored as early as possible.
- Hospital contingency plan for each hospital should be prepared and update time to time. This plan will include the immediate short term and long term recovery activity as per priority.
- All health infrastructures should be made/ reconstructed as disaster resilient.

4. RESOURCE PLANNING (FINANCIAL AND HUMAN RESOURCE):

Revenue Department, has advised all departments to allocate 10% of budgetary provision towards disaster preparedness, response and mitigation activities.

Financial mechanism and options for all disaster related activities (prevention and mitigation emergency response and relief and recovery) should be estimated in details and the source of funds for these activities to be spelt out clearly. (Plan/non plan, state Govt funds/ schemes of Govt. of India.)

All the disaster management activities should be incorporated into the developmental plans, programs and projects.

All monthly meeting / periodic meetings should include disaster management as a common agenda.

At present, routine departmental procurement of medicine and materials should incorporate the needs of disaster management as there is no separate budget for DM.

The H&F.W Department time to time organizes the Training program and awareness camp etc. for M.Os and other health professionals individually and in collaboration with Revenue Department.

The state has sufficient number of different categories of health institutions distributed uniformly all over the state , but the Department is running short of manpower of all category of staff. Recruitment is an ongoing process and which is going on to meet the requirement.

The Department should have identified DM nodal officer, alternate nodal officer, QRT master trainer, personal for specialized skill and details of their contacts. Most of them are in place.

13. ROLES AND RESPONSIBILITIES OF THE NODAL OFFICER ARE AS FOLLOWS :

- Act as the focal point for disaster management activities of the Department .The department may ensure that he/she has the mandate to work immediately without waiting for directions from above. This will save time.
- Provide his/her contact and alternate contact details to Revenue Department, State and District Emergency Operation Centres, all line departments and agencies.
- Accountable to any communication/ actions related to disaster management of the department.
- Take lead to prepare the department disaster management plan, Emergency Support Function (ESF) plan and Standard Operating Procedure (SOP).
- Constitute the Quick Response Team (QRT) in the department as per the need and organize training for the members.
- Help the department to procure first aid and department disaster management equipment for the QRTs and for the department if required.
- Provide regular information on disaster or task assigned to him to SEOC/ Revenue Department during and after disasters in consultation with the department head.
- Attend disaster management meetings, trainings, workshops or any related programme on behalf of the department.
- Identify an alternate nodal officer and build his/her capacity.

- As per the need of the department, set up Control room and assign other official(s) for control room duty.
- Identification and staffs for deployment on site operation centres (on site control room during a disaster).
- In consultation with the department, make arrangement of alternative communication system for the department. Mobilise resources for disaster response activities as per the resource inventory put in the department DM plan if it is needed by the department or other line departments.
- Organise regular awareness programmes in the department.
- Organise the periodic mock drills at least twice a year as per the suitability of the department and update the plans at all levels and ensure participation of the department in mock drills of other agencies and other departments.

14. ROLES AND RESPONSIBILITIES OF QRT:

- In QRT, one official should be designate as Team Leader.
- The members of QRT should act as per the instruction of the team leader of QRT.
- The QRT will assess whether equipment is required for carrying out of search & rescue and first aid activities and accordingly the QRT will be equipped with the required equipment. For purchase of equipment, department can utilize departmental fund for the purpose. The department will finalise the type of equipment is required for the QRT. If assistance is required for identification and finalization of equipment, the department may seek that support from Revenue Department.
- Attend training/ refresher courses how to respond after receiving of any information related to disaster/emergency. For the training of QRT members on First Aid and Search and Rescue, the department will link up with Central Training Institute, Gokulnagar and SIPARD, AD Nagar.
- QRT should be made familiarize with SOP/ESF/DM plan of the department as well as State DM plan and also about their roles and responsibilities.
- QRT should involve in preparation and periodic updatation of plan, by incorporating the lessons and suggestions for better effectiveness of the plan.
- Organise mock drills minimum twice a year as per the suitability of the department. The department will finalise/ fix up the dates of mock drill to be conducted. The date of conducting mock drill will vary from department to department as per the general involvement to the disasters.
- After the mock drill, the department will evaluate the performance of QRT and effectiveness of the dept. DM plan and accordingly update the plan.

The department needs to plan to deputation of officials for the purpose or to plan new recruitment of official if needed

During disaster, the department may need additional man power to handle the situation effectively. In this regard the department should plan to mobilize human resource support in coordination with other line departments or outside agencies/ NGOs/ communities.

TESTING, REVIEW AND UPDATING OF THE DEPARTMENTAL PLAN

- i. Mock drill/ Table Top exercises to be conducted at least twice in a year in all health institution. The Mock drill may be conducted within the Department and in co-ordination with State Nodal Agency.
- ii. Regular updating the data, Hospital contingency plan and Departmental DM plan is necessary.

16. ANNEXURES

The department needs to provide additional/ detailed information with annexure as suggested below.

1. Important emergency telephone/ contact number and address.
2. List of resources (man power, materials, equipments etc)
3. Rules, policies (techno legal guidelines) , government orders etc which are related to disaster management
4. Formats
5. Maps
6. List of agencies within the department
7. List of field level offices and contact details
8. Checklists