STANDARD OPERATING PROCEDURES (SOPs) DURING DISASTERS

This section of the DDMP intends to lay out the procedures to be followed in the event of a natural/ manmade disaster by various agencies like Civil Administration, District Police, District Disaster Response Force, Indian Army, Indian Air Force, BRO, ITBP, NHPC etc. in coordination with each other. This may be considered an algorithm which, if followed in letter and spirit, shall drastically reduce the response time of the various agencies apart from promotion of better integration by collective effort of allied agencies. The format of this protocol is kept simple in a step by step activity order.

A. EMERGENCY OPERATING CENTRE (EOC)

The District Emergency Operation Centre (DEOC) / Emergency Command Centre (ECC) building is located at the Conference Hall DC office Leh. ***The toll free No. of the DEOC is 1800-180-7124.***

The emergency command centre is the most important place in a disaster situation in the district. The Emergency Command Centre is connected with State Emergency Command Centre in the upstream and further connects to national emergency command centre. The primary function of the Emergency Command Centre to assist the DDMA to implement the DDMP which includes decision making, information gathering, information dissemination, overall supervision, resource management, coordination of Relief, Rehabilitation and Rescue activities.

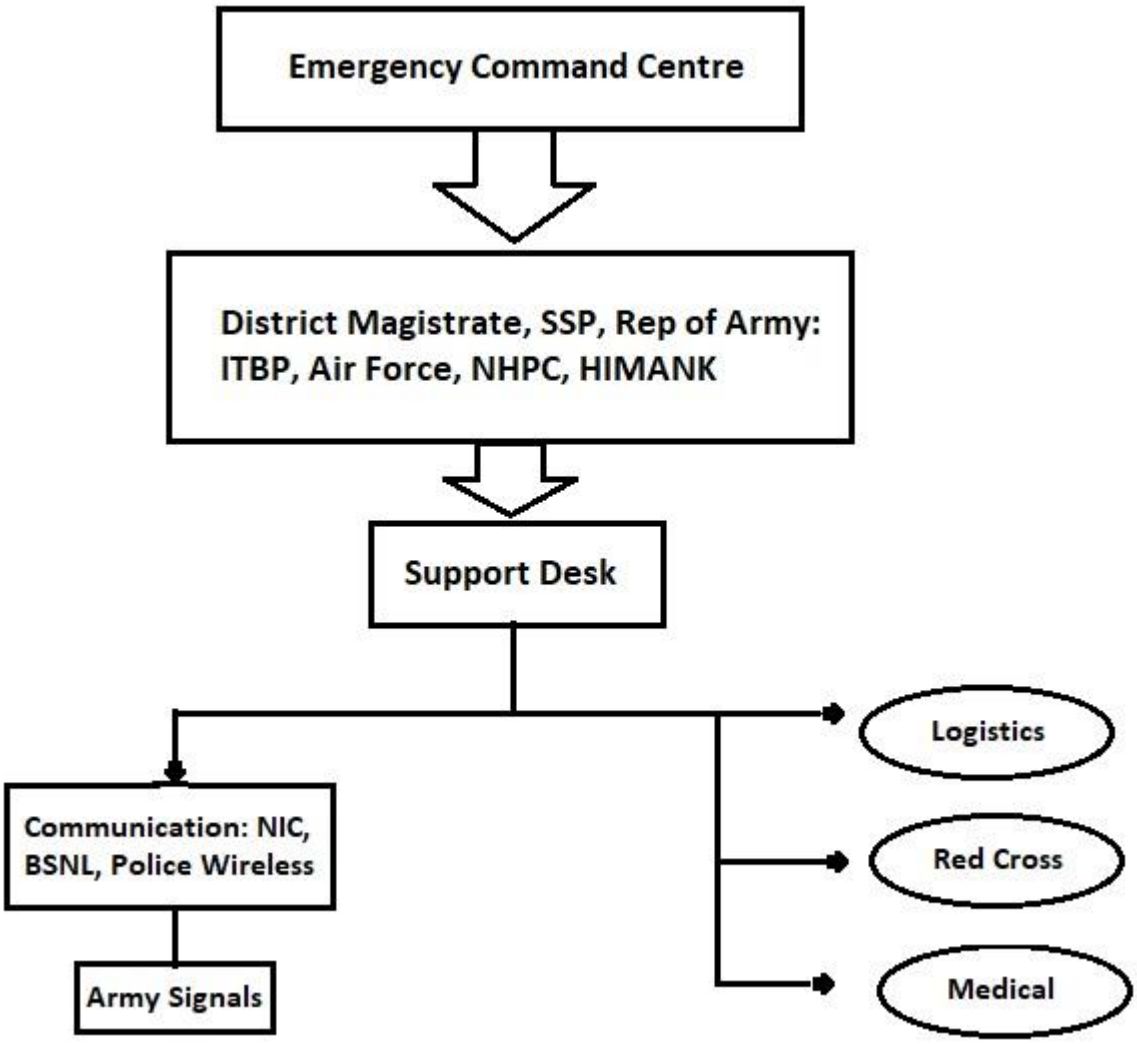
Emergence Command Centre (ECC) plays an important role during emergency/crisis. It coordinates the flow of information with respect to activities associated with relief operations. During the normal times, it maintains a systematic database of the resources available. During crises it is expected to function as a centre for decision making and help flow of information horizontally and vertically to the respected departments for smoother relief operations.

The Emergency Command Centre will be maintained and run round the clock which will expand to undertake and coordinate activities during a disaster. Once a warning or a first information report is received, the emergency command centre will become fully operational. During a disaster situation, the emergency command centre will be under the District Magistrate.

Emergency Command Centre monitors different disaster mitigation activities and coordinates with different organisations. It also conducts evaluation of the situations and immediately takes up necessary measures.

Chain of Command and Span of Control

A clearly defined chain of command and span of control becomes indispensable for any kind of disaster response and risk mitigation. Keeping this in mind, DDMA, Leh has tried to keep it clear and simple by maintaining an easy step-to-step flow of command, information, communication and activity from top-to-bottom and vice-versa.



{Emergency Command Centre}

STEP NO. 1

In the immediate aftermath of any disaster, natural or man-made, the following officers shall physically congregate at the emergency command centre located at the Conference Hall DC office Leh **without waiting for order from the Chairman, DDMA/District Magistrate, Leh in this regard**:

- District Magistrate Leh (Chairman, District Disaster Management Authority) (present incumbent Mr. Shrikant Balasheb Suse, IAS). He shall take the over all command and control of the DDMA.

- Addl. District Magistrate, (Chief Executive Officer, DDMA), Leh (present incumbent Mr. Sonam Chosjor, KAS). He shall take command of the DDMA in the absence of the Chairman. *Contact No.: ADM, Leh: 8275016521/01982-252010 (Office) 01982-252027 (Resi), ADC Leh No.: 9419188865, 01982-252049 (office).*

- Sr. Superintendent of Police, Leh (present incumbent Mr. Rajiv Pandey, IPS). Contact No.: 9419909333/01982-252200, 251026 (Office). During his unavoidable absence Addl. Superintendent of Police (ASP) (present incumbent Mr. Tashi Phuntsog), 9469150160, 01982-251662 (Office) shall act on behalf of the SSP.

- Adm Commdt. Stn HQ Leh Sub Area (present incumbent Col. Saurabh Pandey) Contact No. 7838220038, 01982-259027 (Office) and in his unavoidable absence an officer (preferably not below the rank of Lt. Col.) to be deputed by the Stn. Commander, Leh Sub Area along with Name, Designation and Contact number.

- Wing Commander, Air force, Leh 01982-260508 (Office) and his substitute (preferably not below the rank of Sqn. Ldr.) to be designated and deputed by the Air Officer Commanding, Air Force Station Leh along with Name, Designation and Contact number.

- An Officer (preferably not below the rank of a Commandant) and his substitute (preferably not below the rank of Asstt. Commandant) to be designated and deputed by the DIG, ITBP Leh with Name Designation and Contact No.

- An Officer (preferably not below the rank of a Col.) and his substitute (preferably not below the rank of Lt. Col.) to be designated and Deputed by the Chief Engineer, HIMANK Leh with Name, Designation and Contact No.

- DSE, PWD (present incumbent Mr. Pradeep Kumar Contact No.: (9419129878) and in his unavoidable absence Executive Engineer R&B Mr. Skalzang Dorjay (9419419333) and Mr Nissar Ahmed (9419176257) Executive Engineer Construction Division.

- Airoport Director, KBR Airport, Leh (present incumbent Mr. Malkeet Singh; Ph: 9419179020.)

- GM BSNL (present incumbent Mr. Phuntsog Dorje) Contact No.: (9419120086) and in his unavoidable absence an officer (preferably not below the rank of SDE to be deputed by the TDM, BSNL Leh with Name, Designation and contact No.

- Superintendent of Police (Traffic), UT Ladakh (Present incumbent Mr. Mohd Rafi Giri Mob: 9906288807) alongwith Deputy SP, Traffic (Present incumbent Mr. Sandup Mob: 9596609443).

- Dy. District Disaster Management Force (present incumbent Mr. Sonam Dorjey) to be present in the Emergency Command Centre.

- Dy. SP Telecommunication, UT Ladakh.

STEP NO. 2

The emergency command centre shall assess the situation based on the available information and take necessary action. For any kind of Relief, rehabilitation and Rescue work to be carried out by the DDMA, Leh, designated safe and suitable Relief Centers is a must. Learning from the experiences of 2010 Falsh Floods, DDMA, Leh now has many dedicated relief centers with dedicated Nodal Officers/Camp Incharges.

Relief Centres in Leh Town:
DDMA has put primary focus on Leh Town for any kind of eventuality. Hence, conducting mock drills of rescuing people, setting up and managing relief camps and post disaster rehabilitation have been made a regular phenomenon. For this purpose, four relief camps have been prepared in the town with designated officers/ officials with clearly defined tasks and responsibilities. The locations and the details of the officers responsible for managing the camps are given below:

S.No	Camp Incharge	Designation	Location	Contact No
1	Mr. Jigmet Namgyal (Camp 1)	Asstt, Director Tourism, Leh	Food Craft Institute, Takski Thang	9419770002
2	Mr. Stanzin Rabgais (Camp 2)	EO, MC Leh	Govt. Girls HSS Leh	9797627784
3	Mr. Sonam Norbu, KAS (Camp 3)	ACD, Leh	Degree College Leh	9419801354
4	Ms. Padma Angmo (Camp 4)	BDO, Chuchot	Tashi Thongsmon Choglamsar	7051331194

The camp in-charge shall be responsible for overall management of their respective camps and they shall be in constant touch with emergency command centre. They will collect materials and other articles from Material Distribution Team headed by Mr. Zulfiqar Ali, Accounts Officer, DC Office Leh (contact no. 9419627990). The details of the Officers and Officials responsible for various activities associated with rescue and management of the camps are provided as accordingly. The responsibilities of different departments are spelled out here briefly.

The Heads of Department of the essential Services like PDD, CAPD, PHE, Medical, Cooperatives shall provide their services to the above mentioned camps during the mock drill as per this protocol.

The District Superintending Engineer and ARTO Leh shall ensure the availability of 15 JCBs (earth moving machinery) at the Emergency Command Centre during the mock drill. The payment for the services of the earth moving machinery shall be made by the district administration.

The Manager, State Roadways Transport Corporation or the ARTO, Leh shall make sure the availability of six numbers of buses at the emergency command centre to transport people to and from the camps.

The Ladakh Police in association with the Dy. S.P, DDRF/UTDRF/SDRF and other central government agencies shall be responsible for handling rescue operations by forming teams of men and officers with specific areas of responsibility. The Senior Superintendent of Police, Leh shall be responsible for the preparation of such a plan for the district headquarters and the sub-divisions alike.

Henceforth, the setting up of these camps shall be an automatic activity in the event of any calamity for which the officers designated as the camp in-charge shall be responsible and **they shall not wait for order from the Chairman, DDMA/District Magistrate in this regard**.

The print and electronic media, with whom this protocol shall be shared, are shall give maximum coverage about the mock exercise and the relief camps so that the general public of Leh knows where to turn to for relief in a disaster like situation. The representatives of print, electronic and voice media shall be allocated a suitable place at the Emergency Command Centre for close liaison with the decision making authorities.

The Sub-Divisional-Magistrates, Tehsildars and Block Development Officers (BDO) shall be physically present in Leh during the mock exercise. The respective SDMs are expected to prepare a protocol for their sub divisions based on their observation of the mock drill and submit it to this office.

STEP NO. 3

In synchronization with the efforts of the District Administration, the agencies Like Army, ITBP, Air force etc. are expected to prepare their own response plans which shall be implemented through their representatives at the emergency command centre to achieve maximum coordination and harmonisation of efforts. The idea is to maximize the impact of the combined efforts. Such plans can become part of the District Disaster Management Plan as and when submitted to this office by the various agencies.

STEP NO. 4

Assessment of the decisions taken and compilation of the orders to quantify the expenditure incurred and reconciliation of accounts shall be carried out after the impact of the disaster has diminished and a semblance of normalcy has returned. This step is very important and needs to be taken in the immediate aftermath of the disaster management exercise to avoid claims and counterclaims later on by which time the relevant records become untraceable and the officers involved get transferred.

The Ladakh Police assisted by the Dy. SP, DDRF/UTDRF (Present incumbent Mr. Sonam Dorje, KPS) shall be responsible for rescue operation, crowd control and general law and order arrangement.

The Dy. SP, Telecommunication shall be responsible for communication management for the mock drill and during any disaster like situation. A detailed communication plan in sync with the SOPs shall be prepared by him which shall be a part of the District Disaster Management Plan.

STANDARD PROTOCOLS IN THE EVENTUALITY OF A DISASTER (FOR HOSPITAL AND MEDICAL STAFFS)

SECTION 1: GOALS AND EMPLOYEES OBLIGATION

a. **Goal:** To provide an efficient operation to ensure maximum flexibility for the delivery of optimum care to victims of a mass disaster, or unforeseen calamity, involving large numbers of people.

b. **EmployeeS Obligation:**
   - ❖ Each employee must be familiar with the Plan, and pay specific attention to his/her departmental plan so that the best possible care can be provided when large and unexpected numbers of casualties arrive at any hospital.
   - ❖ Each employee must be ready to assume duties that may not fall into his/her particular area or jurisdiction.

SECTION 2: ACTIVATION OF DISASTER PLAN

- ❖ When notification is received by the Emergency Department or the District EOC, via EMS or other means, that there is an emergency situation which may result in more than five (5) victims coming to the Hospital.

- The person receiving the information shall notify the nurse in charge of the Emergency Department (who shall notify the Senior AMO or EMS coordinator).
- The Nurse in charge of the Emergency Department will also notify the EMS coordinator and/or backup emergency physician and
- Also notify the Emergency Department Physician in Charge for that day
- On 10 AM - 4PM Shift, Monday through Saturday, the Medical Superintendent shall contact the Deputy Medical Superintendent and a joint decision shall be made concerning activation of the Disaster Plan with the emergency department physician in charge.
- On weekends, holidays, 10 am to 4pm shift and 4pm to 10 am Night shift. The doctor in medical OPD/Physician/Surgeon, the casualty Medical officer respectively shall contact the Administrator on Call and a joint decision shall be made concerning activation of the Disaster Plan with the emergency department physician in charge.
- Casualty Medical Officer shall then notify Medical Superintendent, Matron and others.

A. Disaster Warning and Communication:

- The Operator is notified by the Casualty Medical officer about the emergency.
- Public Address system in casualty will be activated and announce the following three times. "Attention all personnel, Code Blue", indicating Phase 0, Phase I or Phase II, report to your department for further instructions.
- Operator will then SMS all on call duty residents, Respiratory Therapy, and ECG and Trauma staff including OT staff.
- Calls to be made by the operator are listed under PBX Communications (only Phase I or II).
- The PBX Operator, at the end of making calls, will inform Casualty Medical officer of those persons who could not be reached by phone.
- Phase O is a warning only of a potential disaster.
- During Phase O, all personnel should remain within their department unless otherwise instructed by their department head.
- Each department should prepare for implementation of their disaster protocol and initiate the on-call list to department heads and additional personnel if indicated or appropriate for the department.
- No hospital personnel, except individual department heads, may call the Emergency Department during the Phase O to request further disaster information.
- Assessment of critical care and overall patient bed and stretcher availability should be made at this time from each patient care area and information should be transmitted to the Indoor doctor on duty and Casualty M.O.
- Casualty N.Os, Ambulance assistants, ANMs Pharmacists, MOT Incharge and Technicians and Nurse Incharge of MOT and Nurse of Casualty and Nursing Supervisors of Casualty should assemble and prepare triage area to receive patients by retrieving stretchers from patient floors.

B. Communication with Patient-Care Areas: Public address system should be used for communication along with phone lines. Communications during a disaster drill/Code Blue response should be kept to a minimum to keep these lines open for communications between treatment areas that will directly affect patient management.

C. Communication with the Employees.

- ❖ Employees who are not on duty will be notified by telephone as determined by the Casualty Medical Officer and will report to own department unless otherwise instructed.
- ❖ When all communications are interrupted, the hospital must rely on personnel on duty, those who arrive without notification, and on volunteers.
- ❖ Any nursing personnel or volunteer reporting for duty must report to the Casualty.
- ❖ All other personnel (non-nursing and non-physician) should report to their department for assignment.

D. Communication with the Medical Staff and Residents:

- ❖ All in-house Doctors and specialists- with the exception of anaesthesiologists as mentioned below - should report to the Emergency area in the Casualty once they hear the "Code Blue" alert on their SMS/Mobile or on the PBX system.
- ❖ Anaesthesiologists - all anaesthesiologists should respond as follows:
- ❖ The senior member of the Division of Anaesthesiology should report to the EMS / OT, to assume control of PARU patient disposition as well as continued triage and treatment of victims referred to the PARU.
- ❖ Additional anaesthesiologists should report to the EMS / OT for directions from the senior attending anaesthesiologist.

E. Activation of HoDs:

- ❖ All department heads or designees called shall inform the Casualty Medical Officer of their notification and report on the readiness of their departments.
- ❖ Senior Staff nurses / Sister In-Charges from clinical wards will assess bed availability and initiate immediate discharge of patients able to be sent home, if necessary to accommodate casualties.
- ❖ Casualty Medical Officer will call for status of bed availability.

F. Activation of Community: Wide Response in the event of a disaster that involves the entire community and/or a response that requires the resources of multiple hospitals, community-wide efforts of disaster response will be implemented along with other deans and Director Health Services and Deputy Commissioner of the District.

SECTION 3: WARNING CODES AND THE PROCEDURES

A. Code Blue: To provide optimal care, a phased disaster program has been adopted.

- ❖ ***Code Blue, Phase 0:*** High probability of disaster with multiple victims.
  a. Warning only.
    - All hospital personnel should remain in assigned department until further notice or unless instructed otherwise by department head/supervisor.
    - Announcement of Code Blue Phase I or termination/cancellation will be forthcoming.
- ❖ ***Code Blue, Phase I:*** Up to 15 critical or acute victims may reach Hospital.
- ❖ ***Code Blue, Phase II:*** 15 or more critical or acute victims may reach Hospital.

B. Triage Procedure:

- ❖ Primary Triage Area.
  - The victim triage will be done in the Emergency Department's lobby after cordoning the area.
  - Four Security personnel will be present. Persons assigned to the Primary Triage Area are the Casualty Medical Officer, designee (triage officer), an emergency nurse, and ward boys.
  - All other persons to remain away from this area unless they are specifically assigned by the Triage Nurse.
  - Transport personnel will be responsible for bringing all available stretchers.
  - Backboards and supplies to the triage area for exchange and rapid patient transfer with EMS personnel.

C. Triage Personnel:

- ❖ Chief Triage Officer is the Casualty Medical Officer or designee.
- ❖ For a Phase II disaster (greater than 15 patients), a second triage officer will be assigned by the Medical Superintendent to assist in patient evaluation in the triage process.

D. Triage Rating System and Treatment Areas Arm Tags:

a) Priority I: Emergency Department - Life Threatening Red
b) Priority II: PARU - Urgent Yellow
c) Priority III: Outpatient Clinic 1B - Non-Urgent Green
d) Priority IV: The Morgue - Expectant Black

Triage Rating System and Treatment Area Arm Tags			
Priority	**Rating**	**Treatment Areas**	**Remarks**
Priority I	**Life-Threatening**	1. Asphyxia 2. Respiratory obstruction 3. Sucking Chest wounds 4. Tension pneumothorax 5. Shock 6. Haemorrhage 7. Cardiac injuries 8. Severe burns 9. Major fractures 10. Major medical problems 11. Cerebral injuries 12. Spinal cord injuries 13. Other as applicable	•Any Priority I victim may be taken to the Priority II area if the Emergency Department should become overloaded. Facilities are such that the same type of intensive care and treatment could be managed without delay or difficulty. •In a situation when hospital is full or damaged, the victims to be admitted will remain in the treatment areas or holding area until beds are created (by discharging other patients or opening new beds) in the hospital and/or arrangements made to transfer the patients to other area hospitals. •In a situation where one of the treatment areas (Emergency Department, PARU, Casualty) is damaged then victims will be located in the next highest priority treatment area functioning (not damaged) at that time until they are stabilized and admitted or go to operating room or are discharged. •All patients transferred to casualty (low priority/green) should be transferred to surgical wards.
Priority II	**Urgent**	1. Vascular Injuries 2. Wounds of the genitourinary tract 3. Thoracic injuries 4. Burns 5. Fractures 6. Eye injuries 7. Others as applicable	
Priority III	**Non-Urgent**	1. Ambulatory 2. Non-critical 3. First-aid measures 4. Others as applicable	
Priority IV	**Expectant**	1. Unsalvageable patients with lethal injuries 2. Deceased	

E. Information Codes:

- ❖ Papers and Forms used:
  - Color-coded folder for each of the Treatment Areas.
  - Contains form for Nursing Notes, Assessment form, Physician's Orders and Treatment, x-ray form, Lab form.
- ❖ Codes:
  - Red=Emergency Department
  - Yellow=Post Anesthesia Recovery Unit
  - Green=Clinic
  - Black=Morgue
- ❖ Arm bands are of the same color as the folders.

F. Victim Flow Log:

- ❖ One is used for each Treatment Area and maintained by clerical personnel

- ❖ Should be turned in to the Emergency Department at the conclusion of the disaster.
- ❖ The main purpose of this log is to keep accurate account of all the disaster victims.

G. Disaster Chart:

- ❖ Affixed to the clipboard for each patient in each treatment area.
- ❖ To be filled in by a deputy Medical Superintendent or a nurse if she has time. Physician will fill out his or her part. One copy with the patient and other with Casualty Medical Officer.
- ❖ The number that is written on the Arm Band is to be transferred to the Disaster Chart and to all the papers that belong to the victim.

H. Arm Bands Codes:

- Red = Emergency Department
- Yellow = Post Anesthesia Recovery Unit
- Green = Clinic
- Black = Morgue

- ❖ Identification Number and Name, if possible, is written on the Arm Band.
- ❖ Transfer this number to the Disaster Chart, and to all appropriate papers belonging to the victim.
- ❖ This number must be placed on all requisition forms, i.e., lab, x-ray, etc.
- ❖ If victim is unidentified, this number is used for identification of all lab specimens and x-rays, etc. A photo will be taken in the Triage Area by an artist of the department for purposes of future identification.
- ❖ Any clinical information and ancillary tests ordered will also be placed on armband.

I. Supplies: Medical Superintendent will ensure that all necessary supplies reach the EMS.

J. Central Supply:

- Maintain Trolleys containing dressings, trays, suction catheters, towels, IV Tray, etc.
- Trolleys will be taken to the post op recovery room (PARU) or ambulatory clinic immediately with back up cart transported to Emergency Department.

K. Respiratory Therapy:

- Maintain Trolley containing Ambu bags, oxygen tubing, extension tubing, endotracheal tubes, masks, etc.

L. Transport Team (Ward boys from casualty, ambulance, Varanda)

- At the Phase 0 (disaster warning stage), Transport Team will begin to move all available stretchers of the triage area.
- Will take supply boxes to triage area for pick up and exchange with EMS personnel, i.e., IV fluids, tubing, angiocaths, meds, etc.

SECTION 4: HUMAN RESOURCE MOBILISATION

A. Medical:

- ❖ The Medical Superintendent will serve as Coordinator of Medical Personnel.
- ❖ Until the arrival of the Medical Superintendent, a physician designated by the physician in charge of the Emergency Department will serve as coordinator
- ❖ The Medical Superintendent may designate, after his/her arrival, that the designated doctors remain at the main lobby as the coordinator.
- ❖ The coordinator shall assess current resources and assign appropriate personnel to treatment areas as needed.
- ❖ PARU Director will be the senior Anesthesiologist.
- ❖ Casualty will be directed by casualty medical officer.
- ❖ Physician Staff (except anesthesiologists as mentioned above in Section 2 C.) and residents doctors shall report to the Command Center for assignments
- ❖ All employees should wear their batches or ID Cards.
- ❖ Arm bands may be provided to medical and technical personnel to delineate their functions better.

B. Security:

- ❖ Security personnel and their designees will assume their assigned positions at entrances to the hospital. They shall prevent anyone without identification as an employee and/or a physician from entering the building and shall also be responsible for the following:
  - Directing traffic in and around the hospital entrances and parking lots to avoid congestion and provide ready access to the hospital for emergency vehicles.
  - Placing signs during a disaster drill in the appropriate locations identifying this as a drill for hospital visitors and bystanders.
  - Retrieving the signs at the completion of the disaster drill

C. Transport:

- ❖ All Trainee students will report to the main lobby and may be assigned to act as escorts and take victims to x-ray, treatment rooms, etc.
- ❖ All available Ward Boys will form the Transport Team and report to the Main lobby and will serve as transports unless needed by their own department.
- ❖ Volunteers may also be required as transporters if necessary, and will be assigned by the Main lobby.
- ❖ The Mukadam will serve as chief of the transport team. He/she will serve as a supervisor of all transport personnel and help coordinate and facilitate the transfer of patients to various treatment areas: triage area, surgery, etc.
- ❖ The Mukadam will be responsible for taking the available stretchers and backboards to the triage area for the availability of incoming EMS vehicles for rapid patient transfer. Also, they will be responsible for taking additional supplies to the triage areas for exchange with EMS personnel, i.e., IV fluids, tubing, angiocaths, meds, etc.

SECTION 5: MAIN LOBBY REGISTRATION COUNTER

The Main lobby Registration counter shall be established as soon as possible after the announcement of a Code Blue, Phase I or II (there is no Command Center during a Phase 0). The Information Desk in the main lobby is designated as the Command Center.

Function of the Command Center:

- Appraise the disaster situation both administratively and medically and maintain clear communication with the Administrative Coordinator and Emergency Department through two-way radios.
- Maintain constant contact with the Office of Communication representative.
- Direct the assignment of extra personnel and supplies to needed areas.
- Receive a copy of the disaster charts from the treatment areas and log names.
- Direct the expansion of hospital facilities as needed. Determine the need for discharging patients and, if necessary, coordinate with the Admitting Department the discharge of in-house patients.
- Maintain a liaison with other area hospitals and public support agencies including fire and police.
- Release personnel are no longer needed or call in additional personnel as may be needed. In the event of an extended emergency situation, establish emergency scheduling of all employees to provide necessary coverage for the period of the disaster.
- Coordinate support of family/etc.

SECTION 6: ACTIVITY CENTERS

a. Morgue:

- Located near the generator shed
- Old TB ward / OPD area will be used for overflow
- Deputy Medical Superintendent / clerical staff from the Med. Superintendents offices /Police officials/ Magistrates is responsible for identification of the victims as well as cataloging personal effects and clothing.
- Main lobby Registration counter is notified of the identity of the victims and will then notify the same on display boards.

b. Medical Shop near Main Hospital Lobby:

- This will function as an overflow area for discharged in-house and discharged disaster victims if the capacity of the EMS is exceeded.
- It will also serve as an overflow area for ambulatory patients if other clinic areas have exceeded their capacity to handle patient care activities or a critical treatment area has been damaged and this area will need to be used as an alternative treatment for the low-priority ambulatory patients.
- Communications Desk (News Media): Medical Superintendents Office

c. PBX = Public Address System or Operator: Medical Shop near the Main Gate

d. Hospital OPD/IPD Registration Counter: Main Hospital Lobby

- Designated area for families and friends of the victims.
- At least one Security officer will be assigned there.
- A member of Medico-Social Work Department will be assigned with authority to disclose information to the families from the main desk lobby.

- ❖ Information for patients seen in Emergency Department will be available through the officer of the day assigned to the Emergency Department and will work in conjunction with the Main Desk Lobby.

SECTION 7: RESPONSIBILITIES OF DISTRICT HOSPITAL

a. General Responsibility

- ❖ It is the responsibility of each department head to have a detailed knowledge of all aspects of this plan and serve as an advisor to his/her department.
- ❖ Each non-physician department head involved in disaster response also bears the responsibility for formulating a disaster plan in writing for his/her department. This plan would cover such subjects as departmental disaster authority, functions, assignments, communications and responsibilities of personnel.
- ❖ This plan must be submitted and approved by the Disaster Committee, which has the responsibility to coordinate the maintenance of this plan.
- ❖ Each department shall maintain a copy of their individual plan, and a complete collection of these plans will be maintained in the offices of:
  - (a) Hospital Administration
  - (b) Emergency Department
  - (c) Disaster Committee Chairman.
- ❖ In an actual disaster or during a disaster drill, department heads (specifically: Emergency Department, Nursing Services [PARU/Operating Room/Patient Transport], Ambulatory Services [Outpatient Clinic], Admitting, Security staff, Respiratory Care, and Pharmacy) will inform the Casualty Medical officers of the readiness of their departments.

SECTION 8: COMMUNICATION

a. Objectives

- To manage and provide information concerning the victims of a mass disaster to news media and other concerned persons, both internal and external.
- To manage and monitor the activities of on-site media reporters and photographers.
- To coordinate the notification of victims, families, in cooperation with the Patient Relations Department.

b. Location:

- A Communications Desk will be set up in the the medical shop of the Main Hospital Lobby where telephone lines are available. MSWs along with non-clinical departments will staff the Communications Desk.
- Office of Communication will obtain tables and chairs from the Radiology Department as needed to establish the Communications Desk area. Telephones from EMS medical side will be brought and connected there.
- MRO shall provide timely update and information on patients triaged to the Emergency Department to the Communications/Patient Relations personnel.

- All calls and inquiries from the news media and others regarding the status of victims or disaster information should be referred to the Communications Desk.

c. Media

- ❖ Information regarding disaster victims will be released to the news media following current and regular hospital protocol.
  - The name, condition and injuries of disaster victims will be released only if the next of kin have officially been notified by the Office of Communication.
  - The names of any deceased victims will be released under the same conditions.

- ❖ News media reports and photographers will be directed to the Communications Desk area.
- ❖ Reporters and photographers must remain in the main lobby of the hospital and are not permitted to visit treatment areas unless accompanied by casualty Medical officer.

SECTION 9: MEDICAL RECORD, CLOTHING AND VALUABLE CONTROL

a. Medical Record - Disaster Chart:

- ❖ During the early stages of caring for disaster casualties, a disaster chart will constitute the basic medical record. These will be stored in the Emergency Department and be available for immediate use. As soon as possible, a hospital admission number will be provided by the Admitting Department.
- ❖ The Medical Record team will utilize a disaster chart to record each casualty's initial diagnosis, treatment rendered, medical classification and destination. Identifying information which can be obtained readily will also be recorded on the chart.
- ❖ The disaster chart will serve as the patient's medical record until such time that his/her regular chart may be assembled. The disaster chart will then be incorporated with (and become part of) the permanent Medical Record. (The number that is written on the arm band is to be transferred to the disaster chart and to all the papers that belong to the victim.)

b. Clothing and Valuables:

- ❖ Valuables will not be removed from the victim during the emergency situation unless absolutely necessary.
- ❖ When absolutely necessary, valuables should be placed in special Valuable Envelopes and be taken to the Deputy Medical Superintendent/ Medical superintendent's office/Police custody for safe keeping.
- ❖ Clothing should be placed in plastic bags available in the Emergency Department. The bags will be numbered to correspond with the disaster chart number and/or the hospital admission number. The bags will accompany the patient.

SECTION 10: DISASTER TERMINATION

a. Primary Triage Area

- ❖ Triage designee officer must notify Main Desk that all victims have been received and transported to treatment areas.

b. Main desk

- ❖ After receiving above notification from triage area, Casualty Medical Officer will notify each treatment area.
- ❖ If adequate resources are available in each treatment area to manage patients, Deputy Medical Superintendent will be notified of Code Blue disaster termination.

SECTION 11: DISASTER DEBRIEFING

Under the chair of Medical Superintendent after the disaster has been called off, a report will be prepared about how things went during the disaster and what the problem areas were. This will help in developing a more efficient and robust plan for the next time.

OTHER EMERGENCY CODES

Code Blue: Cardiac Arrest
Code Red : Fire
Code Black: Bomb Threat
Code White: security emergency
Code Green: All Clear
Code 10 : Major Disaster.