

South East Central Railway
Medical preparedness in the “Hospital Disaster Management Plan” (HDMP)
Disaster plan of Central Hospital/SEC Railway, Bilaspur.

❖ **Disaster Committee.**

- The following officers of the Central Hospital will form the disaster committee under the chairmanship of Medical Director.
- CMS (Admn., Phy & Cardio)
- ACHD (Genl. & O & G)
- ACHD (Opthl.)
- Sr. DMO (OPD & Psy.)
- Sr. DMO (Anaesth.)
- Sr. DMO (Rad.)
- ADMO (Surg.1)
- ADMO (Surg.2)
- ADMO (Paed.)
- ADMO (Anaesth.)
- ANO

❖ **Types of Disaster Expected.**

- Railway accident.
- Other vehicular accidents and aircraft emergencies.
- Bullet and blast injuries.
- Collapse of building.
- Food poisoning - gastro enteritis.
- Unprecedented disaster epidemic - dengue fever, swine flu, viral hepatitis etc.
- Natural calamities - flood, earthquake, cyclone, land slides.
- Unprecedented chemical or biological disaster.
- Unprecedented terrorist strikes.
- Any other like drowning etc.

❖ **Headquarter for Disaster Plan Co-ordination**

- Control room : CMS (Admn., Phy & Cardio) Tel : No. Off. 63073/62478 (Rly.) P&T 247078 Res. 62013(Rly) & 247115 (P&T) round the clock.

❖ **Information and Communication**

- Communication with Police headquarter with the Zonal/Hospital control room if it is not a Railway accident.
- Direct arrival of casualty without any prior intimation.
 - Details to be ascertained from police head quarters:
 - Time and place of occurrence.
 - Nature of accident.
 - Approximate number of casualties.
 - Source of information.
 - Authenticity.

❖ **Activating the Plan**

□ **At receipt of information from authentic source, the duty officer will activate the plan and inform the MD, CMS, CMS (Admn.), ACHD (Genl.), ANO.**

Reception Centre

- **For minor load : The present casualty will function as the reception area.**
- **For moderate load : Entrance hall of indoor hospital will be converted into reception area.**
- **For major/Heavy load : Nurses duty room and verandah of ward I will be utilized for reception in addition to above.**
- **Police, RPF personnel will act as traffic controllers directing the patient and relatives to the respective reception centers.**

❖ **First Aid and Sorting : Triage**

□ **For minor load : Existing casualty medical team will function for first aid and sorting.**

□ **For moderate load : The centre will be manned by two teams each consisting of :**

- **One General Surgeon.**
- **One Orthopaedic Surgeon.**
- **One Physician.**
- **One Anaesthetist.**
- **Two Sisters.**
- **Two Hospital Attendant.**
- **One Safaiwala.**
- **Two stretcher bearers.**

□ **For major/heavy load : Centre will be manned by four teams each consisting of :**

- **One General Surgeon.**
- **One Orthopaedic Surgeon.**
- **One Physician.**
- **One Anaesthetist.**
- **Two Sisters.**
- **Two Hospital Attendant.**
- **One Safaiwala.**
- **Two stretcher bearers.**

□ **If adequate number of specialists (General Surgeon/Orthopaedic surgeon/Physician/Anesthetist) are not available then duties of General Duty Medical Officers may be obtained for forming the clinical team. Help of private/government specialists may be obtained. Available specialist may help different teams.**

❖ **The Responsibilities of the First Aid Centre will be :**

□ **Quick sorting of casualties into :**

- **Priority one : Needing immediate resuscitation.**
- **Priority two : Immediate surgery.**
- **Priority three : Needing first aid and possible surgery.**
- **Priority four : Needing only first aid.**

Action :

- **Priority one : Will be attended to in casualty and if need arises will be sent to ITU/HDW.**
- **Priority two : Will be transferred immediately to major O.T.**
- **Priority three : Will be given first aid and admitted if bed is available or transferred to other hospital.**
- **Priority four : Will be given first aid and discharged to home.**
- ❖ **The area marked for holding ward : Corridors of ward V & VI.**
- ❖ **Brought in dead or those who may die while receiving/resuscitation will be segregated.**
- ❖ **Temporary morgue for keeping dead bodies will be created in the verandah opposite the ward III.**
- ❖ **Necessary identification and handing over of bodies to the police will be done in this area. No bodies will be handed over to the relatives without medico legal clearance. This will function under the care of ACHD (Genl.).**

❖ Additional Bed Space.

In addition to area marked on ward IV extra bed space will be created as follows:-

- Utilization of all cabins with extra bed facility.**
- Any vacant bed will be requisitioned by the MD/ACHD (Genl.) for this purpose.**
- By discharging following category of patients.**
 - **Convalescing patients needing only nursing care.**
 - **Elective surgical cases.**
 - **Patients who can have domiciliary care or OPD advice.**
- Conference hall on first floor may have to be used temporarily.**

❖ Linen Stores :

A side room in ward IV is earmarked for this purpose. Following stores should be transferred to that room from stores :

- Mattress – 30.**
- Bed sheets – 100.**
- Blankets – 80.**
- Pillows and cover – 80.**
- Patient clothing – 50.**
- IV stands – 20.**
- Oxygen cylinders – 15.**
- If additional bed sheets, blankets, pillows and cover are required ANO may demand from Commercial/Store Department.**

❖ Drugs and equipment :

Pharmacist main store will be called at once to open the store. As an immediate measure the buffer stock earmarked in casualty will be utilized. All essential drugs will be stocked by the medical stores and issued on orders of MD, Sr.DMO (Stores), duty casualty medical officer. Dressing material and items of surgical stores are similarly kept in reserve. A dozen emergency trays containing life saving drugs will be kept ready in medical stores. For first few hours and for immediate use the drugs will be requisitioned from emergency stock lying with the sister in-charge of casualty.

Approximately 400 bottles of IV fluids/crystalloids are kept available by the store in-charge.

❖ **Emergency Blood Requirement :**

Volunteers and voluntary organization will be approached to donate as much blood as possible.

Liason with Blood Bank officer of Chattisgarh Institute of Medical Sciences (CIMS) and Apollo Hospitals, Bilaspur to obtain required blood units.

❖ **Staff :**

Medical Staff : All paramedical staff of OPD in addition to members of regular clinical units will be asked to render help to assist the clinical staff in managing the casualties. The duty roster of regular consultants and standby doctors is to be made available in control room.

Nursing Staff : A pool of nursing staff will be created by Assist. Nursing Officer so that nursing staff is available at short notice.

❖ **Other Staff :**

Health Inspectors and Welfare Inspectors will be deployed to help medical team for documentation and identification at registration counter and patient's relatives.

Volunteers :

- Volunteers will be invited by the coordinated efforts of MD and SJAB officer.
- Help of St. John Ambulance Brigade, Civil Defense and Scouts and Guides may be obtained.

❖ **Documentation Centers :-**

For small/minor load of casualty : Documentation shall be done at casualty itself.

For moderate load of casualty : It is to be established in nurses room of ward I.

For major/heavy casualty : Verandah of ward I shall be utilized for this purpose. The staff working at registration counter and nursing staff will be utilized for documentation and identification. Volunteers may also be used for this purpose.

❖ **Hospital Security:**

Security of staff, patients, hospital building and equipment being of paramount importance during such disasters, the OC/RPF is to be requested to tune up and organize the security arrangements for this purpose. For minor casualties hospital security personnel may be adequate but for all moderate to major loads help of police and RPF must be obtained.

❖ **Food Service:**

Supply of nourishments to the patient and emergency duty staff will start immediately by the staff of the dietary services under the direct supervision of dietician and clerk in-charge of kitchen. Most of the patient for 24 to 48 hours will be using only liquid or semi-solids. By then efforts can be made for supply of proper meals.

❖ **Information Services:**

Faculty of hospital administration will function as information officer and all information to press, radio and other media, individuals, organization, government or otherwise will be issued by him. He will get prior clearance from competent authorities before issue of such information.

❖ **Engineering and Maintenance Service:**

- ❑ The engineers will make sure that water and electricity is made available without any interruption. All standby electric power generators will be regularly checked, inspected and maintained in excellent serviceable condition. Alternative water supply source will be made available.
- ❑ Health Inspectors will ensure round the clock maintenance of general cleanliness and sanitation in and around the hospital.

❖ **Comforts to Patients Relatives:**

- ❑ In case of major disaster the hospital authority may ask for certain buildings like Officers Club, Sanskritik Niketan for providing the comforts to the patient relatives.

❖ **Discharge Procedure:**

- ❑ After appropriate treatment the casualties fit to be discharged shall be discharged to go home or to other hospital for convalescence. For all cases discharged the destination will be noted by the hospital and police informed.

❖ **Success of Plan:**

- ❑ Disaster is an emergency situation. Timely help to every individual is needed to make this plan a success to reduce the mortality and morbidity. In such state of affairs the individual and personnel consideration take low priority in the face of duty to the profession for sake of amelioration of human suffering.

❖ **Conclusion:-**

- ❑ Disaster management involves a host of multi discipline agencies of which medical relief is one of the most important one. There can be no tailor made disaster plan for the hospitals and it has to be revised from time to time as each experience will bring new perspectives.
- ❑ Finally, it must be understood that a disaster can occur anywhere and at any time. It is no respecter of circumstances. It strikes with suddenness and fury and has curious tendencies of choosing the most in-appropriate moment. To deal with such sudden influx of a large number of casualties, quantitative expansion of hospital has to be pre-planned.
- ❖ Besides the above mentioned Disaster management Action Plan for Hospital, there is also clear cut action plan for attending Railway Accident enclosed as annexure 1.

No. Disaster Mgt./52/917, dated 24/02/2018.

Dr. G.K. Chakraborty
MD, Central Hospital, SECR/BSP.

Copy forwarded to :-

- ❑ CMD/SECR.
- ❑ CMS/BSP, R & NGP.
- ❑ Sr. DMO/Health Unit/Loco/Bilaspur.
- ❑ All Doctors of Central Hospital.
- ❑ ANO, APh.O.
- ❑ Ch. Matron. & Ch. Pharmacist.
- ❑ Copy to record in casualty, OPD, all wards, ARMV.